Introduction and Dr. Lombard's Background

Welcome to the Parkinson's Solutions Summit. I'm your host, Dr. Ken Sharlin Today, I have the pleasure of interviewing Dr. Jay Lombard. He is an integrative neurologist and a key opinion leader in the area of Parkinson's disease and other neurological conditions.

Last time I saw Dr. Lombard, he was presenting on ALS, or LouGehrig's disease. Dr. Lombard has been affiliated with the Institute for Functional Medicine, where he wrote the first continuing medical education course put on by that premiere institution and influenced other great thought leaders like our dear friend Dr. Terry Wahls.

Well, Dr. Lombard, it is such a pleasure to welcome you to the Parkinson's Solutions Summit. Thank you for joining us. Oh, thank you for having me. I'm looking forward to our conversation together.

Tell me a little bit about your background and becoming a neurologist and and a little more about the work that you do. Sure. So I think the idea that I wanted to become a neurologist came when I was like 19 years old.

My dad suffered a massive stroke, ends up dying a year later, and I just could not understand then. And even all through medical school and everything else was such a sense of nihilism about brain diseases.

And that kind of is what propelled me to study neurology. Based on that experience and to always with the eye to understanding that these notions that the brain does not have regenerative capacity is not only wrong, but it's been proven to be wrong.

And the question is understanding what are the biological mechanisms of neuroplasticity that we can think of Parkinson's disease in a way that people don't need to fear the progression?

Once I understand that these technologies are currently available for them. Regarding my research, I have a ton of research interests, obviously. My main area of research focus right now is the role that viruses play in the pathogenesis of ALS and Parkinson's disease.

I'm always, you know, not only looking for the problem because there's a saying, you know, don't look for problems, they'll find you. But the goal of looking for a problem is not to find.

The problem is to look for a solution by understanding what the problem actually is. So I have a relatively small practice. I am a part time author. I've written several books, which is kind of like my my spare hobby, and I spend most of my time.

I spend a lot of my time with the people that I accept into my practice, which become like family to me because I understand living through such catastrophic events, like having a loved one like my father die from a stroke, what it's like to be on the receiving end of that type of experience, which is where I kind of operate from at this point in my life.

Hmm. Now, are you involved here at Sharlin Health and Neurology We have this approach we call our five pillar approach, where it basically begins with making sure that we understand what the diagnosis is.

Sometimes people come in already diagnosed, but sometimes people come in with a spectrum of symptoms. Maybe we're not even the first person that they've seen already.

Are you engaging folks on the diagnostic side or primary early once their diagnosis happens? You're looking at things from a different perspective than maybe other neurologists.

I think the answer is simultaneous. I mean, that they're not not their processes.

Listening to Patients and Shared Neurological Pathways

I really the older I get, the more I've learned to listen to the patient as opposed to listening to a diagnosis. Because once you see a diagnosis, it automatically puts you in, oh, patient of Parkinson's disease.

Therefore, I'm going to give cinema. If not cinema, I'm going to go through all the medications. And what I found in all of my patients with neurological problems, whether it's Alzheimer's, ALS or Parkinson's, is that there's such significant overlap in the symptoms that for us to call these conditions as as separate diseases is what can't call the categorical error.

Like, you know, meaning that that these conditions are two dimensional. People with Parkinson's may have memory problems and lose muscle mass. Patient with ALS may develop dementia or tremors so that we can localizes to one atomically region means we don't understand that.

We have to look at the underlying pathogenesis. What basically is a substrate that they have in common to look for treatments based upon that approach as opposed to a diagnostic approach.

Yes. You know, we were talking a little earlier this afternoon with Dr. Dale Bredesen, and he just brought up the point that we were talking primarily about Lewy body dementia, which is what we would call an alpha synuclein apathy or synuclein apathy.

But many people who have say Alzheimer's disease often have Lewy body pathology as well. Vice versa. Mixed pathology with Parkinson's and Alzheimer's.

So it may be somewhat of an artifact of our time. And hopefully if it's an artifact, it's maybe we're moving past it to put people in these very separate boxes and say, if you have Alzheimer's, you get this treatment.

If you have Parkinson's, you get this gene, because that's that disease centered approach that has some value but has a lot of shortcomings as well. And when you mention Lewy body disease, which I agree with.

You can find them in in any of the neurological diseases. Lewy Body Syndrome points to the role of sleep dysfunction as an underlying cause of neurological problems, meaning that when we sleep we have a certain percentage of REM non-REM sleep that the brain requires in like it's like cooking chicken soup.

You have to have not too much salt. You have to have whatever matzo balls, whatever is that you need in the soup. But we find in patients that we've done sleep studies in that there's significant fragmentation of their sleep, particularly their non-REM sleep, more than their REM sleep.

The non-REM sleep is like the slow wave sleep of the brain. It's like where the brain finally gets to relax because during REM, the mind is as active as it is during, you know, wakeful state.

So there's no rehabilitation or vacation that the brain has with REM sleep. The only vacation it gets is during non-REM sleep. And what we've learned is that non-REM sleep is the principal mechanism to enhance what's called lymphatic removal so that, you know, as we sleep, the brain's task, it's almost like think of it as a cesspool analogy that, okay, you know, the Janice could come in now because everyone's, you know, use the bathroom during the workday.

Meaning at night is when you clean the toilets metaphorically, it's time that the brain doesn't have to worry about any of the housekeeping processes other than flushing out these bad proteins associated with Alzheimer's.

ALS and Alzheimer's disease. So the link to sleep disorders is probably, in my opinion, the most common risk factor for develop and progression of ALS, Parkinson's and Alzheimer's disease.

Sleep dysfunction. Oh, yes. So and it's probably bi directional, correct? Right. In other words, when we know, you know, of course, speaking truth, that things like sleep apnea or other reasons to have fragmented sleep are major risk factors for these disorders.

And then as these disorders evolve, there are certain sort of calling cards that are characteristic of the imbalances that have evolved as that disease process moves forward.

The REM sleep behavioral disorder and other things. Exactly. That's exactly right. And to add to that, it's very interesting because the comfort system was only recently discovered.

So if you talk to a lot of neurology, simply say, hey, you know, you can sort of get your patient's comfort function about like what's comfort. So just to explain to the listeners, lymphatic is a lymphatic system.

It's basically it's, it's the immune system in the brain as tasked as the principal anti-inflammatory mechanism. Biologically, I mean, that's sleep is, in my opinion, the greatest anti-inflammatory.

Sleep Dysfunction, Lymphatic Clearance, and Apnea

And as you know, right from your experience as well, you always get worried if a person as like, let's say a patient with epilepsy who doesn't sleep for three nights, you know, if you don't address it the fourth night, they can have a seizure.

Think about a patient not having normal sleep for years. How how much damage are we doing to our brains because of that? And I think the other point I want to make about this is that the problem when we say sleep apnea to non neurologists is that they don't understand that sleep apnea is one or two things.

Right? It's either obstructive apnea, which, you know, people that are overweight have big tongues. But majority of patients with neurological problems have central apnea, which means that giving them a BiPAP device is not going to help.

It's an issue of stimulating the brain. It's not an issue of forcing air into the brain. So I tell people, look, I think you have sleep apnea. I don't have sleep apnea.

I know you probably do, but you just don't know it. So just for the listeners, are specialized devices for this type of apnea called central apnea. It's been a little while since I've done a lot of sleep medicine as a diagnostician, but we call them auto S. V.

type devices and may have evolved a little bit since then, but they actually as opposed to the CPAP, which more or less is an air splint to hold your upper airway open, these auto servo mechanism type devices actually initiate the breath when the diaphragm is not being active.

Now, as I'm going to write this down. Audio server Auto Auto SB, I think that was auto servo mechanism, servo ventilation or something like that. There may be some newer technology.

I used to a lot more sleep medicine than I do now. But that said, it doesn't mean that we're saying we ignore sleep, right? Every patient who comes in to see me, we take a history that includes what is your sleep look like, and at the very least, while this is by no means a tool to diagnose sleep apnea, at the very least, we're getting an overnight pulse oximetry.

And if they're dropping their oxygen saturation, then they're getting a sleep study. Exactly. Yeah. We're definitely on that. It's very important for folks to know. And that's something that I'm so glad Dr.

Lombardo is bringing this up, that they need to talk to their doctor and make sure that somebody is at least screened them. Correct? Correct. 100% an agreement.

You used the word neuroplasticity while we were talking before before the formal interview started. And I wondered if you define that. It's a really important concept because it's really central to everything that we're talking about in the Parkinson's Solution Summit.

Yeah. So the first neurologist who was actually Freud's teacher was Charcot, right? And Charcot was a very famous neurologist in his time in Europe. And he would have, you know, people take the train in to see him and have, you know, airplanes in those days.

And he would greet them at at the train station and notice that that during his patients with neurological problems, he saw everything he saw. You know, I mean, their diseases named after him, for God sake, shock, deep disease.

Right. He noticed when people got off the train that their symptoms were better and they would stay better until the time that they went to their hotel time and went to the hotel.

They were back to feeling miserable again. So being a good historian, he figured it out that there was something mechanically going on, that the vibration of the train helped them feel better.

He didn't know what the mechanisms actually were, but he observed these and he created was what was called the Charcot helmet. And the Charcot helmet is that it's probably in some museum somewhere.

I'd love to. We can find out and pay a visit ourselves to that museum. Yeah. So he developed these helmets right back in the, you know, early 1900s by my wife's going to to dinner with her friends, seeing Barbie and then, like, go for a kid at.

I'm glad when the women take over the world, trust me, the men are doing a horrible job. Horrible. It's time for the women to take over. But was I in this conversation?

I told you. Vibrational helmets. Based on energy. So that led to the understanding that Parkinson's disease is less a neurochemical phenomena. So we think of what is part what is Parkinson's.

Oh, it's low dopamine now. Okay, that's true. But is that is the low dopamine the cause or consequence? Right. Cause they're consequence. Right. Like everything else, Cause or consequence.

So what happens is during brain diseases like, like ALS or Parkinson's is that the brain becomes in what's called a pathological reentry circuit. And think of like the Mac, you know, when it goes into that that crazy spiral and you have the basically computer off that happens in the brain of patients with these neurological conditions, they're they're called closed loops of of signaling from the pathological areas of the brain.

Right to the musculature. And you know what? We've lost inhibition. Therefore, you're shaking. So instead of, you know, drilling in that area and making people not not shake anymore, instead of that, uh, the idea is that you can actually interrupt those closed circuits through what are called afferent pathways, where you stimulate the periphery, like in a train when you're when you're feet of vibrating because the train tracks so that's sort of what my current research is on a clinical basis is to understand what type of modalities we can use based upon Shaka's principle of, you know, breaking these pathological loops through vibration to understand more about how to treat this condition.

Non pharmacologically. Wow. What have you discovered? Where are we with this with this endeavor? Oh, I can't tell you. It's top secret. Well, it is. Let's let's you know, I think it is really important.

Okay. Okay. Please. Totally shocking, because I think you've got to get to use my sense of humor, because I could see that, you know. Anyway, so what it is, basically there are a number of different devices.

They've been developed. One is available in Italy. It's called the equally stay Z device, IQ, UI. Staci They have an evidence based and when I say evidence based, I mean evidence based utility using this in Parkinson's patients.

And it's very simple. It's basically giving proprioception at the lower limb level.

Neuroplasticity and Vibration-Based Therapies

It's at specific frequencies where the brain starts reading a different signal that's used to reading. So it it interrupts the pathological cycle by sending a exogenous external signal different to that.

And my other research in this area is something called synchronization. How do we actually synchronize, you know, this holistic medicine concept not by left biologically, but through vibrational devices?

And I'll tell you a quick story. I think I think I think your group's going to love this, to be honest here. So I treat a fan of a Parkinson's patients, as I'm sure you do.

And one of the things that is most difficult to address in Parkinson's patients is their anxiety, right? I mean, it's just and, you know, I when I see a patient with Parkinson's disease, I ask them what's what's the one thing you could get rid of that would make it be okay to have Parkinson's?

Just take one thing. The hands down answer is, please help me with my anxiety. So this idea that of of of producing healthy signals through exogenous methods is I develop, I not develop.

God forbid, I actually came across a technology called heart math. You've heard of math, right? So I have to speak to them directly a couple of weeks ago because that's it's a it's a personal story.

But what they figured out is that if you try to change the brain, okay, the brain is the most stubborn organ in the body, Right? I mean, you think about every other organ like you give.

Oh, let's take a beta blocker. Slow your heart down. No problem. Right. Try changing brain behavior. And the reason that that we have such a very high rate of nocebo effects is because the brain doesn't like change.

Even if even a good change, it. Oh, you know what? If I exercise, you know, I'm going to feel good, but you know it. I'm not going to exercise because I don't want to feel good.

You know, these are the kind of the patterns that the brain has. So instead of trying to convince the brain that something is wrong, assess the variability of the heart rate.

Because looking at the variability, the heart rate is basically a mirror of the flexibility of the brain. So there's this field called neuro cardiology, which actually lumps together the understanding that these two organs are you can't separate them.

I mean, oh, you have heart problems to go to. Cardiologist, neurological neurologist, Hello, It's the same person, same organ system. So the heart and the brain either cohere, which means that they're synchronized.

Right. Which is basically that the Charcot theory of using vibration to synchronize to synchronize, you can re synchronize through heart methods that then are able to convince the brain to get to get back in line for lack of a better word.

So so I want to tell you that I work very lovely woman and she's she's actually a very famous retired musician and therapist with Parkinson's disease.

And she comes to me and she's literally every day I'm walking her off the cliff. I mean, literally every day I said, I want you to download heart math and, you know, call me back like in a week and let me know how you doing with it?

So I said, no. I said, Come back to my office so I can actually evaluate you, because I just had seen her like a week earlier. And she comes in and she's like, she puts her feet like on my desk, on my desk, and, you know, and she

goes, You're cool with this, right?

I go, I'm I'm cool with it. I'm cool that you're you're so cool. You kidding me? So I said, how much anxiety effect did actually have on you? She I said, she goes, well, if my anxiety was a 12 or 14 out of ten mean like beyond a ten in terms of tolerability, it went down to a two.

Oh, it's. Huge. Two to a two. Yeah. So important to understand we, we, we do a lot every one of our functional medicine patients that engages us in our brain tumor program actually gets an inner balance device In my wife Valerie, who is a certified heart math instructor, works with all of them.

Wow. It's I. Know. I have to introduce you to them directly after that, after this call, obviously. But I think that'd be a great connection. Yep. We interviewed Deborah Rosalyn for the Parkinson's Solutions Summit, and she's with Heart Mass.

She's one of the chief officers in the heart mass. So, folks, if you're listening to this, I don't know the order that the interviews will appear, but we're introducing you to a little bit of heart math here.

And either stay tuned and see the heart math interview or rewind a little bit and catch the heart math interview on our week of an opportunity to see any any talks or interviews that you may have missed.

It's very important to watch. Very nice. Very nice. Well, you know, it's we do a lot of there's a little digression, but we do some autologous mesenchymal stem cell work here, intrathecal injections.

That's I don't want to really go there too much. But the point is that we use a little bit of conscious anesthesia for the procedure, which consists primarily of some diazepam or lorazepam or whatever, sometimes Trey's limb.

But the the point is that the lingering effects of these sedating drugs carries over to the next day. And even though the the the regenerative effects of the stem cells, the anti-inflammatory effects certainly have not necessarily had their impact at that point in time.

We can see a Parkinson's patient who maybe even couldn't even walk without a walker, just walk right down the hallway with very little difficulty. And not that I recommend using these drugs for the treatment of Parkinson's disease.

It was and these were anesthesia drugs. But the point is that the role that our biological stress response system plays in all of these diseases really is quite profound.

You're so. Well. So we neuroplasticity can be influenced by vibration. Neuroplasticity can be influenced by what's interesting to me as a neurologist.

And when you kind of as you went through the traditional allopathic training, here's a here's a pill or go to a surgeon can be influenced by a whole variety of things, including energy modalities.

So vibration, I suppose, being a form of sound. Or. I you know, we'd probably call it a sound energy. And there are other sound energy healing modalities from binaural rhythms to, you know, some the more sort of Buddhist oriented things that think of the sound bowl, the bowls that make sound, and they may not be in the clinic, but there are alternative healers who use those, and there's probably some science behind that.

We know that light plays a role. We know that electromagnetic fields have healing modalities. Have you explored some of these other energy modalities, transcranial alternating or direct current stimulation can be very effective.

I totally agree. You know, I'm certainly a person that's aware of the research on this. But as far as the clinical innovation, you know, I have very little experience in those other areas.

But just to broaden the conversation, the idea of neuroplasticity came from a Russian neurologist by name of

Alexander Luria. You are right.

HeartMath, Stress Response, and Energy Modalities

And really the credit really belongs to him, meaning that that he not only was able to recognize in his own personal life, I think I'm not sure if he had a stroke or some other area in that regard.

But really, he's the godfather. We're kind of like standing on the shoulders of giants at this point, you know, acting like we're so smart. These guys are the guys that actually, you know, led the research community to understand that the brain does have neuroplasticity.

And the neuroplasticity is something that I tell you every patient that and you get the same question I get. You know, people say, you know, will will I get better?

Will I get better? And I say, then you you have to change the conversation. You had the French conversation and they say, What do you mean? I'll say all I'll say, I want to get back to my old self.

I hear that all the time. Can you get me back to my old self? And I say, Who's your old self? They go, someone that that you know, was optimistic and hopeful when other people were sick.

You know, And he's a therapist. I'm talking to you about this. And I said, okay, let's let's play a little game. I'm going to be your your your you're going to be your old self and I'm going to be you at the current time.

And they will go, okay, like and they and they would they would only be able to stay in that moment of their old self for a very brief period of time.

And what I realized is that that there's a cognitive freezing as well as there's a motor freezing in Parkinson's patients. And that really is something that I think really can be best be addressed on a on a 1 to 1 experiential basis.

You know, during during a during COVID, my practice went from a really, really busy practice to having almost no patients. And the reason for that was that how how can you treat patients remotely?

I mean, I know we had to, but there's so much other value as a clinician we can give to understand where the patient's coming from psychologically that we're able to actually be able to kind of channel that back to them as sort of a biofeedback method, as a therapeutic modality for them.

Physical exercise, obviously physical exercises. You asked about something that other alternative therapies using different modalities, other than the vibration technologies and you mentioned sound.

There's very, very strong research related to sound through very low frequency ultrasound. Right. And since you have a big background in ultrasound technology, you know, who better than you to actually not only understand but also promote these these technologies as they go forward.

But people are looking at very, very tiny amounts of focus ultrasound, in my opinion. You know, anatomy equals destiny because you could put these things anywhere you know, you want because we really don't know like where in the scalp we should place them unless you're doing actual real ultrasound surgery.

My idea is that that we develop a ultrasound modality, particularly at the cranial cervical junction. Why? The cranial cervical junction is because, you know, when you image the neck of patients, you know, people come in, they they have a stiff neck.

Oh, that's your Parkinson's. Maybe it's not your Parkinson's. Maybe it's your cervical spine. So, you know, I would do MRI scans on these patients and they very commonly find abnormalities in what's called the cranial cervical junction, which is the articular portion of the spine with the brain.

Right. Like that. So my idea this is just this is happening in real time as we're discussing this on whatever date we're discussing it on to see if we can actually assess and validate that that applying low frequency ultrasound at the create a cervical junction could have improvement in the lymphatic system as a way of kind of shake taking almost like the maybe the Christmas glass tubes where you shake and the snowflakes would come down I think think about that right?

Like basically like an ultrasound shaking it up. You're breaking up these protein aggregates and you're able to by to safely flush the toilet. So now now with getting better sleep and flushing the toilet before you sleep mean that you should use it.

Open up the gates before the gates actually open. Right. Would be a great sequence to see. And we could actually even assess this with, you know, MRI studies to demonstrate that what we think we're doing is actually doing what it's doing.

Yes. I'm wondering if you're familiar. There's a German company called Storz Medical, and they have a device. It's approved in Europe by the equivalent of the European FDA for the treatment of Alzheimer's disease, and it's called a neuro lith device.

And you can read about it on their website. They do say quite a bit of the science behind it. You may have to say when you go to the website that you're in Germany or you're in England or France, because if you say you're in America, in the US, they won't show you the device.

But other than that, you can go on there. And it's quite remarkable all of the different effects that this focused ultrasound has on the brain, including we were talking earlier about the neovascularization effect on on brain tissue, which of course means bringing in new blood vessels, microvascular, you know, all the way to the capillary level.

And then that means delivering nutrients, delivering oxygen. Right. Removing things. That's what the lymphatic system. Is likely about. And so it does other things.

It currently it is not available for just somebody to walk into an office and have a treatment, but they can be purchased under a research license and used, including in the United States.

I've been very, very interested in these. I just have to have a few more pennies in my piggy bank to buy one. But I know I know how to how to acquire one from there's a distributor in the United States, but they're always looking at.

Can a guy tell you something and add this for your audience as well? I do hundreds of podcasts, right? Like I'm sure you do. This is the only podcast where I've learned more than I taught.

Focused Ultrasound, Research, and Clinical Philosophy

Well, thank you. I've learned a lot from you, and I appreciate And by the way, I love these references, too, to Luria. And you know, Shaka, I had the great honor.

I don't know that I it was an honor. I don't he's a really a little as I'll just say, that was a little rough around the edges with me. I maybe I deserved it.

I was a resident, but I had the honor of training under Fritz Dreyfus. He I assume he may not be alive anymore, but Dreyfus gave his name to Emery Dreyfus muscular dystrophy.

So that's about as close as I get to yours. So famous you get a disease named after you, I guess. Right? Well, I had a similar experience back in the day with Fred Plum.

You know who the legacy of writing books on Coma that we all had to read painfully because it was so complicated, those textbooks. So I got to meet him towards the end of his life.

Another person I had the honor of meeting before his life was a professor medium. So your audience should know. They probably know and probably knows even Maybe you do, but you're not.

But he he was the father of the MRI. He develops the MRI machine back in 1978 and won a patent battle against both G and whoever else, you know, copied his MRI's.

So I got to meet him and he was in his early eighties, really slowing down. You could tell he was slowing down. But we discussed his new technology which is able to assess lymphatic function through noninvasive CSF analysis.

And I just felt to give a shout out to him, since we're talking about legacy people who influence our careers, you and unbelievably were influenced. You know at Emory.

You know, Alan, ladies, that ring a bell to you? Yes. Yes. It's been a long time. Yeah. We got we got to have this podcast and you guys can cut this out, I guess, in making your editors crazy.

But we got we got to talk more about about how connected we are, I think. Okay. So I want to we just have a few minutes left and this has been a really nice, very warm, conversational sort of interview.

But I do want, since this is the Parkinson's solution, so it make sure that folks who are watching this and listening understand some of the really profound things that Dr. Lombard has said.

We've talked about the importance of sleep and we've had a couple of other interviews that have brought up sleep. And so we can't emphasize this enough is get your sleep assessed, even if it's just a simple overnight, a pulse oximeter on your finger that captures data about your oxygen.

And folks, this either goes right through your insurance and you might get billed $2. So this is not a big investment, but it could really save your life.

Find a neurologist that listens. Dr. Lombard talks about listening to their patients. And there's a statistic that the the greatest part of the of the diagnostic journey is listening.

Someone once said, if you have an hour with the patient, you know, spend 55 minutes on their history and 5 minutes on the exam and the tests. You know, the tests are fun and interesting and worthwhile.

But I sometimes have to tell my patients nobody was ever healed on it by an MRI, right? So we have to be listening to our patients. And then he brought up neuroplasticity the ability of the brain to change itself.

And this is so important for those who feel stuck because Parkinson's folks are stuck from a motor perspective. And often it is true they're stuck from sort of a cognitive perspective.

That was an observation we heard from another interviewer. Alex Burton is not a neurologist or a physician at all, but some wonderful work with movement and changing the way that people think.

And so we have to recognize kind of where we are now and then that the everyone with Parkinson's is different. So in the listening and then in the investigation, we're going to figure out what are the factors that brought you here, How did you get Parkinson's disease?

And then I think what Dr. Lombard is saying, that from there we can then unravel the things that are keeping you on that trajectory and work on them. And that's where the difference really is made.

And I hope I've summarized Doc. For me, you've you got me at the beginning. So where we go for from here? Well, you still work with patients and I am sure that folks can tell that you are such an empathy, a caring and extremely knowledgeable physician, neurologist, scientist, inventor, author.

If someone wants to work with you, how would they do that? How do they reach out to you? They would call my

assistant Michel, who's like my older sister, who thinks that that actually I work for her.

And her number is 8456341119. And she she's the secret sauce to my practice because she makes sure I care about people if I forget to care. You know, she knocked on my door and says, you need to to wake up a patient has a problem and get to it yesterday.

So yeah. Thank you. That's just to be aware though I don't take a lot of patients on because, you know, I probably spend most of my time, maybe 80% of my time purely in research.

So in other words, you know, if a person that you're listening to this really feels as a connection with me, I'm happy to, you know, to to decide if I can take that journey on.

Because if I take a patient on, I take that that case on for as long as the patient wants me to take on. So I always I like to keep my practice small, but, you know, we'll see what happens.

But I think the most important the most important reason for for this meeting was to meet someone who, as you said before this call, a neurologist who actually, you know, I won't I won't say anything that believes in the patient.

I think that's that's where I think both of us come from. We have to believe in our patients. If we don't believe our patients, they're not going to believe in us.

You know, so so true. I mean, it's you touched on something, too, that I'm not sure that you necessarily meant it sort of a little pearl, but I think it's so important that I want to bring it up as we wrap this up, because you're right, as we went through COVID and there was a big emphasis on telemedicine, a lot of folks want to just work online with different providers.

And we hear of Sharlin health. And I'm sure with Dr. Lombard, we've adjusted to a degree to the reality that is Zoom and all that. However, there is a certain energy of presence, and I am a firm believer that if you truly are committed to getting better, whether you see Dr. Lombard, you see myself, you see one of the other very talented people that we interview.

Please get in your car. Get in an airplane, Get in a train. Come be present, be present at work. Math Energy is actually it's an energy that is not just from our heart to our brain, but it's an energy that goes out from us.

And that is part of the healing as well. So please do work on this, folks. Think about it. Make that big commitment wherever you go. And getting help is being physically present.

But you know, I'll leave you with this. I normally have meetings every time, every every Thursday with an autistic boy who's basically a savant. And one of the things he said to me is a totally nonverbal kid.

He writes on a on a letter board that life is a gift to be present. Well, with that, Dr. Lombard, I want to thank you for being part of the Parkinson's Solutions Summit.

I think we found a really close connection today and perhaps afterwards I'll reach out and we can find some other times to continue our conversations.

It'd be great. I look forward to that Ken. Thank you so much for hosting me tonight. Bye bye now.