Introduction and Summit Welcome

I'm Dr. Ken Sharlin. Welcome to the Parkinson's Solutions Summit. I'm your host for this summit. We've been interviewing some wonderful, wonderful speakers, and today I have the pleasure of interviewing Dr.

Isaac Eliaz. Dr. Eliaz has worn many hats and continued to do so in his career as a physician. Author, researcher. His name has been associated with institutions like Harvard University and the National Institutes of Health.

He has a clinic in California, the Amitabha Medical Clinic, and is doing some fantastic work in a forest. Maybe we'll get to talk about. He's also the author of a book that will be definitely the topic of our conversation today, The Survival Paradox.

But Dr. Eliaz, welcome to the clinic. Welcome to the clinic. Welcome to the Parkinson's Solutions Summit. I'm so happy to have you here. Thank you so much.

You know, as clinicians, we always thought, you know, go for a clinic, right? We already talked about so many things. Yeah. Thank you for having me. I am.

I'm thrilled to be a part of such an important and important summit with such caliber of interviewees and interviewers. So, yeah, it's it's such an such an important topic where our approach is so much to offer.

So thank you for having the. Dr. Eliaz, You have such an esteemed career. Tell me about how you got into this. How how did integrative medicine become part of the story of what you do and where is it taken you?

Well, my journey with healing and integrative approaches started at the age of 15 when I was in South Korea.

Dr. Eliaz's Integrative Medicine Journey

And it's the privilege of training with the Korean national team in Taekwondo because they needed to know this. So they were my friends, you know, And so I got to train, you know, it was really and really got into martial arts and into yoga and became a yoga instructor and yoga teacher.

So when I went to medical school in Israel, which is seven years, I knew I'm going to do holistic medicine. So to kind of survive medical school. But while in the afternoons I would teach yoga and do shiatsu and acupuncture and created my own school for Chinese medicine.

So parallel to wisdom, I studied Chinese medicine and biology. And then I came to to two United States where I got a master of science in Chinese medicine with interest very early on in oncology.

And it parallel to this, I got very involved with Tibetan Buddhism, with meditation, and they spend decades training and meditation with the greatest masters and being their doctor.

And all of these got integrated into my medical care, being a doctor, being a healer, teaching meditation and healing, being a bona fide researcher with active, very large NIH grants in a breakthrough research that relates to inflammation and the connotations with neurological illnesses and diseases and and developing the use of a few.

This is they call me in the industry is a disrupter, especially with focus on inflammatory illnesses. So this is this is my journey. It's no way. No, I mean, getting close to my mid-sixties and very excited.

I feel a responsibility to share these decades of in-depth studies, the inner reflection and clinical experience with thousands of people and The Survivor paradox.

My book is this simplified term that came that expresses a much bigger concept, really a new paradigm in understanding health and disease. And so I love talking about it.

Always get excited about. Well, what let's dive right into it. It is your bestselling book, The Survival Paradox, shedding new light into inflammatory diseases and how they develop what is The Survival Paradox?

What is it? So, you know, Dr. Sharlin, we in integrative medicine, we noticed for a long time that following COVID, the COVID epidemic, we recognize it is a driving force of inflammation of the cytokine storm in many diseases, really in every disease, acute and chronic.

And but inflammation is not the cause of disease. It's a result. It's the body's expression of an imbalance. And the imbalance is The Survival Paradox.

It's a paradox because we are wired to survive. Every cell in our body is wired to survive on its own and as a community. But this survival drive which is engaging in us is the same force that drives inflammation, early aging, degenerative diseases, cancer in children in our life, and also causes us difficulties in suffering because it's innate in us.

It is triggered automatically through the autonomic nervous system, through the sympathetic nervous system. Yes. Either responds with fighting, which equates to inflammation, or responds with hiding and running your way, which equates to to building a microenvironment, a boundary, a shield, biofilm creation.

And that leads, of course, to free to fibrosis and to organ dysfunction. So this is a autonomic nervous system, sympathetic system. If we live a more balanced life, we take a deep breath, right?

We relax and we balance it. But once the biochemical system gets, we get a very small trigger. And this alarming survival paradox molecules, proteins will start a cascade of devastating effects that will affect every system in the body based on our innate weaknesses.

If we have more tendency towards cancer, it will express itself as cancer.

The Survival Paradox Explained

We have disease or even neurological disease, a tendency to end what other toxins are in the body. So when we understand it, we actually have a tool to regulate these proteins in a simple way, but also to understand how we can regulate our life, our experience of life in a deeper way, in a way that one of the immediate and long term results is better health, better well-being.

Well, so The Survival Paradox, The Paradox of Survival is that if we have this because we have this innate hardwiring for survival, it sort of doesn't mean that we should be in survival mode all the time.

Is that correct? Yes. Yes. It's so it has many, many elements. And we talked about some people who are interested in meditation, if it has many layers, because a and I mean I doing a jumping to really deep philosophical waters right away.

But how when we try to get better, when we try to heal, we try and comes out of fear, out of holding, out of being afraid that something will change and we won't do well when there's a grasping, there is a holding to reality immediately.

Triggers is survival mode. We can want to heal out of fear, motivation, power out of this spacious boat, very hard to get to when we have fear of diseases.

But when we are there, the healing is very, very different. And the this is where we really access our innate healing capacity. And that's that's really a meditation journey.

But so practically, when you look at addressing The Survival Paradox, dietary principles is lifestyle principles, the supplement principle like blocking the main a survival paradox protein, which I've made some of the key discoveries and research and published a lot on Galectin 3 was motivated, respecting and also on a deeper level, trying to transform from our our, our approach to life.

So instead of being reactive from an ego, from a fear, from a struggle point of view, we become more responsive. And so as we sailed and our organs functioned in a reactive way in one organ in our body, which we are not planning to talk about today, but we relate to the nervous systems.

The heart. Yes. Responded in a responsible way. Yes, it's a difference between struggle and acceptance. And that's a key. That's a key element in the function of the brain is the blood.

Brain. Brain functions well and we get into the brain. Only thing that we need, we can accept what we get right. But it's not brain very. It gets disrupted for different reasons.

We can discuss it now. The glial cells are going crazy. Then we have a struggle and then the result is narrow inflammation that can go in different directions based again on where our weakness is, which part of the brain has been damaged, in which pesticides, in which heavy metals in which make a toxins, in which traumas, in which genetics and epigenetics are available.

So it's a fascinating for me, the nervous system is amazing and it's really a systemic area. It's not like this, you know, you're not a neurologist for many areas for many years, feels that this is like an isolated area.

You know, I think neurology, the field of the future because it affects everything. The smallest dysregulation in the brain is, you know better than me affects every system in the body, every system.

And that's yeah, and that's why some of the product is so nice. For it's so important and it's central focus. This this has to be applied this principle has to be applied in any good truly integrative neurology program, really any, any chronic disease program that utilizes more integrative principles.

It isn't just say, focused on prescribing a drug to treat a problem. Right. And so what you're saying is what what the things that first of all, throw us into survival mode lifestyle, food, sleep, disruption, sedentary lifestyle, loneliness, lack of purpose are thoughts, our feelings, and that some of that is normal in the sense that we're supposed to go into survival mode.

But we have to be able to both. And that. Right, right. And really, if you look at this survival from the body's biochemistry, every time the body gets injured, every time somebody gets stressed, every time the body gets in danger, it responds with the survival respond.

It's very natural, right? I mean, this fine, we will pull the hand back. And so really understanding it, what throws our body out of balance. And so you mentioned lifestyle, but you know, foods, diet, toxins, it's remarkable.

You know, heavy metals, especially pesticides, which can penetrate easily into the brain. And so we really have to look at our boundaries in our relationship between the cells, in our relationship between each other's people.

It's fascinating, you know, like gasoline. So when we are when we are bombarded with something that triggers a membrane response or that triggers a memory, psychological response, our cellular biology changes and really treating practically every disease is about regulating cellular, but cellular metabolism.

Yes, regulate the cell metabolism of a cell, beating natural or no glial cells or cell anywhere in the body. It will be normal. So what signals a cell to go from normal function to abnormal function?

Galectin-3 and Inflammation

That's a journey of healing. And the trigger is really the survival trigger. And tell me you've brought up the survival

paradox protein. What is their survival paradox? Protein.

So there are a few alarming protein, but the key one is collecting three that I started researching in 95. So my main sort of main discoveries were about blocking Galectin three with more effective respecting and of publication in patents.

And this is a way to to attenuate and block the inflammatory and fibrotic response. It's a, you know, it's, you know, so it's a basic processes that cause every disease.

So if you look at research on Galectin three over 10,000 papers, you look at research on MCP getting close to 100 papers, you'll see papers in, in acute kidney injury, in sepsis, in cancer, in, in IPA, in in perfusion injury, a reperfusion in the brain, in in in neurological diseases, in Alzheimer's and Parkinson's.

On why? Because it's a universal mechanism. So what happens Galectin three get excreted within minutes by macrophage and by and by and by the bone marrow when we feel there is a danger is affecting three has it's a carbohydrate binding protein.

So it is a receptor for carbohydrate. So oligosaccharides, glycoprotein and glycol lipids. So it catches the different ligands and it delivers them to the area where there is trouble.

So these are what are the inflammatory compounds, gross compounds, compounds that disrupt the immune response by creating inflammation. And what happens?

The Galectin three can attach to the cells and change the function of the cell membrane. But once the Galectin three attaches to a molecule to a ligand, it creates a pentameter in the pentameter attaches to a pentameter, and you're practically that's a biofilms, etc.

sclerotic plaque in the gut that the plaque ulzheimer plaque outlining the plaque is 10 to 20 times greater in galectin three density compared to normal tissue.

So because Galectin three starts this inflammatory response, it will disrupt the gut lining, but it will disrupt the blood brain barrier. It will well-documented.

So the larger molecules are coming into the brain and glial cells get activated by collecting. So even more than these, some fascinating papers from last year showing when you create perfusion injury reperfusion which what happened in simple language stroke TIA is the more obvious, but we get disruption to the blood supply for the brain all the time.

What we worried we would about the inflammatory response. So the inflammatory response is created by Galectin three. And when you do take this tissue and you put modify it, respecting it reverses inflammation. Wow.

I'm wondering if this was ever looked at in COVID, just because I tell my patients, look, you know, I know there are a lot of variants of the corona virus that caused the disease, COVID.

But the bottom line is, you know, it's really us, the vessel, it's our response to the end, to the viral threat that can lead to death from COVID. Oh, of course it was looked.

But in 2020, the focus was on pharma. So it's going to get a clinical trial. So what happens? Galectin three, the survival protein, right? It allows us to survive what it is survival.

The structure of the corona virus, the spike protein. The spike protein is practically identical to GALECTIN three. Oh, amazing, right? Because why? The Corona virus also wants to survive, and we are the highest density of receptors to galectin three in the lungs.

So a very large study. August, August 20, 20, in Mexico City showed that when a patient walks to the E. R. with

COVID, regardless of how sick they are, their level of Galectin three a time of admission will determine who will get to the ICU and who will die.

Oh my goodness. Within this, I've now shown in research that when you take sepsis models Galectin three gets gets expressed before interleukin six and when they block or more dramatically deplete Galectin three through our freezes, we reverse and stop the sepsis process.

The mortality of the animals in the acute kidney injury. So yes, that's a problem. We are dealing with an upstream molecule that is affecting all these cytokines.

Fantastic. Now this is the Parkinson's Solution summit. So how does all this converge on Parkinson's disease specifically? So it's so the survival products, the Galectin three contributes to the generalized neuroinflammation and of course a lot of research tying Galectin three to Parkinson's specifically because if we can reduce the neuroinflammation, if we can reduce the inflammation in the basal ganglia, we're going to reduce the damage to the cells and their damage to the tissue and such.

COVID, Sepsis, and Upstream Immune Signaling

Addressing Galectin three is essential in every new inflammatory disease, including, of course, in Parkinson's, but in Pakistan specifically. And I am fascinated by Parkinson's for the reason that I really feel that Parkinson is a disease.

We're integrative. Medicine can really change the outcome and it's essential to look at Parkinson's beyond beyond just blocking dopamine and giving drugs.

It's really a systemic issue. So the idea of narrow inflammation, the idea of creating harmony is key to Parkinson's. And in so specifically for Galectin three exciting, the glial cells creating their own inflammation will create naturally neurodegeneration.

I think Parkinson's. There are some other driving forces that we really have to address beyond beyond the survival paradox and Galectin three, which we discussed and people can read more in the book, is the use of modified perspective.

It's more the understanding that really, if you look at Parkinson in a, in a, in a multi in like in a creative way, in a in a holographic way, it's really a disease of loss, of rhythm, of movement.

Right. If a L. S the muscles stop work, if you have you, if you have Alzheimer the tissue is not functioning is normal, know the thinking process etc.

The plaques in Parkinson, the normal smooth movement is getting lost right? We have rigidity, we have dyskinesia. We are losing our our movement. There's a certain built in rigidity.

But of course fibrosis is the hallmark of rigidity. Inflammation, right, drives rigidity. You dry land, you dry tree, it gets rigid. So a part of the Parkinson's journey from a truly holistic point is where does the patient have rigidity?

Where can you melt the rigidity? So it's a survival paradox is what is the beginning point of rigidity? Because when we're in a survival mode, we hold to ourselves, right?

We hold opinion and it's like you can see geopolitically in the world now to an extreme. So for the patient where they can become more flexible, where can they become a feeling where they can accept new ideas they didn't accept before, and those offering the body a nourishing approach, good hydration and in food that are nourishing and don't causes this rhythmic energy production like refined sugars, right insulin spikes and goes up and down it ups and down.

So when we look at it, we realize, wow, there are a lot of things that can disrupt it that are not in our control. We

don't do it as much. We give a little bit, but not totally about the exposure to radiation.

If it's if it's electromagnetic, doesn't matter what it is, it puts pressure on the cell membrane. You know, if we live in a moldy house, we got mycotoxins that are going to cause no inflammation in the brain.

And they're heavy metals, of course. But the worst of all is glyphosate, so there's no way to accept it to it to, to really escape life of it in life as it is a tiny molecule.

Parkinson's Disease and Neuroinflammation

It's very similar to glycine, the smallest amino acid, which is a narrow inhibitory neuroprotective amino acid exchange with it in the brain creating an excitatory effect. Yes.

We all know that when it Parkinson on a patient a patient even with essential tremor get stressed, get anxious immediately the tremor gets worse, right?

Every person listening who has seen a patient knows this well. That's part of losing the excitatory to inhibitory balance in the brain is the ability to regulate it.

So it starts with disruption to the blood brain barrier that can start, as we know, with disruption to the gut lining. Right. The gut brain connection in the vagus nerve and affecting on Parkinson is amazing, right?

So fascinating. Right? Absolutely. So it's part of the connection. The same membrane you got the you got the gut, the gut lining and you've got the blood brain barrier very similar.

You know, what goes through what doesn't go through there. People will call it leaky gut, right? Molecules go through the gut, but not as much. We call it leaky blood brain barrier, but it's exactly what we are talking about, right?

I mean, so then you get systemic inflammation, but then you've got things that are specifically affect thing, Parkinson's, saliva, specifically, in effect, basal ganglia degeneration.

And what happened if you get glutamate accumulation, it will affect directly degeneration of basal ganglia. Okay. So we got to move glutamate into GABA so we can do is supplement medications is one amazing supplements wonderful of that really people have to know about it I would mention they published a lot of papers more intensively but really how can we move our our being more to a relaxed, spacious non excitatory place which of course relates to the survival probably the way but we're not there is not about it.

So there are different things that we can do about it. How can we so part of it, part of Parkinson's regimen is actually detoxification dependent education.

And the other part, which is really important to recognize, is that it is very important to try to regain the rhythmic flow in Parkinson's patients because it's really and it's really a disease of energy, of flow, of rhythm.

So things like qigong, like yoga, like acupuncture, like expressive art, you know, there is an amazing video. I think it's still on my website. It isn't died, but it was a program done by a major TV, I think in 2005.

It's still in the patient by the name of In the Open. They can disclose because it was public knowledge and he came to me with prostate cancer and as I was doing the first workup, he was hospitalized.

It came out so with severe Parkinson and it was starting to help him. And I'll talk soon about specific therapies. And then he actually had stage four colon cancer nobody knows him about, and his colon just exploded. Oh.

And he did one single dose over the first three weeks of chemo. And the new you, he totally you couldn't move because of the pockets don't get so big and he knew is going to die from this and you couldn't do conventional

medicine so it just worked with me to an unusual case.

I'm an integrative guy. I always subscribe to integration. But here there was no choices for wisdom medicine. It was to squeeze about You saw you were 70 years old.

So we treated him with detox and there was a lot of trust between us. So we really connected on a hard level. Amazing and really amazing men. Well, he died 15 years later from just congestive heart failure, but I have video of him 12 years later using without without medications, using a mouse on a computer and break dancing with his wife.

Oh, early eighties. So with him, we used energetic medicine, we used acupuncture, we used we recognize energetic flow within it. And because the electromagnetic field is so is so pronounced in the brain and the effect of the heart on the brain, we have to address these fields and, you know, and, you know, it's some of the work of putting right different electrodes into the brain.

It's the same exact same principle. It's like a more dramatic principle, of course, then hopefully it will develop and become, you know, a treatment. It is much more available. It's amazing the results.

I mean, you are much less good in it, but this is this is a more direct approach to the bigger approach. Now, not everybody is successful like him, but the thing that I wanted to make this point about looking at Parkinson's is an energetic flow disease because I'm sure many people are going to talk about different treatments.

I want to make sure this angle is not missed. No, not at all. And one of the things I love in talking with an expert like yourself is also seeing sort of the web of interconnections with the other folks that we're interviewing and are part of the Parkinson's Solutions Summit.

And I would encourage folks who are fascinated and everyone should be fascinated by this conversation, to also check out the interview with Alex Kirton.

I don't know if you know Alex's work. He is not a physician or researcher. He's really comes from the point of perspective of movement. But he wrote a book called Goodbye Parkinson's, Hello Life, and all of his therapy is about kind of removing that rigidity through changing thoughts, changing movements.

Detoxification, Energy Flow, and Supportive Therapies

He goes through this whole thing where he conducts the orchestra and he dances and and it just sort of reminds me of some of the more sort of teleological thoughts about these chronic diseases of the brain with Alzheimer's, Parkinson's, M. S.

In other words, if the brain evolves, these changes as a result of being in a survival persistent survival mode, why does it choose to preserve certain things and yet, you know, sacrifice others?

It's very interesting to say that, yeah, you know, Alzheimer's, you can't remember certain things, but you can still eat, you can still, you know, do other things.

Eventually those systems go as well. PARKIN ends. What can you do? What how is Parkinson's? How is the the rigidity that you're referring to, an expression of it's sort of a more energetic, you know, underlying pattern.

Completely. And then how do we break that pattern? Exactly. And, and, you know, as we say, in true, realistic approach, anything goes for one person. It will be a drug for that.

It would be shamanic healing or prayer, each one. And that's the power of any equals one. We have to see the patient. We have to see that every patient is a whole world.

And within it we have milder treatments and we have more dramatic treatments, as you know. So so, you know, we

talked about there motivated, respecting an amazing compound called Honokoil from Magnolia to embark. Honokoil.

All it is is you get hundreds and hundreds, if not thousands of papers is a major effect in oncology. It is the ability to regulate this cell, to be an antioxidant in a normal cell, and to be protected not in a cancer cell based on something called p53 expression.

So not all penetrate into the blood brain barrier and it it enhances a glutamate carboxylic acid and it shifts glutamate into GABA very, very important.

But it also is a major intracellular effect. So it will actually enhance ampk, which actually allows normal production of energy blocks into one which which drives the glycolysis and also blocks AGIF.

It's very important for the brain hypoxia inducing factor. When a brain cell feels it doesn't have enough oxygen, it will go to survival mechanism to produce energy fast, fast.

It can produce energy through glycolysis 100 times faster. But as you know, well, 5 to 6% deficiency byproduct, lactic acid acidosis, additional damage to the nervous system.

So knock your blocks dramatically if you look at the research on notion, it's one of the most powerful antioxidants. It is an amazing narrow protective effect in every neurological disease does amazing antiviral effects because it has this regulatory effect.

So no kill with MCP provides synergistic, extracellular, intracellular, and we have published a very important paper on it. So it is really unique for the brain in that it creates a calming effect, but it also helps to regulate the inflammatory approach.

So that's very important. The other thing is that we got to address heavy metals, of course glyphosate, we got to it with like the and they made it. It was a bit of a crusade of mine in the last three or four years when I realized, wow, I'm missing something.

And really it's a lot of talk, but what can we do about it? So I did research. I developed a product you're seeing very promising. Again, I'm not involved with this company anymore.

I am. We see very encouraging results in our preliminary clinical trials in actually being able to reduce glyphosate, what they call glyphodetox, but also one of the it's one of our basic approaches to neuroinflammation and to micro toxin who is seeing a lot of of improvement.

So that's one thing that also has to be whatever way are using. You don't have to use glyphodetox, you got to address toxicity. And organic food is really important.

But when it comes to glyphosate, it's everywhere. You can't really escape. The other part that is of almost always overlooked is that there can be a subclinical accumulation of ammonia in the brain. Hmm.

Did anybody talk about ammonia in relationship? No. Let's let's hear about the for sure. And you can see. So of course, we know that when there is a threat there is hepatic and allopathic because of liver liver failure the brain was Basler can deteriorate but post viral infections, post Lyme, the Lyme Lyme disease flare up.

There is an increase from ammonia something you can see it in blood test. Also, it's not clinical, but it creates this fogginess in our head. But what ammonia does it again, it disrupts glutamate regulation and in disrupt the basal ganglia.

So clearing ammonia from the system in whatever way you're going to do it. And certainly there are no drugs in the United States to use it in Europe. There is a is a very important drug, a function.

What it does, it will clear the brain. And I think that one thing that I want to kind of also Putin is passionate about PARKINSON we've got to look at neuroinflammation in general and in Parkinson specifically, and there is a journey that either works more because of oxidative stress damage, because of toxic streaming, or because of circulatory damages.

Not enough blood supply company. These are the two highways definitely in Alzheimer, it's classical and also in Parkinson's. So we got to address both of them and one of the things that is really effective for Parkinson's and really was started already in the late nineties is the simple use of Phosphatidylcholine was glutathione, you know, I. V.

treatments of Phosphatidylcholine and followed by the time. And you can see often an improvement in enable logical function within the eye, if not in all people.

It depends on other factors. And so the doctors aimed the audience of a patient to do it for this use of of the for the for brain health. You want to give the phosphatidylcholine a mixed in d5w and you know not mixed with blood and pushed back where it was more in the liver and really address the antioxidant effect.

Now when it comes to dramatic issues, when the body has high toxicity, where we see inflammatory markers, the back can no longer clean its own mess. You know, it's always an empty age.

If abnormalities or the detox system is saturated, for example, the liver from different injuries throughout life and other diseases, other illnesses, we are really we can do all of this.

It's not enough. This was therapeutic for me. This comes in an interesting the one therapeutic apparatus approved in the United States. The end of the infrared.

It's different than plasma exchange which people are getting very few therapeutic offers the United States is it the system is in affinity for oxidized lipids and for lipid soluble toxins, which is really one of the brain.

Clinic Information and Closing Remarks

So when we do when we when we do this kind of fluids in the clinic at Amitabha Clinic, and we integrate the IV's into it, you know, the different the reason I mentioned we are getting we can we can get there.

We can specifically target the nervous system in this way. So some time a person really needs it. Like you jumpstart the system in a way because when you add when you ended, I always do it into treatment with as in chronic disease because the second time the opiate let's go first of all it's amazing what comes out in the beginning It is not supposed to be there, but what you are doing your blood quality for a short while is like it was when you were a teenager.

You know, it's so clean. And what body does it get to recalibrate? So from the point of view of a survival paradox, it can get away from the survivor.

It feels good, it feels healthy, it feels spacious. And so then as you're coming out of such a treatment, then every other treatment becomes more effective.

It can be chemotherapy, can be PD-L1 inhibitor or could be radiation therapy in cancer. It can be, of course, treatments for neurodegeneration. So it becomes a major shift.

It's foundational. It's very foundational. And of course, it's not something I offer all the time because it's expensive, not covered by insurance and expensive because.

The filters are very expensive. It is The procedure is an FDA approved device. Yes, classically for homozygous hypercholesterolemia and elevated lipoprotein.

A So, yes, but it's another and then there are a bunch of other things, but it's already covered. So maybe area that apology. You know, this is wonderful.

I'm all focused on one or two things about the heart that all about. In any case, I hope that I apologize if I dumped too much and maybe now inspired by you, maybe in I'm going to start the podcast soon and maybe one of my sessions I will I will elaborate on on Parkinson's, you know, maybe interview.

Well, I, I look forward to continuing this fascinating conversation. It's been really, really great. But Dr. Eliaz If someone is watching this interview and I know they're going to be fascinated, they want to connect with you.

They want to go to the Amitabha Clinic. What are the steps they need to take to find out more. So they can go to dreliaz.com dreliaz.org and to my website you can sign from a newsletter where I, I have a whole team of writers that That's right.

We have a very big audience, about 300,000 people so they can and then they're I announced my different lectures and presentations and later in late 23 and 24, I'm going to start teaching more online in meditation and healing, which often very dramatic in Parkinson's Patient.

Again, I have experience with Parkinson's patients coming to my to my retreats. I am talking out of experience and also doing more face to face in the United States.

I did more overseas for many years and the clinic is Amitabha Amitabha which means limitless like Amitabhaclinic.com and right to to really to reach out or call and yeah, we'd be happy to see how we can help you.

Dr. Isaac Eliaz, thank you so much for participating. The Parkinson's Solutions Summit. I know those who viewed this have gleaned so much information wonderful pearls to help them change their Parkinson's disease trajectory.

Really appreciate it. Thank you. Thank you for having me. Thank you.