

Parkinson's Disease: The Mystery, the Myth and the Magic

THE MYSTERY

Despite its prominence in contemporary literature and the text book symptoms, diagnosis and “standard of care” **treatments**, there's a lot of myth and misinformation floating around about this disease.

Plus, most of the authoritative answers are written in medical language that you need a medical degree to understand. You shouldn't be confused about Parkinson's simply because you didn't go to medical school.

Parkinson's is a condition that has been known about since ancient times. It is referred to in the ancient Indian medical system of Ayurveda under the name Kampavata. In Western medical literature it was described by the physician Galen as “shaking palsy” in AD 175. However it was not until 1817 that a detailed medical essay was published on the subject by London doctor James Parkinson.

The publication was entitled “An Essay on the Shaking Palsy.” This established **Parkinson's disease** as a recognized medical condition. The essay was based on six cases he had observed in his own practice and on walks around his neighborhood. The essay was intended to encourage others to study the disease. Some 60 years after it was first published, a French neurologist by the name of Jean Martin Charcot did exactly that. Charcot was the first to truly recognize the importance of Parkinson's work and named the disease after him.

Much has been learned about the disease yet much remains a mystery. The symptoms are progressive and degenerative and tend to be more common in older individuals. It is understood that a dopamine deficiency in the brain is at the root of the matter, yet why this initially occurs is less clear. It wasn't until the 1960s that the chemical differences in the **brains of Parkinson's** patients were identified. The low **levels of dopamine** cause the degeneration of **nerve cells** in part of the brain called the *substantia nigra*. It was this discovery that led to the first **effective** medicinal treatment of the disease. In the 1960s, the drug **Levodopa** was first administered to **treat the symptoms** and has since become the “gold standard” in medication.

THE MYTH

Since the 1960s, research has continued to progress at a rapid rate. Despite the fact there is still no cure (The Myth), the symptoms can now be effectively controlled and reduced in severity. The **Parkinson's Disease** Foundation was established in America in 1957 to assist sufferers and to fund and promote further research. Many other foundations assisting the cause have been established in the following years.

A notable recent addition is the Michael J Fox Foundation, named after the much-loved television and movie actor. The foundation has been very public about its goal of developing a cure for the disease within this decade. Since its inception in 2000, it has succeeded in raising over 90 million US dollars. But it has made no more progress than for any of the other autoimmune, chronic degenerative and “incurable diseases” we posture to pursue within the convention model of what we know, what we think we know, or what we believe to be true.

Progress on all fronts is gaining momentum. Hope for the future of the “Shaking Palsy,” it seems, is decidedly solid, particularly in light of new information (almost 30 years old) that holds the promise of a paradigm shift in the fields of Neuroscience, Brain Chemistry and Quantum Physics.

[Hope is a powerful thing.](#) Without hope for a better future, no matter what the affliction, the will to live is lost and recovery is impossible.

Imagine, then, being told by your doctor that you have a progressive and degenerative disease that robs you of the ability to control your own body. A disease for which there is no cure.

This is the reality for those diagnosed with **Parkinson's disease**.

Hope is offered in the form of medication such as **Levodopa**. Levodopa acts to restore **levels of dopamine** in the **brain**. Remember, the perceived mechanism, the lack of dopamine, is the primary reason believed to be the cause for the symptoms associated with the condition.

Consequently, many have sought hope in alternative **treatments**. Parkinson's disease has been a recognized ailment in virtually all cultures since ancient times. Many of these ancient treatments are becoming popular in the west and are increasingly validated by western medicine.

Ayurvedic medicine

This has been practiced in India for 5000 years. **Parkinson's symptoms** are mentioned in ancient text under the name Kampavata. Ayurvedic medicine is a comprehensive system placing equal emphasis on diet, exercise, meditation, massage and herbs. One such herb, Mucuna Puriens, is gaining attention in conventional circles as its effects mimic synthetic **Levodopa**, with fewer side effects.

Broad beans

Australian researchers discovered that broad beans, also known as fava beans, are an extremely **effective natural** source of L-dopa. The highest concentration of L-dopa is found in the pod, so they are most effective when consumed whole.

St John's Wort

Dopamine influences positive feelings in the **brain**, and since **dopamine levels** are low in Parkinson's patients, depression is often a symptom. [St John's Wort](#) is an herb that has been used in Europe for many years. It has been proven to be effective in alleviating depression and insomnia.

Botulinum toxin A

One of the obvious manifestations of Parkinson's is uncontrollable movements know collectively as Dystonia. Dystonia is characterized by involuntary sustained muscle contraction resulting in repetitive movements, twisting and/or abnormal postures. Most people know of Botulinum Toxin (BTn) injections as a treatment for wrinkles; however, the true wealth in this chemical treatment is its overall effectiveness in the management of dystonia and other movement disorders when in a weak solution.

The indications for its use are expanding and now include treatment of tremor and pain, both of which are common symptoms associated with Parkinson's. For most patients with these symptoms, BTn injections provide significant but variable relief of the symptoms that lasts for weeks to months (an average of 3 months). However, repeated injections are required to sustain benefit over long periods of time.

Coenzyme Q10 (CoQ10)

This has been shown to have an effect on the **symptoms of Parkinson's disease**. However, it is

unclear whether it actually slows the disease or simply temporarily alleviates symptoms. The drawback is the massive dose required.

The effective dose is approximately 1,200 milligrams a day, well above the 60 to 90 milligrams recommended by many alternative therapy advocates.

Acupuncture

Acupuncture has been used for centuries in China to correct energy disturbances in the body. It has become a popular method of **treatment for Parkinson's** sufferers the world over. So far, there are no placebo-controlled studies that show acupuncture can treat the motor control symptoms of the disease, but there is some evidence that it can assist with sleep disturbances. There is much anecdotal evidence to suggest that it may be **effective** in increasing feelings of well-being and relaxation.

Massage

While not treating the **Parkinson's symptoms** directly, massage can help reduce some of the discomfort associated with muscle stiffness that is commonly experienced by patients.

Alternative treatments for many diseases come and go. Some become fashionable for a short while only to be discredited and discarded. Others accumulate a growing body of scientific and popular support. It is to a large extent simply a matter of trial and error.

Nonetheless, each of these "alternatives" has as its foundation and primary goal to mimic synthetic **Levodopa**, with fewer side effects.

THE MAGIC

As a physician with almost 37 years of experience in clinical practice, I have had the opportunity to treat hundreds of patients with this dreaded disorder. I've lectured to support groups, to the Parkinson's Association and treated the wife of the President of the local Parkinson's Society with great success.

One of the reasons for this success is that I don't perceive Parkinson's as a Disease, but rather a SYMPTOM of a fundamental imbalance or deficiency rooted in areas that conventional exploration has avoided.

This simple strategy involves looking at things nobody else is looking at in ways that nobody else is looking at them in order to address the cause of the SYMPTOM rather than treating the effect of the imbalance or deficiency, i.e., the SYMPTOM.

ONE POSSIBILITY

In order to explore possible causes for the low **levels of dopamine** causing the degeneration of **nerve cells** in part of the **brain** called the Substantia Nigra, we must always begin with the question, "WHY"?

In order to answer this initial question we must explore the mechanism of normal function, what's involved in it and what could possibly alter its normal behavior.

There is an area deep in the brain called the basal ganglia. Nerve cells in the basal ganglia are responsible for smooth movements and coordinating changes in posture. When the brain initiates a movement, the basal ganglia sends signals and transmits messages using chemical

neurotransmitters. These neurotransmitters are like electrical impulses sent over electrical wires, but in this case these electrical impulses are sent along nerve pathways within the **brain**. The main neurotransmitter for the basal ganglia is dopamine, the suspected culprit in producing the SYMPTOM of Parkinson's.

Parkinson's disease occurs when the **nerve cells** in the basal ganglia begin to die. When this happens, the amount of dopamine produced is lowered, and the signals that control muscle movement are weak or lost. The patient slowly loses the ability to control the initiation, speed, and smoothness of his or her movements. In the later stages of the disease, 80% or more of the nerve cells are dead or damaged.

So... WHY? Why do the nerve cells in the basal ganglia begin to die?

Conventional researchers believe that these nerve cells can die or become damaged by:

- Infection
- Trauma
- Toxins found in the **environment**
- A chemical called MPTP, which is found some illegal drugs
- Or by some drugs used to treat psychosis, including haloperidol or chlorpromazine.

While the disease does tend to occur in some families, no definite genetic link has been identified.

But what about those who have not been exposed to any of these potential triggers? WHY, do their basal ganglia nerve cells begin to die? Here is where we must temporarily suspend our disbelief and consider some other non-physical potential contributions to the progression of the mechanism that allows for degeneration of the **nerve cells** and the depletion of **dopamine**.

This is also where the research becomes very interesting, very challenging and very controversial. For instance, we know that there are three major influences associated with every major disorder, disease and dysfunction. They are:

- **Genetics**
- **Environment**
- **And stress**

Since no genetic link has been established and the superficial environmental offenders have been reasonably established, let's take a look at the possible influence of stress in this deteriorating cascade of degeneration, depletion and death.

THE HPA AXIS, STRESS AND PARKINSON'S

Perception of environmental threats suppresses a cell's growth activities and causes it to modify its response by adopting a protection "posture." Suppressing growth mechanisms conserves valuable energy needed in exercising life-saving protection behaviors. In humans, a similar systemic switch functions to shut down our growth processes and prepares us for launching a protection response.

In preparation for "fight or flight" reactions, adrenal hormones shunt blood from the digestive system and parts of the brain and redirect it toward the body's larger muscles, which adopt a protective posture. Reduced blood flow to the internal organs and brain, by definition, implies a suppression of growth-related behaviors, thus the compromise in circulation, nutrient delivery and waste removal from areas, such as, the dopamine producing "Substantia Nigra."

Secondly, [adrenal hormones directly inhibit the action of the immune system](#), the internal "protection" mechanism.

The adrenal system's function is to protect the body from threats it perceives in the external **environment**. Adrenal suppression of the high budget immune system makes more energy available to the somatic system. Consequently, the more stress one experiences, the more susceptible they will be to dis-ease.

Adrenal hormones also reroute **brain** blood flow by constricting forebrain blood vessels and dilating hindbrain vessels. Fight or flight situations are more successfully handled using hindbrain-mediated reflex behaviors. Constriction of forebrain blood flow suppresses "logic" or "executive reasoning," since slower thinking responses ultimately jeopardize fight-flight reactions.

Have you ever experienced a loss of intelligence in response to adrenal-mediated "work stress?" This is represented by the Hypothalamus-Pituitary-Adrenal (HPA) axis. HPA stress suppresses visceral-mediated growth, inhibits the immune system and stunts intelligence. The degree of expression of these influences is directly related to the level of perceived stress. The more **stress**, the less growth.

The interference with growth due to chronic stress leads to dis-ease, since the body is unable to adequately maintain its metabolic vitality. In conclusion, conventional allopathic medicine is now beginning to realize that **genetic** expression, which influences the character of the body, is under the control of the environment and the environment is influenced by perceived threats producing stress.

One pathway, associated with this model and specific to Parkinson's is as follows:

The presence of the stress hormones suppresses the production of a gas in the brain, called nitric oxide, which in turn suppresses the production dopamine. So, in addition to compromising circulation to the brain, the stress hormones play a direct role in suppressing the production of dopamine, which in turn produces a "double whammy" for the structures associated with producing the **SYMPTOMS of Parkinson's**.

However, the growth or protection posture of an individual's tissues and organs is mediated by the nervous system's perception of its **environment**. Perceptions are beliefs. Misperceptions can inappropriately increase or decrease physiologic mechanisms and produce dis-ease. The role of perception and mind is now becoming a point of focus in allopathic healthcare, as they try to unravel the mysteries of the placebo effect and the role of psychosomatic **stress**.

BOTTOM LINE

Beyond what I've presented to this point, the "Rabbit Hole" goes much deeper than we've ever imagined. With the emergent technologies of epigenetics, neurogenesis and neuroplasticity, to name a few, there is sufficient evidence to substantiate the reality that **nerve cells** and **brain** tissue can regenerate, that DNA can spontaneously evolve out of nothing more than hydrogen and oxygen (water = H₂O), that specific frequencies of various energies, such as light and gravity, can intentionally re-construct damaged biological structures and that we are ultimately the biological end products of our interpretation of our perceptions (the way we view and interact with the world affects our biology).

And it doesn't end there, however, the challenge is currently how to harness, adapt and introduce these intangibles into a coherent, predictable and scalable form of intervention. In the simplest sense, this boils down to increasing blood flow to the damaged structures and providing the body with the appropriate raw matters to regenerate normal function.

IN THE MEANTIME

Despite the convoluted and somewhat confusing nature of these undeveloped interventions, there are some strategies that anyone suffering the **Parkinsonian SYMPTOMS** can employ to improve their current experience.

These involve some simple things, such as, **stress** management, deep breathing (such as Chi Yi, a Chinese deep breathing exercise. It increases the oxygen supply in the blood and may thereby help alleviate depression), exercise, lifestyle modification and diet. While this list is certainly not comprehensive, some initial considerations might include things like eating a well-balanced, high-fiber diet. Maximize your intake of fresh green vegetables. Green leafy vegetables, rutabagas, sesame seeds, and sesame butter are good.

As much as possible, buy organic fruits, vegetables, and grains to minimize your exposure to pesticide residues.

Limit your intake of high-protein foods to no more than six ounces per day, taken mostly at dinner.

Fava beans, also called broad beans, are a **natural** source of **Levodopa**. One-half cup contains 250 mg, or the same amount as one pill. But don't substitute beans for pills without first consulting your doctor.

Patients attempt to relieve the constipation that often accompanies Parkinson's by eating bran. But recent research shows that bran is high in vitamin B-6, which interferes with the **effectiveness of Levodopa** when the drug is taken alone. Prune juice, grains, and fiber laxatives should be substituted instead.

Foods seasoned with hot spices have been known to cause uncontrollable physical movement in some people with Parkinson's. Avoid such foods.

Avoid all alcohol, caffeine, and sugar. All these substances create an acidic internal **environment** and are over-stimulating to a stressed nervous system.

Drink at least six to eight 8-ounce glasses of pure water daily to help flush toxins from your body.

And of course, gentle but consistent forms of movement therapy, such as Yoga, Tai Chi, daily walks, slow stretching can all provide the much needed stimulation to the relax and digest portion of the nervous system called the parasympathetic, which in turn, causes a deep relaxation of the muscles involved in the movement.

For more elaborate and specific dietary guidance you may want to investigate a diet called the 7:1 plan, specifically for Parkinson's patients.

IN CONCLUSION

The factors that cause the **symptoms of Parkinson's** are complex. I do not believe there will ever be a single solution or one "cure." A combination of therapies and **treatments** is needed. Which ones? At what time? These are decisions each person must make for themselves as they become available.

Meanwhile, even though the neurological system is very delicate and very sensitive to trauma, **stress** and toxins, when these are removed, released and ejected from the body, healing happens. If you are dedicated to finding ways you can help yourself, your journey to health and wellness will become continually more productive, more **effective** and more consistent.

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