

**Seizing Life, episode 136**  
**One Woman's Epilepsy Journey Through Childhood, Parenting, Discrimination, and Surgery**  
**Guest: Laura Beretsky**  
**(Transcript)**

Kelly Cervantes: Hi, I'm Kelly Cervantes and this is Seizing Life, a monthly podcast produced by CURE Epilepsy.

Today I'm happy to welcome Laura Beretsky to the podcast. Laura was diagnosed with intractable epilepsy and complex partial seizures at the age of six. She's here today to share her epilepsy journey, which encompasses many of the issues we've discussed on the podcast. From workplace discrimination to parenting with epilepsy to life-changing surgery, Laura has experienced all of it and has written about it on her blog and in her recently published book entitled Seizing Control. Laura, thank you so much for joining us today. To start things off, why don't you tell us about when and how you had your first seizure?

Laura Beretsky: The first one that I remember I had in my apartment, which was in Queens, New York City. I was playing with what are called Tiletts. They're basically two-dimensional Legos. I was just kind of taking a little plastic pieces and poking them in the tray there, and I felt this really strange sensation in my tummy and kind of grounded myself by looking around the room. Just took note of the beds and the toy chest and the details, saw I was where I should be, but then that feeling kept spreading and didn't know what it was, so I just called out to my mother who was in the kitchen. It was a small apartment. She heard me and then I blanked out.

This is when I was about five or six, and I know she called an ambulance because the next thing I knew I was in the hospital, Elmhurst Hospital, the next day. It was overnight and stuff. I will say that that's not the first seizure I had. The very first one my mother told me about, I was little, little, I was like two, and she took me to the doctor at that point too. They said this could be febrile seizures, this could be temporary. They put me on Ativan or some kind of quick fix med and everybody crossed their fingers. That was it. But of course, three years later, the seizure I described that I recall, that's what happened.

Kelly Cervantes: Did they give you any idea as to why you might have had the seizure?

Laura Beretsky: The second one?

Kelly Cervantes: Correct.

Laura Beretsky: Yeah. I guess at that point I think they diagnosed it as epilepsy because probably my mother recalled the first one for them, and they put me on Dilantin right after that, and I had to have an EEG done. This is back in the day where it was the gooey sticky stuff with this curly hair. It was really un-fun. And then within six months I had a second grand mal. That year I had two. And I remember them both really well, and so then they started the medication guessing game, which is not uncommon, and there were fewer meds to choose from back then, 'cause this was early seventies.

Kelly Cervantes: Did your mother tell you any of the advice that the doctors gave her at the time or guidance that she was given in how to care for you?

Laura Beretsky: I don't remember that. I think everybody was just kind of nail-biting, crossing fingers and saying, "Okay, we're going to follow the doctor's orders here." I was lucky to live in New York City. Lucky in that there's really good teaching hospitals in big cities, so I was treated at Mount Sinai those years, which is excellent quality of care there. But again, it was 50 years ago, they didn't know as much. They didn't know as much. Epileptologists didn't exist back then. I saw a pediatric neurologist for sure.

Kelly Cervantes: Correct me if I'm wrong, you weren't able to get some modicum of control in your childhood of the seizures, but that sort of went away when you hit adolescence. Talk to us about that.

Laura Beretsky: Yeah, right. That is correct. I'd say between age six, seven until 13, the epilepsy, it was there. I think it was almost like just kind of this thing looming in the background. There's something a little off about my body and I know that, but the seizures that occurred were small enough. I can't even recall the detail. Between six and 13. Then adolescence hit. It was a very tumultuous time in my life, a lot of moving. My father going through his second round of divorces, and I had two grand mals within six months of each other. The first grand mals since those others I had when I was a little kid, when I was about six.

One at school, one at home, one in front of one set of friends in New York, one in front of another set of friends in Western Mass. And so then there was more guessing to be done and they tweaked the meds, and I got a modicum of control with the grand mals. I didn't have grand mals for 15 years after that, but it was a lot of tweaking. I still had complex partials. I was never able to get the complex partials under full control. I went through a series of meds for decades.

Kelly Cervantes: And tell us what those might look like to someone who was watching you have one and what they felt like as you experienced one.

Laura Beretsky: So they started with an aura, which could also be called a simple seizure, which is just sort of like a little creeping sensation in my tummy that crept in my face. If I was lucky, it would end there. Then I'd call it a simple seizure, but they often progressed to the complex partials, at which point I would blank out. I had a lot of tongue clicking, sometimes walking around in circles. It depends on where I was. Sometimes I just want to get away from where I was and I was an autopilot. Sometimes I'm nonsensical, yelling out loud, saying words over and over again. The one in my book that my friends recall for me, I was asking what time it was. I think that was actually something I often did was look at my watch again, it was a grounding thing.

Okay, I want to ground myself in the reality of now. I also took notes. I tracked what time of day did these happen, just so I had the details to share with my

doctor. Was it more likely a certain time of day? Honestly, I didn't notice a pattern necessarily, but I tracked it so carefully like a scientist.

Kelly Cervantes: And when you were experiencing them, did you know what you were doing? Did you know the repetitive behavior-

Laura Beretsky: No.

Kelly Cervantes: Or do you sort of black out during?

Laura Beretsky: I blacked out. I can tell you all this because I had people explain it to me, recall it for me, but I blacked out after the sensation crept from my belly to my face, and I felt kind of scared 'cause I knew it was coming. I knew I was losing control, and I felt very anxious and scared in the moment, and then I would blank out. So it was anxious and scared because here we go again. I'm going to be out of it, and I'm not sure who's going to see what, I'm not necessarily sure who's around me, if I'm out in the mountain street.

Kelly Cervantes: That has to be so anxiety inducing, not knowing when it's going to happen, and then it starts to happen and you have no control to prevent it or to stop it, and you're not in your body for a few minutes.

Laura Beretsky: Right. You're not aware of it. You're in it, but you don't know what's going on, and then you have to rely on others. If you're lucky, there was somebody that you knew who you trust, who would tell you, but just as often there wasn't.

Kelly Cervantes: Now, how did those seizures impact you socially and academically, as you're talking being a teenager and having these seizures?

Laura Beretsky: Academically, I was actually pretty lucky that they were infrequent enough and didn't impact my cognitive abilities at all. So I couldn't do my work if I was having a seizure but as I said, they were infrequent enough that I could make it up, do it the rest of the time, and I did fine academically, finished high school, at 17 and went on to college. Socially, what affected me just as much was A, the fact that I moved a lot during junior high and high school, and B, I have this very unique hair that made me stand out like a sore thumb every time I started in a new school. And that affected me just as much as the seizures. So because I had this hair, I was really good at figuring out who the kind people were and the people who were going to accept me because of the way I looked. I had a good sense of who they were, and I knew intuitively that those are people, they would also be able to handle this other aspect of me that's a little bit unique and off-putting to some and so on.

Kelly Cervantes: And you did go to college. Were you or your parents, were you nervous about how your seizures might affect you at school? I guess it had been a while since you'd had a tonic-clonic.

Laura Beretsky: Right.

Kelly Cervantes: So that was probably pretty encouraging. But I wonder if you can speak about how your epilepsy impacted your college experience.

Laura Beretsky: I didn't keep as careful notes back then, but I know because I think it was sort of a quieter time with the seizures. I think they were complex partials only for this whole period between age 13 and age 28, so they were smaller, and so if they were going to happen, I knew it wouldn't be... Or I felt there's a good chance. I guess you never know, but I just assumed it would be just a complex partial that wouldn't take me out for too long, and they weren't as frequent as they became when I hit my thirties, basically. And so I honestly didn't think about it that much. I really didn't let it impact me. I was able to, because it was sort of in the background. I still had meds. I switched them out here and there. There probably was the occasional seizure, but again, it was small enough that I don't remember it being a huge deal. I kind of remember it more recently than that because again, that's where the seizures started to uptick a little.

Brandon: Hi, this is Brandon from CURE Epilepsy. Do you have questions about seizures, medications, treatments, or other areas of epilepsy? CURE Epilepsy's new video series Epilepsy Explained provides answers to help you better understand the basics of epilepsy. Each month, a different expert offers short, easily understandable answers to questions from our community about a particular area of epilepsy. Doctors and researchers who are leaders in their field will cover questions about seizures, diagnosing epilepsy, medications, surgery, and many more topics. New episodes of Epilepsy Explained will be available on CURE Epilepsy's website and YouTube channel on a third Wednesday of every month. Now, back to Seizing Life.

Kelly Cervantes: So Laura, you're entering the workforce and at the same time experiencing this uptick in your seizures. How did that impact your work life and did your employers know?

Laura Beretsky: My employers eventually knew. Especially when I first started working, the number of seizures was lower. Again, I had no incidences of the tonic-clonics. I was like, okay, if it happens at work, I'll work with it. My employers will have to roll with it. I've been rolling with it my whole life, so I never told people when I applied for jobs, I went over those questions. I'm sure I came across those questions, do you have a disability? And read the definition and thought, no, at that point, because the seizures were a pain in the butt for sure, but I felt like they were small enough they didn't impact me. And so because I checked no, and it certainly wasn't something I wanted to share on a job interview, you're trying to put your best face forward and press for success. You don't talk about health conditions.

I don't think I've ever done that. However, that said, I had my jobs. I got there and eventually I would get outed, and I had one job for 12 years where I was all over the place. It was just that kind of job where I was in various different

places. So the seizure, it happened when I was at the welfare office over in Roslindale, not at my main office downtown. So who saw it, again, it varied, but my manager at that point, I'm sure I told my managers, "Here I have this." Didn't hide it. And so I never felt like my employment was at risk at that job. I was there between '89 and 2002.

Kelly Cervantes: But then you did end up at a job later on where you did experience discrimination. I'm wondering if you can share that with us.

Laura Beretsky: Absolutely. Sure. So that led with a grand mal that I had at the office. It was the first tonic-clonic or grand mal seizure I had in about 10 years, sort of like 10 years prior and also this one at the office, it was out of the blue. I was kind of used to having the complex partials. But then these were the big ones where when you think of the word seizure, this is what people think of. You're shaking. You lose consciousness, you fall to the ground, you stiffen, you froth at the mouth, really big. And so this happened at my office and my colleagues had to call 911, and I had to go to the hospital and call my then boyfriend, now husband to pick me up. It was very disruptive. And following that, I noticed a series of negative response from my manager and her manager doing things.

I got a very poor evaluation, which was so unexpected, and I worked hard to try to correct the things she noted. And then that was followed by an okay evaluation, which was followed by something again, really negative. And what I noticed is the trouble started shortly after that grand mal at the office and continued as I had an uptick in seizures at the office. Not tonic-clonics, but complex partials that people noticed. So during a staff meeting for example, it happened. I very clearly remember there was one week where I had two or three by chance at the office and my department head said, "Oh, can you please give an explanation to the staff about what you have, what epilepsy is?" And I was like, "I can do that, but is this legal what you're asking me to do? I'm not sure, but okay, I'll do it."

And so I did. But all of this led me to believe that my managers were intentionally trying to make me uncomfortable. And so when I got the negative eval, at some point, we had union reps. I reached out to them. I said, "I'm not agreeing to this. I feel like this is unfair." I pushed back and I called... There was a process, you call for a hearing, a meeting, a grievance. But in between there I got pregnant and I took my maternity leave. So I was literally grieving this eval while on leave, while nursing, going through paperwork, looking at the emails that I sent myself and sharing them with the union rep and figuring out how to navigate it. And I do believe in retrospect, they definitely expected I not come back. You get six months paid in maternity leave. They figured I'd just quit somewhere after January when my son was born, somewhere in that six month period.

But I was like, no, I'm not going to quit because what you're doing is wrong. So I went back and picked up the grievance process. It was on hold while I was on leave. We picked it up when I got back. And that's kind of when I said, "Look,

what I think is going on here is discrimination due to my epilepsy. If you're worried about people seeing me have seizures, important people like donors," 'cause I'm a fundraiser, "Give me a different job that's a little more behind the scenes, but it's not fair to just say you're doing a bad job when it's wrong, when it's incorrect." And ultimately, they offered me a severance package. I asked for five years pay. They offered in the end one year pay. And at that point it was so unpleasant. I certainly didn't want to work for them anymore. But I was like, well, they initially offered six months, then they upped it to a year, I guess I'm doing okay. Let's just accept that and leave.

Kelly Cervantes: I love that you're sharing this story that you are... You're clearly a very powerful, and I think that that is so incredibly necessary for people who fear they may be facing discrimination in the workplace to know how to handle that, to know what the process is. I want to go back a little bit in your story because you mentioned that you had taken maternity leave, you have two children.

Laura Beretsky: Yes.

Kelly Cervantes: And that can be a really tricky tight rope to balance on, being a woman with epilepsy, just getting pregnant and then parenting. What were the conversations like that you had with your neurologist, with your OB GYN to prepare for pregnancy?

Laura Beretsky: So with the OB GYN, I was equally as concerned about my age because I got pregnant late in life. I was 39 the first time. And so I was just very worried about just complications that occurred for any older mom. But then in addition to that, obviously I had the complications of managing epilepsy and making sure I was on a medication that didn't have teratogenic effects, which are handed down to the developing fetus, right? Negative effects. So the first thing was talking to my doctor at the time and changing my medication regimen to one that wouldn't have bad effects on a developing baby. And then I did have conversations about, okay, what about the safety of this? And I'm out there in the world because I live in a very walkable city. My experience of the seizures, they were, again, mostly complex partials at that point was that, yes, this is going to be an imperfect situation if I'm out there pushing a stroller at the playground or what have you, with a little child.

But I felt like I would recover quickly enough that it would be a small enough window that there's a good chance we'd be okay. And so I asked my doctor, I said, "Does that make sense to you? Do you think I should get a nanny if I'm alone with my kids?" And she said, "Now, the patients I have who have nannies with your kind of seizures are the ones that just really want the help because they want the help, not because they're concerned about the seizures." So I went with that. It was my own intuition, but also she kind of validated what I thought based on what she knew of my health history. So I took measures like I had a strap on the stroller, which I kept on my wrist. I had a tag on the stroller to explain, my mom has epilepsy. I don't think anybody ever looked at that tag.

I can recall about 10 times when I was just sort of out and about at the playground, at a store, whatever with my children and people around me on the subway, people around me saw me having a complex partial and got very worried for my kids and called 911. And every time that happened, by the time the medics got there, I was fine. I was totally recovered from the seizure. Well, totally, maybe that's an exaggeration. I was in the postictal phase, so I was cognitively aware, I could sign the paperwork saying I'm fine. I knew what was going to happen next. I just knew it. You know what I'm saying? I was aware enough to say, okay, oh yeah, I was on my way home from the post office time to get back to the house, that kind of thing. But it was rattling.

That is a rattling experience 'cause I knew that the kids were at risk in that little brief window. It's rattling to have to deal anybody in an official capacity because of your own health issue. That just doesn't feel good. It's disconcerting. When the kids were old enough to remember it, it was disconcerting for them, and I knew that.

Kelly Cervantes: So you continued to have these seizures. The kids are getting older, you're trying to navigate parenting with all of this, and then at some point you decided to explore surgery. Talk to us about the journey that you went on before deciding to have brain surgery.

Laura Beretsky: So the journey was what I described a moment ago, just kind of being out there and knowing there was this risk kind of inherently there. The 10 times that medics were called, which never felt good. And then what happened was in July 2013, so my kids were four and six, I was coming home from the office, my kids were at a camp program and then being picked up by a friend, everything. They weren't with me. And I had a grand mal seizure right in my neighborhood, right in the square by the subway stop, and somebody called 911. I landed in the local hospital here in Somerville. And all I could think was, oh my goodness, my kids could have been with me.

I only worked part-time, I still spent lots of time being the primary caretaker alone with them. Had they been with me, this would've been so scary for them, so disastrous. They would've landed in the local police precinct and that's all I could picture was that. And so that's what launched my brain surgery project, all the research, because I wasn't going to do it lightly. It was scary. It was definitely a scary endeavor. But that's when it started. August 2013, I went to the neurologist. She checked me in for the week long BEG monitoring that happens.

Kelly Cervantes: When the doctors were explaining the surgery to you, so you say you were connected for the week long stay, I'm assuming, so they could try and figure out exactly where the seizures were coming from to decide if any sort of removal was a possibility. When the doctors sort of gave you their evaluation, what was their prognosis if you decided to go forward with the surgery?

Laura Beretsky: An EEG, my sense of it is really just a snapshot in time of what's going on in your brain in that moment or in that case that week. And so eventually they did get it

on tape. And so then they could see, "Okay, yeah, we could tell the seizures, the misfiring neurons are... They seem to be clustered over here, right temporal lobe." And so that's good because they seem to be clustered in one place. And then they could really confirm that with the Wada test it's called, which is named after a person. It's not an acronym. It's named after somebody whose last name is Wada. And that was a wild ride, that test itself, because what they do is they put half your brain to sleep at a time. So they insert barbiturates through a needle in your groin and tube it up to your head and put half your brain to sleep at a time.

And my neurologist was there showing me the flashcard saying, "Okay, what's this? What's this? Do you remember what I showed you?" And I could answer those questions perfectly when my left side of my brain was awake, but when my right side of the brain was the one that was awake, and I was asked the questions, I was like, "Wait, I'm not sure." They could determine that. Yes, my memory center, my language center that were all on the left side and that right side, which is where the misfiring neurons, the mischievous part of my brain, I called it, it was all local. It was all localized. And so after that test, they were like, "Yep, you're a really good surgery candidate. We can do this. We can go forward with this. And you have a pretty high chance of success, a high success rate."

Kelly Cervantes: What was the exact surgery that you had?

Laura Beretsky: It was called the right temporal lobectomy.

Kelly Cervantes: And so how much of your brain did they remove?

Laura Beretsky: Oh, this is so wild. It's a kiwi size piece of brain.

Kelly Cervantes: Oh, yeah. Not that-

Laura Beretsky: [inaudible 00:25:11]

Kelly Cervantes: Not small, I mean, kiwis aren't a large group, but oh my, you're thinking about your brain and that's wild.

Laura Beretsky: So wild that one can do okay if it's the right part, because there are stories I read up on this, and there are people whose memory centers and seizure focal points are in the same place, and then they can't do what they did to me, a resection that's called, they can't resect the part of the brain, then the person would not be able to speak well, they'd lose their language ability.

Kelly Cervantes: So the surgery itself went well, but the recovery was rough.

Laura Beretsky: Glitchy, we would call it glitchy. So yeah, the surgery was on April 29th, and then almost exactly two months later on June 28th, [inaudible 00:26:04] 2014, I woke up and I was using my computer and I felt like I couldn't keep my hands on the



keyboard. It was the strangest thing. It was just very minor. I was like, what's this? I don't know what this is. Then we went to the mall to look for shoes for my son, and it was at the mall my arms started shaking uncontrollably. In retrospect, it was almost stroke-like. And I was still cognitively very aware, and I found my husband. I said, "You see this shaking? I have nothing to do with it. I can't stop it." And then suddenly I was having a seizure, and all of this was triggered by the fact that a subdural hematoma had developed in my head. And so there was all this pressure. And because I was somebody who's prone to seizures, how it manifested itself is obviously a problem was I was having grand mal seizure in the shopping mall at the shoe store.

Again, I feel very blessed. I am a stone throw away from MGH at that point. I mean, my house is, that mall is where we were, they call medics. I wound up at MGH. My husband is told, "There's a subdural hematoma. We have to take it out, and it's actually life-threatening." So he has to give the consent to the surgery at that point because I'm totally out of it. That surgery was an emergency craniotomy, is what it went down in my records, in my medical records. Survival rate of hematomas is actually pretty low. Some things I read said 60% die. Some I read said 80% die. So I look back on that and I'm like, wow, I was really lucky to be as strong as I am. And also that I noticed, I looked up the guy who did the surgery, I looked up his name, and he actually had some expertise dealing with similar things. So I guess I feel very blessed that I live so close to the centers that have access to these experts.

Kelly Cervantes: So you have this more than a small hiccup following the surgery. But once you had recovered from the craniotomy, how are you doing?

Laura Beretsky: That was a long haul. They did the craniotomy, they sent me home, and then I was having grand mal seizures multiple within a very short time span. So I think I had four grand mals in that seven days after that craniotomy. And they kept sending me home too soon. They don't keep you. And I think that's just not uncommon out there, no matter what hospital you go to. But after that initial week, I was just kind of woozy. They had to really had to douse me with far more meds than my body was used to. But it's seizures beget seizures. And so really the important thing at that point was to put the kibosh on it so my body didn't relearn. This is something these big tonic-clonic or something that you're going to start having regularly again, if you start having them regularly then they're more likely to. So I was just very woozy and on a lot of medication. And for that first month after the craniotomy, couldn't be left alone, had to have a grown up with me at all times.

And it took a year really to get back to medication levels that felt comfortable. But what was very disconcerting and almost felt like a mean joke is the neuropathy, which is like this tingling sensations I got in my fingers. And why I call that a mean joke is because when I had those grand mals right after the craniotomy, they started with the neuropathy in my fingers. And then as I was recovering, that was kind of an ongoing side effect for a long time, for years. And every time I felt the neuropathy, I was like, uh-oh, this is it. Am I about to

have another tonic-clonic? This is going to be a disaster. It took me months to realize, no, not every tingling sensation has to turn into a seizure. It's going to be okay. And I just had to coach myself through that.

Kelly Cervantes: And so in the end, even though it was pretty touch and go there for a moment, the surgery was deemed successful?

Laura Beretsky: It was.

Kelly Cervantes: I'm knocking on all of the wood, but since those initial tonic-clonic after the craniotomy, you have not had another.

Laura Beretsky: I had one in December 15, but I could connect it to the fact that I was tapering off one of my two anticonvulsants. And so the week after I got down to zero Vimpat, I did have a tonic-clonic and I was like, oh, well, I guess I'm not going to be a monotherapy girl. I need two meds. And so my doc put me right back on it. And so I take Keppra and Vimpat the two meds I take. And so since that day, that was December 5th, 2015, no seizures.

Kelly Cervantes: That's incredible. Or the partials either?

Laura Beretsky: No partials either. I have what I phrase or what I call neuro blips here and there, which is just like a fleeting sensation in my tummy sometimes followed by a swelling sensation in my lips, but no loss of awareness and ends within two to three minutes usually. And the first year after surgery, I had those, I don't know, 30 times during the course of 12 months. The last time I went to my doc, it was down to five over the course of 12 months, I still track everything. I track everything like a good scientist because I like to see those numbers go down. It's reassuring.

Kelly Cervantes: Yeah, absolutely. You're a good patient.

Laura Beretsky: Yeah, yeah, yeah. That's part of why I had to write the book is being a good patient is useful for yourself.

Kelly Cervantes: Yeah. So I want to get to that. Your book that you wrote, Seizing Control. Talk to us about why you felt the need and what you hope people take away from it.

Laura Beretsky: Yes, sure. I had to write the book partly as we touched on a moment ago, I wanted patients to know that recovering from a major surgery or managing a chronic condition like epilepsy requires a certain degree of taking ownership of your own healthcare plan and working closely with your doctor. And so that was a huge takeaway for me having gone through that. You come with your questions, you come with your list of symptoms, and it helps them sort through what's going on and figure out next best steps for your recovery or your healthcare, that kind of thing. So that was one. And two was I really wanted people, just everybody to know what epilepsy is, what a bear it is to manage, try

to dispel some of the mysteries, some of the stigmas. That's just for everybody. And then for people with epilepsy, I wanted them to know that there are ways to push back against the discrimination if that's what you feel like you're undergoing.

It's not easy. It was grueling, but it's out there. And even if somebody chooses not to go that path, because it is grueling, at least know that it's them, not you that has a problem. Them meaning the world around you. Epilepsy, it just a bear to deal with. It's a condition, what is it? 50 million around the world to have it. And so what I hope is that my book takes at least one small step in the direction of raising awareness, creating a little more empathy, a little more courage. I would grant you that if you're watching a seizure, especially a big one, that's a scary thing to witness. So equip people with knowledge and hopefully courage and empathy. And so that is why I had to write the book and I knew I'd be outing everybody. That's it.

Kelly Cervantes: Yes. I love the cover so much.

Laura Beretsky: [inaudible 00:34:26].

Kelly Cervantes: Who did the artwork?

Laura Beretsky: Thank you. My mom did that picture of me a long time ago and I asked her if I could use it.

Kelly Cervantes: Well, congratulations on the book. It's called Seizing Control.

Laura Beretsky: If I could just add, you can get it at most book vendors like bookshop.org, Amazon, anywhere you buy books online. I also have my own website and it's possible to buy it there, [www.lauraberetsky.com](http://www.lauraberetsky.com). And I hope it's helpful. That's why I wrote it. I wanted it to be helpful.

Kelly Cervantes: Laura, I so appreciate you sharing your story with us today, and especially the points of being such a strong self-advocate, be that with your healthcare providers or in the workplace or with your family. As the patient, you are just as much a part of that care team as the clinicians, and so I just thank you so much for sharing your journey with us, so we appreciate it.

Laura Beretsky: Thank you.

Kelly Cervantes: Thank you, Laura, for sharing your epilepsy journey with us and for your continuing efforts to raise awareness and understanding of epilepsy through your writing. For more than 25 years, CURE Epilepsy has been raising awareness through its unyielding support of epilepsy research. Since 1998, CURE Epilepsy has raised more than \$90 million to fund research and other initiatives that will lead the way to cures for epilepsies. If you would like to help us achieve our goal of a world without epilepsy, please visit [cureepilepsy.org/donate](http://cureepilepsy.org/donate). Thank you.

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