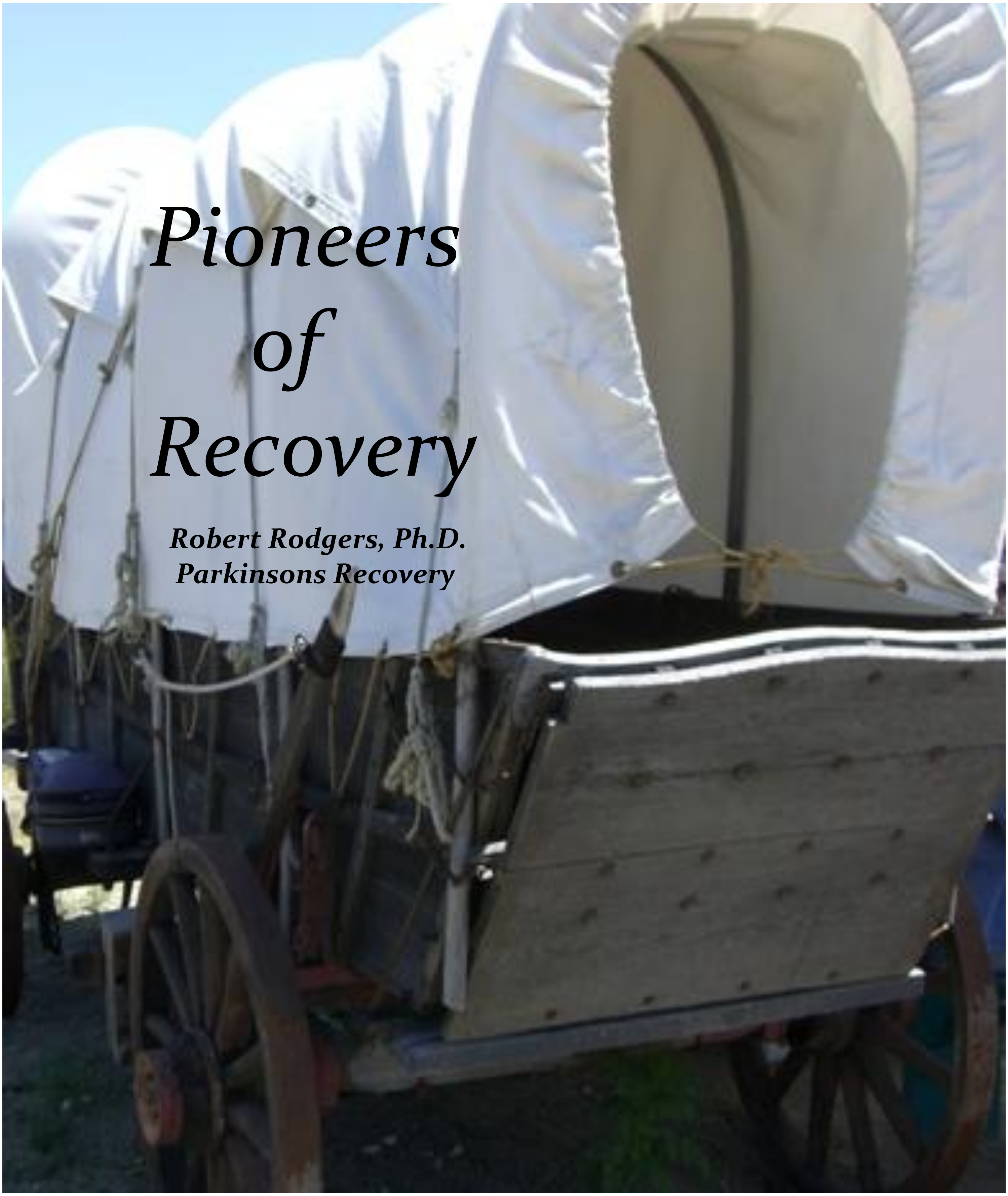

Pioneers of Recovery

Robert Rodgers, Ph.D.
Parkinsons Recovery

PIONEERS OF RECOVERY

Stories of Pioneers who Reversed Symptoms of Parkinsons Disease

ROBERT RODGERS, Ph.D.

PARKINSONS RECOVERY

WWW.PARKINSONSRECOVERY.COM

Parkinsons Recovery provides support, information and resources to individuals who currently experience the symptoms of Parkinson's disease. Pioneers of Recovery reports the stories in written form as told on the Parkinsons Recovery Radio Show by persons who are on the road to recovery.

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INTRODUCTION: ROBERT RODGERS, PHD

Stories of recovery you will encounter in this second edition of Pioneers of Recovery offer enduring hope to anyone who currently experiences the symptoms of Parkinson's disease. Each chapter is a true treat – the real deal so to speak. The nine pioneers confronted debilitating symptoms of Parkinsons Disease and each recovered using an approach that was uniquely suited to their situation.

Some pioneers are symptom free today. Others have a few symptoms that flare up from time to time. But, they too have recovered significantly. All now lead full, active and productive lives.

The content of each chapter is drawn from my radio shows. If you would like to hear the live interviews, the dates of each show are listed at the end of each chapter. Visit the Parkinsons Recovery Radio Show page and scroll back to the date of the show to claim your free download. The date of the show is listed at the end of each chapter.

http://www.blogtalkradio.com/parkinsons-recovery

Although the information is drawn from the radio shows, stories have been heavily edited. You will not find it useful to listen to a radio show and attempt to read a chapter at the same time.

Since 2005 I have interviewed many persons who are on the road to *recovery. Some have volunteered to be guests on the radio show. Others have not. I chose the stories of these nine remarkable individuals to include in the second edition because they offer eloquent explanations of a particular approach they found to be especially helpful to their recovery. Most people who have recovered found several therapies to be useful – not just one.*

Every story differs. Every journey is unique. It will become crystal clear to you from reading the stories that there are a multitude of factors that can potentially cause the symptoms that are linked to a diagnosis of Parkinson's disease. Pioneers of Recovery figured out the underlying factors that contributed to their own symptoms and implemented appropriate therapies to heal them.

If you decide to pursue any one of the therapies presented here, you may be either shocked to discover your symptoms vanish so quickly or frustrated to discover that the therapy is a wash and offers no relief whatsoever. It helps to know what is causing the symptoms before rushing to explore one or another therapy.

There will never be a single cure for persons who currently experience the symptoms of Parkinsons. You may be thinking at this point – shucks! That is why I bought this book.

The causes are complex and multifaceted. You will be profoundly disappointed if you are hoping that a single, simple "cure" of any form – including pills or surgeries - will soon be discovered. Pills and surgeries mask symptoms. They do not address the underlying cause of the symptoms.

As a researcher, I have no clue what specific approach, modality or therapy is the pathway to your own recovery. I do know however that there are many, many therapies that have offered profound relief to one person or another who have been diagnosed with Parkinson's disease. Parkinsons Recovery is the only place in the universe you will see these alternatives and possibilities identified and explained in detail.

Many people tell me they are grateful so many possibilities have been identified through the work of Parkinsons recovery but, at the same time, are overwhelmed and perplexed by the multitude of therapies that have helped other people recover. Can't this decision process be simplified? The honest answer is no. Parkinson's disease is anything but a simple condition.

Who has the "right" answer for you? Whose advice can you trust? There is only one source of reliable information. The one and only person who can figure out what you need to do to recover is ....you. Your body knows the answer – just ask!

If you ask for advice you will receive well intentioned advice. For example,

1. *If you ask an Ayurvedic doctor what you should do, they will give you answers based on their expertise in Ayurvedic medicine. If you follow their advice, will you recover? My research clearly indicates maybe, then maybe not.*

2. *If you ask a herbalist what you should do, they will suggest herbs you should take. If you take these herbs will you recover? Maybe, then again maybe not.*

3. *If you ask a surgeon what you should do, they will often recommend surgery. If you elect to have DBS, will you recover?*

Maybe, then again maybe not.

Make no mistake about it. I could continue this list with reference to all therapies, regardless of their origin.

- *If your issue is toxins, you will not recover until you cleanse toxins out of your body.*
- *If your issue is trauma, you will not recover until you address the trauma that is trapped at the cellular level in your body.*
- *If your issue is a tetanus infection from a tetanus inoculation, you will not recover until you address the tetanus infection that is hanging out in your neurological tissues.*

It would take many pages for me to complete this list as well.

Only certain therapies and modalities will be right for you. Which therapy or approach covered here appeals to you? Which chapter do you feel a surge of energy when you read it? Listen to your body as you read each chapter. Use your own intuition and judgment to decide whether the therapy or approach being discussed is something you might want to investigate further. Trust your own intuition and you will always make good decisions.

You may well be a person who is hesitant to take action until a specific therapy has been proven effective by the research evidence. Have any of the modalities discussed in Pioneers of Recovery been thoroughly researched? The answer is no. Would you be best advised to wait for them to be evaluated scientifically? If that is your criteria, please plan on living 200 more years. You may need to extend your time on earth to 300 hundred years. Why?

Who is going to fund research to evaluate a therapy that is natural, safe and has no side effects? Such is the case with most of the therapies presented in this book. Such therapies do not offer profit potential for any company. Why not explore therapies that only offer the possibility of improvement on some level?

OK, I am quite certain some of you are simply not convinced. You demand to see the scientific evidence. Certain therapies, especially drugs, have been researched and shown to have positive effects. They have been sanctioned legally. I invite you to consider one additional question. What is the size of the positive effect that is reported in the studies? In most cases – it is miniscule. The actual effect can be as tiny as 5% over a limited tracking period of only 6 months at best. Ask yourself – what happens to people after six months? Is 5% improvement still reported, or does the improvement reverse to one of deterioration?

I have been a traditional researcher all of my life, but decided to break out of the traditional approach 8 years ago. I did not retire. I quit my tenured position as a professor. If you are curious about my background as a scientist, I invite you to do a Social Science Citation Search on my name. You will discover many scientific articles published in referred journals that have been frequently cited by others.

I no longer work as a professor at a university and publish articles in the best referred journals. Why? Frankly speaking, because I do not believe the traditional scientific approach is the answer for anyone who currently suffers from a chronic health condition. I now know in my heart and soul that the answers that will help you recover lie in the wisdom of individuals who have found answers that worked for them.

The wisdom that is represented in this second edition of Pioneers of Recovery will jump forward research on Parkinson's disease 100 years because it opens the door to any and all possibilities of recovery. If you want to recover you can. The key is taking responsibility for your own health.

Please consider the stories you will read here as an incentive to kick start your own journey on the road to recovery. Extensive information is available when you click on the links throughout the book. Links are underlined in blue. If you spot a question in the Table of Contents you would like to see answered, click on the question in the Table of Contents. You will immediately skip down to the body of the book where that question is answered.

Many of the authors are committed to helping others with the symptoms of Parkinsons. I encourage you to make contact with any of the pioneers whose approach and ideas call out to you.

I offer my deep gratitude to each of the nine pioneers featured in the second edition for agreeing to be guests on the Parkinsons Recovery radio show and for taking the time to review their chapters for accuracy. I am also thankful to Scott Redlich for the endless hours he spent in transcribing the radio shows.

I am not a medical doctor and thus am not qualified to diagnose or treat Parkinson's disease. I am not just saying this to protect myself legally. It is true. I do not have a clue what therapy would be best for you to pursue. My job as a researcher is to identify the many wonderful options that are available and to alert everyone with Parkinson's disease that recovery is possible.

The mission of Parkinsons Recovery is to report the stories of persons who are on the road to recovery and document the histories of persons who are symptom free today. If you fit into either category, please contact me @ Robert@parkinsonsrecovery.com or call toll free 877-526-4646. I would consider it an honor to interview you.

Robert Rodgers, Ph.D.
Road to Recovery from Parkinsons Disease
www.parkinsonsdisease.me

TMJ ALIGNMENT: CHERYL

Tell us about the time when you were first diagnosed with Parkinson's

CHERYL: It started out when I was 42 years old. About a year after my first child was born I first noticed that I couldn't swing my arm when I was walking. Then I noticed that I really wasn't washing my hair with my left hand when I was taking showers. All of these things started slowly, gradually getting worse. Other things started coming up and I thought, "That's odd!"

I went to a doctor. They sent me to a neurologist and the neurologist did a slew of tests, speculating there might be a brain tumor or a lot of other different possibilities. To make a long story short, it took about two years for a diagnosis of Parkinson's to come because there was no Parkinson's history in my family and I was so young. Two years later I was diagnosed with Parkinson's and I thought, "I can beat this thing, I can do this, I'm going to try anything holistic that I can try" Because I'm kind of an anti-medication person, I never even took an aspirin in my life. I just didn't get headaches. I never got sick at work. I just couldn't *believe that I had Parkinson's*

I thought, okay I'm going to go to a chiropractor. I went to a chiropractor. I went to an acupuncturist. I went to a Chinese herbalist. I would try these therapies for a good six, eight months giving them what I thought was a long time to take effect. I understand that holistic medicine takes a while to incorporate into your body. I did the hyperbaric chamber which actually did me a little bit of benefit.

I tried a lot of different therapies and I was just getting worse. I just couldn't stop it and I had to admit it and I had to get help. I needed to get on the medication and I did not want to get on the medication because I read about all the side effects. It was just horrible for me to have to do this but I was between a rock and a hard place and medication was the last resort.

I have been on the meds now for I think about five or six years and I take the pretty standard regime of Requip, Amantadine, Sinemet - the standard protocol for this disease. I think everybody gets to all those different meds at some point or a reasonable facsimile thereof. I'm still thinking and I'm still hoping, I had hoped that there's something else that can get me out of this because I know it's not going to come from the medical community. I know the only thing that they're thinking about is drugs, more drugs and more drugs and brain surgery and those aren't very good options for me; I don't like either of them.

I remember going to Parkinson's support groups and they would have guest speakers come in. Some of these speakers would be therapists. They would tell you, you have to learn to accept your disease and you have to learn to accept your life the way it is. Grow from there. Develop from there. Learn new skills. I would raise my hand and say, "I will never *accept this disease." I'm looking at this guy, like he's got four eyes; it's like, "Are you nuts? I want my life back! I really do, I want my life back and to tell me to accept it is not helping me, just tell me how to get out of this!" That's just my mindset about this whole thing.*

I just knew there had to be a way out of it and I just have never stopped looking, but at the same token I'm a realist and I'm not going to not take the drugs. I've got two small children who are actually ages ten and seven right now. They're my world and I've got to keep up with them. One of them is a boy and he's a very active little boy. Sometimes I just want to lie down but I can't. It's more than a full time job; it's developing two lives. As far as the Parkinson's, I didn't get blessed but as far as having those kids I did. God gave me a gift in spite of all of this trauma.

Did you see an improvement in your symptoms when you took prescription medicines?

CHERYL: Absolutely; the drugs masked over a lot of the symptoms but I still felt this current going through my body. As much as I was able to physically do things I just never felt normal. The way the drugs would affect me is like a wave washing over my body – one minute I wasn't normal. The next minute I was.

I've gotten a lot of side-effects from the drugs. I've got dyskinesia. I've got dystonia in my feet, I've got dyskinesia in my upper limbs. I've gotten a slew of other side-effects that I don't need to go into, but those are the two big ones. The side-effects are real and they're uncomfortable, almost more uncomfortable than the disease for me. I couldn't read my own handwriting and I love to write. I've got a pen collection. I've been writing for years and to lose my penmanship for me personally was just horrific. My facial mask, I could feel when I would smile because my *face was just so blank. I couldn't walk with certain shoes on because they would just flop off my feet. Just a slew of things were going wrong for me. I couldn't put a sandwich in a zip-lock baggie; I couldn't make that motion. I couldn't stuff an envelope - just that pushing motion, my hand wouldn't do that. I couldn't fold laundry. I couldn't, I couldn't, I couldn't. It was just a lot of different things that I was losing the battle to. Yes, there were a lot of symptoms that were affecting my life.*

Tell us what has happened recently to turn your situation around

CHERYL: A month ago I went to a support group, and a dentist came into the support group. He was very clear. He said there are about 50 dentists around the country do what he does. He's a TMJ expert and works specifically with movement disorder patients. He's a member of the American Academy of Cranial Facial Pain. He said, "I'm not going to tell you I can cure Parkinson's. I don't know anything about Parkinson's. But I can tell you I can make you symptom-free, so if that's the cure, that's what I can do. You will be symptom-free after you're done with my device".

I thought to myself, "Right." Who is this guy? There was a group of us at the meeting that included a woman that I've known for the past three years. She's always been in some form of a wheel chair, walker, or a cane with four prongs on the bottom. Her husband is always with her assisting her. He is a very kind gentleman, always helping his wife out, but she could not move around by herself. She needed some form of assistance.

The dentist said to this lady, "You young lady, come up here." She was using her cane this particular night and walked up to the dentist. He placed a tongue depressor in her mouth sideways. He said, "What I'm *doing is, there's a little bone right where your upper and your lower jaw meet. It's about the size of a cat's claw. It's your temporal mandela mandible (temporo-mandibular). It is a little bone right next to your carotid artery, right where your upper and lower jaw meet. He then said, "I'm adjusting that bone, I'm shifting that bone, because when that bone is out of alignment all kinds of symptoms occur. When that bone is adjusted and in proper alignment your symptoms will go away." That's basically the long and the short of his presentation.*

He placed this tongue depressor in her mouth. He grabbed her cane and he said, "Now go walk down the hallway." She stands there momentarily and she grabs her cane back. It was a little brash, but he wanted to prove a point. He goes, "Now go walk down the hallway" and he grabs the cane. She stands there momentarily. She is just standing there. He said again, "Walk down the hallway." So, she takes a step and she starts walking down this hallway. She's walking. She comes back down the hallway and then she's walking around the room and she's smiling and she does not want to stop walking. She can't believe she's walking. I'm looking at her and I can't believe she's walking. If did not know her I would think this was a plant.

It was too unbelievable. It was like watching a miracle. If there are any miracles, this was a miracle because I've known this lady for three years and she cannot do that. She's got a tongue depressor in her mouth and she's walking. It was fantastic! That caught my attention.

I see her about three weeks to a month later at a Parkinson's fund raiser. She is dancing wither husband. She is dancing! This woman was in a wheelchair before. She went to this dentist obviously because she saw the benefit. Now I'm seeing her again and she's dancing with her husband. I was floored. I mean if I believed when I saw it the first time I really *believed what I saw the second time. I thought to myself, "I've got to try this! I've got to try this!"*

There was another gentleman at the fundraiser who was also at the support group meeting. He went and got himself an appliance as well. I saw him at the fundraiser and he was carrying back four glasses of wine back to the table he was sitting at. There is no way this gentleman could even have walked back to his table nevertheless carry four glasses of wine without spilling them and walking back to the table. It was unbelievable. They both had a appliance in their mouth. I thought, "I want some of that! I want some of that good health!"

But I was scared. I was really scared. I mean what if it doesn't work for me? I'm not in a wheelchair yet. I'm not doing great but I'm not in a wheelchair yet. What if it doesn't work for me? It's a lot of money, it's scary. But at the same time there are no side-effects, I'm not popping pills. There is no brain surgery involved. It is not invasive. It is not cutting into me. It is like you are wearing a retainer in your mouth and I thought to myself, "I've got to do this. I've got to do this. I can't deny what I'm seeing."

I talked to my neurologist, I called him up and of course he said, "You're wasting your money. You are wasting your time. I couldn't find anything on the internet about it. Nobody else had heard about it." My doctor is a great guy. He is at the cutting edge and at the UCLA Medical Center. I really going to a movement disorder specialist and not seeing a local neurologist in my community. I'm really at where I think is the cutting edge of professional health for the Parkinson's community because I'm a young onset patient and I wanted to get the best of the best. He said, try it if you have to, but don't spend a lot of money. He was trying to be positive with me but at the same token he doesn't believe that anything's *really going to come of this. So, I did because I had to, because it's just my nature, because I know what I saw and I know what state Sally was in and the other gentleman was in. I couldn't deny what I saw.*

So I went to this dentist and I got myself an appliance. The first day Robert, the first day, I was folding laundry at night. There is no way when I'm off meds at night that I can fold laundry and I just did it.

I called this appliance "Henry". I've nick-named it because it sounds like I have a toaster in my mouth if I just keep calling it an appliance. I don't have a toaster in my mouth so, it's Henry. And Henry just works in miraculous ways. It is very slow. It is very gradual. When I say slow, I don't mean slow like it's slow in healing. It just kind of catches you off guard. All of the sudden you are doing something that your body had forgotten how to do and you're just doing it. So many things I've realized that I'm doing right now and so many things I don't realize that other people are pointing out to me that I'm doing, like the other morning I just hopped out of bed. I don't know how many Parkinson's patients hop out of bed but I sure didn't. You just don't hop out of bed. You pull yourself up, you roll over as best you can, you kind of fall out of bed. I'm hopping out of bed now. So many things have changed in my life since I've gotten Henry. I can't even begin to tell you.

Are you wearing Henry right now?

Yes I am.

Can people tell that you have an appliance in your mouth?

CHERYL: No. You would not notice it, but to me it feels like there's a table in my mouth. I'm not going to tell you it's comfortable. I'm getting used to it but it does feel awkward. I mean, you have this retainer *in your mouth. I've never had braces before as a child or anything so I've never really experienced having anything in my mouth before like this. I wear Henry all day long and I have a separate piece that I wear in the evening, a night retainer. They are both specially made.*

This dentist has all this special equipment. It takes about 3 hours to get tested. He does a series of different tests. He does TMJ tests. He does Head X-rays. He measures the width of your mouth and the length. He looks at all kinds of things before he actually makes this appliance. They are all individually custom made depending on your level of what you need.

Does the appliance have to be adjusted periodically by the dentist?

CHERYL: I go back once a week and get it adjusted, yes. It's an ongoing process with the dentist, you keep getting it adjusted but that's fine because every time he adjusts it, he's just tightening it so it stays in your mouth better and it feels better in your mouth and when he adjusts it I think the benefits come out a little bit more. I can tell you on the first day I noticed that I was folding laundry. That was I thought, fantastic. The second day I was putting my pants on and I was like, "Oh my God, I just put my pants on! I can't believe it!" I went to brush my teeth and I didn't go for the electric toothbrush I just went for my manual toothbrush. "I can brush my teeth!" Things just start happening and if you're aware of it you can quantify it and tell people about it. I'm putting sandwiches in the zip-lock baggies.

There's so many little things that are coming back into my life that weren't in my life before that I was losing a grip on and it's the first time that I've ever seen this happen. I mean I've been taking medications for five, six years now and now I'm able to do these things. As a matter of *fact I'm going at four hours now in between medications and I'm slowly starting to reduce my medication. My goal is to be symptom-free but the process is just amazing to me. It's like you have an infection on your arm and the infection won't go away and it's just there for the longest time and all of the sudden you start seeing the infection around your arm starting to heal and you see the edges healing and that's the stage I'm in right now. I'm one month into this appliance. The dentist says that I'm going to wear it for about six or seven months and at that point I should be able to take it off and I was like, "Oh my God, could that really be true? Could that really be true?" I didn't want to tell too many people about the appliance because I'm still waiting for the shoe to drop.*

So I'm in the dentist office the other day and I'm getting my check up and I see a gentleman who had started the appliance before I did. He was in the dentist's office the same time I was, and I said, "How are you feeling?" He says, "A thousand times better." I said, "A thousand times better?" He says, "I'm completely symptom free!" And I just said, "Oh my God!" He says, "I'm normal Cheryl. I'm normal. I couldn't swing a golf club seven months ago; I just played 18 holes of golf yesterday."

I'm thinking to myself, I know how good I'm doing, and this just encouraged me to just come out with it because it is real and it is working and it is going to keep getting better and better for me too. I just thought, this can't be a secret. This is real. This is helping. This is the first time in ten years that I've seen my symptoms reversing and that's just too huge not to tell people about. It's just phenomenal.

I'm already feeling it, I'm walking around the room; I couldn't talk to you this quickly or this clearly just a month ago. It would have been impossible.

My energy level is better. My confidence level is better. I actually sold my house and I'm going to start packing up and start moving. Things just start coming to you. I was sitting at the keyboard the other day and my hands went on the home keys and I just started typing normally and I'm looking at myself going, "Where did that come from?!" It just gradually reclaims – it's just like your body remembers something it forgot it knew how to do and it's just starting to do it again; it's like my body's saying, "Thank you, I'm healing. I'm not medicated, I'm not getting this massive rush of ability; I'm slowly getting my ability back." It's real. It's undeniably, quantifiably, verifiably real.

I went to my neurologist because I was telling him this is really happening, this is real and you've got to tell people about this. And he says, "Cheryl you can't. It's just not going to happen." I said, "Let me come in and you can see me for yourself." This was after like two and a half weeks I went to my neurologist and he said, "I can see an improvement in your walk, and I can see your dystonia is better but I only see you twenty minutes at a time so let's just see how this goes." He had to admit that he saw an improvement because it is there. But he also kind of took it away because he still doesn't believe it himself. I think what will convince him is if I can reduce my medication and or completely eliminate it which is actually my goal. He says he'll help me do that, so I give him that. That is great. I appreciate that he's doing that, but he's still skeptical.

That's the problem that I'm having is a lot of people say, "Well, let me go ask my doctor about that appliance." I'm trying to tell my friends this is really working and they can see that it's working but people are skeptical about it. There's nothing written up about it. They just had the Parkinson's World Conference meeting in Scotland and all these *countries came together to exchange information about Parkinson's disease. All they did was talk about surgery and medication and nobody mentioned this. Nobody even talked about it and you know why? The pharmaceutical companies – and this is from my doctor who told me this – the pharmaceutical companies control the clinical trials. If it's not pharmaceutical-related then they're not going to pay for the trial because they're not going to make any money off of it. My doctor said that there's no way that anybody's going to put this on the market because without clinical trials the FDA's not going to put it on the market and there's not going to be any clinical trials because nobody can support the clinical trials to do this because it's the pharmaceutical companies that have the money to make these trials. If they're not going to make any money at it they're not going to have a trial, so it's just not going to get out unless it gets out from word of mouth. So I have to be a spokesperson for this thing because this is real and this is really reversing my Parkinson's systems.*

It's unbelievable Robert. I can't tell you how much, much, much, much, much better I am in one month and you will feel it the first day. Sally was walking with a dip stick in her mouth; I mean this thing can't be a secret anymore. It can't be just word of mouth it has to be told via the internet or the radio or TV, you know it just has to get out to the masses and people have to believe that they can get better because they really can. I never gave up hope that it was going to happen.

Have there been any non-motor improvements?

CHERYL: I'm definitely thinking a lot more clearly, I mean a lot more quickly. I just couldn't annunciate myself; I couldn't speak fast enough and get it out quickly enough. I found my voice had softened to a level where I couldn't be heard so I stopped speaking, I stopped taking *invitations because I couldn't keep up with people. So you slowly start shrinking out of sight and things like that just start happening gradually and naturally because you're just not the same as everybody; so I think those are non-motor issues.*

How do you recommend we find a dentist? Is there a listing somewhere?

CHERYL: The place to go is the Parkinson's Research Organization and there's a lady named Jo Rosen there and she's got a listing of all these different dentists that are registered, that are a part of the Academy of Cranial Facial Pain. But there's a small segment of dentists. They're probably mostly in the metropolitan area.

Detail out for us precisely what happened during your initial visit to the dentist.

CHERYL: When you first go the price is 75 dollars for a consultation, I think that's probably across the board what my dentist charges everybody. He's going to test you and see if you qualify to get an appliance, if he can help you. He's got a series of tests that he makes to see if that's possible. The tests are in-office and innocuous. There's nothing invasive or anything like that. If he feels that he can help you he discusses with you the therapy and the protocol and what it's going to take for you, because every person is different. For example, if you don't have any teeth he's got to make a special appliance and that's a particularly hard case because the appliance adheres to your teeth. Even if you don't have teeth, if you've had bridge work, your situation is different. Everybody is different so he'll discuss with you what your particular case is like.

If you decide to proceed with the procedure, you come back and the second appointment is about three hours worth of testing. He takes x-

rays and his office staff will talk to you about what you have to do to take measurements. After that is all done you come back for a third visit. That is when he actually makes the appliance. It's basically a mold that he takes from an impression from your teeth. The cast takes about a week to ten days to make. This particular dentist doesn't have an in-office place to make the mold so sends it out to a lab. Then you come back and you get it fitted. The whole process took me about three weeks from start to finish and then I was wearing my appliance.

I thought, oh I'm going to feel something immediately. When I got out of my chair from the dentist's office I didn't feel anything immediately. I thought, okay, we'll just give it some time. We'll see what happens and that first day I did experience the benefit of Henry, as I named my appliance. From then on everyday for the first two weeks there was something new that I was able to do that I couldn't do the day before. When I went to pick up my kid from school, my seven year old said, "Mommy, you're walking so much better today." He didn't know I had been to the dentist and was wearing Henry. He just threw that out there, and so it was visible even to a seven year old that I was improving.

How much does it cost to have this appliance made?

CHERYL: It varies. It depends on your mouth and what the dentist has to do to get it in there and make it work for you. It costs anywhere between three to twelve thousand dollars. My dentist has a payment plan. If you can't pay the full amount up front, he's got a payment plan that he can put you on for two, three, four, up to five years. When I first heard the price I thought, "Oh my God that's so expensive, three to twelve thousand dollars, oh my God! How am I going to afford that?" Then I thought to myself, you know what, I would mortgage my house if I could get rid of this disease, if I could feel symptom-free. I would give *anything, I would pay double that. I started thinking; I've had this for ten years, that's a thousand dollars a year. I've probably paid close to that in less than ten years. This year alone I can't even tell you what my medical bills are and my medicine bills have been. I've fallen into that donut hole with Medicare with the medication. I think you get like up to 2,500 dollars if you're on Medicare that they'll cover and then you fall into this big donut hole. I've fallen into the donut hole so I'm paying for my medication as it is right now. It's costing me a lot more to stay on the pills and to stay medicated than it is to have Henry. You know that is a fair price to reclaim my health and get my life back.*

Can payments be spread out for as long as five years?

CHERYL: Yes. My dentist gave me that option so it would be like two hundred dollars a month over five years or something like that. I thought about going that rout. What if the appliance doesn't work? But it does work and it was worth every penny of it.

Does the initial charge also cover the adjustments that are required?

CHERYL: Yes. That's correct. I guess he saw the look on my face when he told me the price and he said now that includes everything. " I'm not going to nickel and dime you, I'm not going to charge you for every adjustment or every time you need an adjustment and you want to come in, this is one shot and that's all I'm going to charge you." He said, now if you lose your appliance it's going to cost you extra money so don't lose it, because then I have to make another one. Other than that he's not going to charge you anything else.

How long is the treatment period?

CHERYL: Well the person that doesn't have teeth is going a little bit longer because it's a little bit more problematic. A woman without her *teeth was quoted a year before she regains her complete health back. I was quoted seven months.*

Will the time between appointments lengthen over time?

CHERYL: I assume so, yes.

What got you started on this path?

CHERYL: Parkinsons Resource Organization: www.parkinsonsresource.org The people there are real nice and real friendly as very helpful and they're the ones that got me started on this path. The 800 number is 877-775-4111 and then they have an office number that you can just call directly it's 760-773-5628. The director is Jo Rosen

Does your dentist also do general dental work?

CHERYL: He is a TMJ expert. He noticed that over the 30 years that he's been doing this TMJ work that his patients were talking and telling him, "My headaches are gone, I'm sleeping better, I've regained my balance, and my shaking has stopped." I never really had the problems with the tremors so much personally but these are the things that his patients were telling him. So they were getting their TMJ work done and so he started connecting the dots and he started looking more into this and that's when he found these other pioneers in this field. So yes, he does more than just Henry, he's a full dentist.

Is an internet search useful using the words "TMJ" and "movement disorders"?

CHERYL: Probably not. It's so new and the word is just now getting out about it. I would like people to know not to have any fear because that fear is the thing that holds most people back from anything in life.

Parkinson's is scary. Getting well is scary as well, believe it or not. You can lead a horse to water but you can't make him drink. I don't know why you can't make him drink when the horse is tired and thirsty, you know but people are scared to try this. It's scary because it's a lot of money. It's scary because what if it doesn't work for you? I had all these same fears and I would just really like to encourage people, don't be afraid of yourself. Don't be afraid to get well. Don't be afraid that you can improve because you really can with this treatment.

I personally know three people that are undergoing it. All three people are if not better, getting better and Jo Rosen has told that she knows of 30 people who have improved. Obviously she's more in the center of things. I'm just in my little world here.

Was your improvement steady?

CHERYL: Henry worked for me for about two weeks and then I felt like I plateaued. I was waiting for 'what am I going to be able to do today?' I thought okay, well this is all I get; I'm still happy, I'm still thrilled and I still got more benefits than I had two weeks ago out of this and then all of the sudden one day it's like Henry woke up again and started working for me again. I talked to a friend who also had an appliance fitted. He said you'll have a series of ups and downs. I just experienced my first one. You tend to see gradual but rapid improvement and then you plateau. I think your body's just like adjusting to it. Oh my God do you realize everything I've just done? Your body needs a little time to assimilate everything and then it goes to the next level and then it plateaus and then it goes to the next level, and then it plateaus and then it goes to the next level. So if anybody does try this and they experience this plateau, it's part of the process.

What would want to say to a person who has just been diagnosed with Parkinson's disease?

CHERYL: I would tell them that there's hope. It's not a death sentence. You're lucky you're in the year 2010 and you called me because I can steer you towards something that will save you a lot of time and money and anxiety and maybe if you just try Henry first before you went anyplace else you wouldn't have to go through anything like I did. And they couldn't even imagine the magnitude of that; what I went through. You just can't even imagine it. So if I could catch somebody before they went through any of that I would really try and tell them that they can avoid a lot of anxiety and a lot of discomfort and a lot of embarrassment and a lot of being humbled by this disease and they can continue their life; they have a chance now.

Caller 1: Is there hope for someone who's had Parkinson's for 22 years?

CHERYL: Of course there is. I don't know what stage you're at but this woman was in a wheelchair and I don't know how long she's had Parkinson's but she got to that stage and she was walking so yes I would say absolutely. I think after 22 years you're probably that much more progressed and it might take maybe, I mean I'm not the doctor, I'm not the dentist, maybe it would take you a little bit longer but I think you'll feel the benefits of it as quickly as Charlene did.

Caller 2: Does the TMJ appliance move the jaw forward?

CHERYL: That's absolutely what he wants to do is move my jaw forward, open up the airway passages and relieve the pressure. He also wants me to have chiropractic adjustments.

Caller 2: Chiropractic adjustments from a cranial-sacral chiropractor?

CHERYL: Yes.

Caller 2: I thought so. So he's trying to stretch out that digastric muscle. I've heard for a long time that is was the digastrics muscle that needs to be addressed and I had mine worked on but it did not make a difference, so I'm thinking that probably holding the jaw forward for an extended period of time like your appliance does may have an effect that I'm looking for.

CHERYL: That will complete the process, absolutely; sounds like it.

Caller 3: Did you notice any changes after the first visit?

CHERYL: No, that was just a conversation. The second appointment was just testing to see how I'm biting, how my jaws move, they're testing to see where your bone structure is, they take a full head x-ray, so there's no improvement during the first or second visit, you only get the improvement once the appliance is physically in your mouth.

That would be the third visit. You might try the dip stick thing that he did with that other woman. If you put a dip stick in your mouth or a pencil and you just put it horizontally in your mouth and shove it all the way back you might be able to make an adjustment to your jaw, to that bone and you can swing your arms around; stand with your feet on the ground and swing your arms around and then put that thing in your mouth and swing your arms again and see if you get more movement. You should be able to.

Caller 4: Were you actually able to reduce your medication level already?

CHERYL: I have actually stopped taking my last Sinemet pill at night and I take Requip XL two times a day four milligrams each and my second Requip tablet I've reduced to two milligrams. Yes. I have started reducing the medications.

Caller 4: Did you have a lot of fatigue with your Parkinson's symptoms before getting your TMJ appliance?

CHERYL: I used to get a lot of fatigue when I was on the regular Requip and that's why I switched to the XL. So I don't seem to get that as much anymore.

Caller 5: Is your concentration and memory getting better?

CHERYL: I'm thinking more quickly than I was before; I'm speaking more quickly. I think they're starting to make more sense. I'm feeling more confident, definitely more confident. I'm feeling more like I can do things that I wouldn't undertake before; I can tackle more problems and I can take on more. I'm able to do more than I was before. I know a lot of people struggle with depression. I don't get depressed; I've never had that issue. I don't have hallucinations, depression, any of those things so I can't speak to any of those cognitive issues.

Caller 5: Have you talked to any of the people that have used the retainers over the long-term?

CHERYL: I asked my dentist that question. He said the longest patient he's has treatment has been one year. I personally know one person who has used the appliance for seven months. He is the guy who told me he's a thousand times better. I love that number. When he said that - a thousand times - mostly people say "I'm a hundred percent better," he said, "I'm a thousand times better." I thought that was great. Then he *said, "Cheryl, I'm symptom free, I'm completely normal" quote unquote. Those were his direct words to me. He looks like a real sharp guy, he's probably in his early 50s and he's right on top of things. He runs two businesses, he's got a pretty wife; he's got his life back. I did not ask him if he's med-free, and I wish I had, because I don't know that. But I did read a letter from him saying that he had reduced his meds, but I don't know if he's actually med-free or not.*

Caller 5: So you're also doing chiropractic adjustments like once a week?

CHERYL: Yes. Fifteen sessions were included in the fee. The chiropractor I saw was SOT certified. He came to the dentist's office twice a week.

Caller 6: Did you ever previously experience any symptoms that would indicate a Temporo-mandibular condition to begin with?

CHERYL: No, and that's what really concerned me because you have to answer a series of question and I was like, not applicable, not applicable, not applicable.

Caller 6: Did you ever have any pain in your mouth, in your jaw?

CHERYL: None at all. I never heard my jaw popping. I never had headaches. I never had whatever all those things that were on that list. I just couldn't answer yes to any of them and then that really scared me because I was like, "My God I don't even have any of these things, what am I doing here?"

Caller 6: This doesn't surprise me because what limited knowledge I have about the acupuncture meridians, the large intestine channel is, I would think the gateway into it is in your jaw and from some of the experience I've had in the past I think

that large intestine channel that runs down your arm is actually deeply interrupted in a Parkinson's condition. I'm just wondering if by opening up this joint if you're actually opening up that large intestine channel too.

CHERYL: He's explained it to me three times, the mechanics of this and I can talk very minimally about it. It's kind of like, "Frankly my dear, I don't give a damn." I just want to see the result. So I don't care how the car runs, I just want it to run. I know that there are a lot of people who are technically-minded and that it has to make sense to them before they try it and from what you're talking about, it is just a little bit beyond me in scope. I have heard it opens up airways and it stops blockages in the Carotid artery which restricts the blood flow going to your brain. So it does make sense to technical people once they understand the ***mechanics behind it.***

Caller 6: I think this is really curious because you're what I would call an early on-set patient and I have always postulated that the early on-setters tend to be people that were born with the condition or they're pre-dispositioned to the condition from environmental toxicity exposure of one sort or another and like you say who knows? You can think this thing from here to eternity and get a million different answers.

CHERYL: There is no history of Parkinson's in my family, more men than women get it. People who are older are more likely to have it than younger people. I just don't fall into any of the statistics, not really. The doctor told me that it was most likely environmental - like you're saying - and that a trauma to the body would have triggered it. The trauma to my body was giving birth to my child. He said it could be a car crash or something like that. It was lying dormant and the trauma to the body *just triggered it. He said it would have come out eventually and that I probably had it for years. It was one year after the birth of my child when I started actually saying that something was wrong. I had known it for a couple of months afterwards but you don't know if it's the pregnancy with your first child. You just don't know what your body's doing. It's healing after the birth. It is adjusting. Then, different things start happening. You just keep thinking that it will go away and it doesn't. It starts getting worse and then after a year's time you have to pay attention to it. That's probably what triggered it for me.*

Caller 7: Are you a single parent?

CHERYL: I'm a single parent.

Caller 7: I just wondered if that was a situation where you had to convince your partner that this is something that could be profitable.

CHERYL: It is definitely profitable as far as your health goes. Once you get your health back then everything else will flow back together in your family I'm sure. It just makes things that much easier. Quite frankly it's cheaper than cost of my medicine and cost of doctor visits and the future cost of all this. I don't know where this is going. I don't know that I'm going to be med-free. I don't know if any of that's going to happen. I just know I'm able to do more. I'm feeling better. I'm seeing a reversal of my symptoms. I'm able to do things that I couldn't do and it just comes onto you. It's not like you try to do something that you couldn't do before. All of the sudden you start doing it.

Caller 7: Like being able to pull your pants up. When you said that, I was like, 'Right on girlfriend!' I know what you're saying. Do you exercise at all with your Parkinson's, are there other

things you do to compliment what you're doing with the retainer?

CHERYL: I've never exercised in my life. I know I should, everybody tells me, my girlfriends, everybody gets on me. I'm five foot four and I'm 120 pounds and I'm not out of shape.

Caller 7: Did you notice that you had Parkinson's on one side of your body and not on the other?

CHERYL: It started on my left side, absolutely and luckily I'm right-handed because I know that some people are right-handed and it started on their right side.

Caller 7: Did you ever get a cranial-sacral head massage?

CHERYL: No I haven't.

Caller 7: I did that once and I've done the Bowen Therapy and that helps but it only lasts for about a day to two days. The neat thing about the retainer is it'll move your jaw and it'll keep it open whereas the massage has probably opened up the areas for better blood flow but it doesn't stay open.

CHERYL: I've tried the hyperbaric chamber and that put more oxygen into my brain, compressed oxygen that you're sitting in a chamber and so it opens up your lungs and it opens up the oxygen into your brain and that seems to help but not even for a day; I'd say maybe for a couple of hours. Otherwise I haven't found any therapy that's really as compelling as this. It's a process, I'm not 100%. I'm not Parkinson's-free, I still need my medication but I feel so much better. Things are just coming back to me now.

Caller 7: You speak very well. I can tell because I know that

feeling of when you're speaking and then you can't quite get the words like you want to, and you don't, you're not there, you're beyond that, you're back to normal speaking which is great to hear; it's convincing just listening to you talk.

CHERYL: Thank you so much. I couldn't have sustained a conversation this long and my voice would have been faded by now.

Caller 7: Were you ever tested for heavy metals?

CHERYL: Yes I did, I did the Wilson's test. I didn't have heavy mercury, I didn't have copper, I didn't have whatever else they tested for. I just remember those two in particular that weren't an issue.

Caller 7: I guess the interesting thing about Parkinson's is that everybody's so different.

CHERYL: I know; they call it the Designer's Disease. I don't really get the tremors so much. A lot of people have the shakes or the toe rolling hand motion, I don't get any of that stuff, not unless I'm really stressed out or nervous about something, then I'll start tremoring or if I'm confronted with something that I don't want to be confronted with, then the shakes come in but on a whole I don't really get the tremors.

I've noticed that my balance is probably my biggest problem. But let me tell you, since my balance is improving my back doesn't hurt, and my feet had calluses on them because I was trying to compensate in keeping myself balanced in inappropriate ways. I developed these horrible calluses on my feet that I never had before and my calluses are going away. Just one correction corrects so many other things down the line, it's amazing.

Another thing that just happened this morning, they sound like such *little things but they're huge in my world – I was able to squat down and just pet my cat without falling over. That just never happens, I always have to hold onto something or I would fall over. I did it for a few minutes. I could have stayed down there longer. It was amazing to me. I was just like, wow, and so many things happen that I realize that I couldn't do and so many things happen to me that somebody else points out to me that they've realized that I couldn't do that, I didn't even realize that I couldn't do, so it's really fun to watch the whole thing unfold. It just happened so naturally, I just bent down and started petting my cat and I didn't fall over and then you consciously think, hey, I'm not falling over. You know, you don't consciously think, I'm going to bend down and I better hold onto something, it's interesting the way it works; it just happens so naturally it's unbelievable.*

Caller 7: The symptoms you listed … I was just so amazed … 'That's me to a tee!' Even getting out of bed has only gotten worse in the last month and a half. I did too much in the last month and it caught up with me and it just made my Parkinson's symptoms escalate and nothing you can do about it then. You just have to rest and relax and listen to a show like this and get encouraged to think, 'Gosh, maybe there is something I can do to help reverse the symptoms instead of saying, 'Well, I put myself in this worse situation how is it going to remedy itself?' But I exercise a lot and I really know that helps me a lot. When I don't walk enough I can feel it the next day. But I'm so excited to think about something that could open up the flow of whatever, because I can see the blood not flowing in my legs and my hands. My hands are always cold. My feet are always cold and swollen.

CHERYL: The swelling in my feet has gone away. I had the same thing.

Caller 7: I know it's hard when there's not clinical research and proof. I've been doing Intravenous I.V. of glutathione and that's helped but it only helps for like three days. But I can't afford to do it three times a week because it's expensive and I think what you're doing with the mouth is like fixing what's causing the problem which is great because then the dopamine cells should be able to make their dopamine when they've got the blood flowing through there or whatever they need that wasn't coming in before, seems to make sense to me, anyway. How old are you?

CHERYL: I'm 52. I've had this for 10 years; I started noticing the symptoms when I was 42.

Caller 7: I'll be 58 this year and I started when I was 53. I've had it five years so I was sort of in that same category. The only difference is my mother had Parkinson's, but she had it very late in life. I was in a car accident before my Parkinson's symptoms started to show up which is like they say, the trauma and then it erupts.

CHERYL: It is interesting you got yours after the car accident.

Caller 7: Which I'm thinking maybe something got knocked out of place. It could be; I mean it was not a horrific accident, it was like a 30-mile an hour type, they ran a red light but I still got knocked around. So anyway I'm excited to try this, I think it could definitely be a help.

CHERYL: I know it can be a help. I know it will; especially because you sound a lot like me. You sound like you're just experiencing a lot of things that I was experiencing. I don't see why you can't experience the wellness that I'm experiencing.

Caller 8: How long does the process take from the time you initially go to the dentist to when you get the appliance?

CHERYL: I would say it would take you a maximum of three weeks before you could actually get your appliance from start to finish and then you could start wearing your appliance within the first two and half, three weeks.

It seems too good to be true and that's what scared me about it the most. It was just too unbelievable and I know how crazy it must sound especially because there's no research on it and there's no studies and there's never going to be any studies and your doctor's going to tell you not to do it and all your friends are going to tell you you're crazy.

I really hope I can make a difference in somebody else's life. If I've reached out and just got one more person, that's another starfish that gets thrown back in the ocean.

How to Hear Cheryl on Parkinsons Recovery Radio

Visit http://www.blogtalkradio.com/parkinsons-recovery and scroll back to find the show that aired October 21, 2010 featuring Cheryl as my guest.

About Cheryl:

I was born a New Yorker. I lived on Long Island until I was 19. In 1984 I moved to Long Beach, CA where I still am today. I graduated from Long Beach State University with a BA in Sociology. I worked in the car business for 20 years.

I started seeing my first symptoms of Parkinson's October of 2000. I was diagnosed January, 2002. I gave birth to my second child Jan 2003. Luckily, I hadn't started medication yet. I nursed

my son for 18 months until July 2004 when I was so sick from the symptoms of Parkinson's I had to stop nursing, and I began taking Parkinson's medication. Today I am a proud stay-at-home-mother of Sophie, age 11 and Luke age 8.

I am active in the kids' schools with PTA and serving on the School Site Council. I am also active with The League of Women Voters. I am in charge of health, education and safety. I am chief cook and bottle washer, taxi, friend, mother, daughter, sister, and woman in charge of my life. I also have two cats, both 21 years old, a garden, places to go, things to do, and people to see. I have a lot to take care of; I don't have time for Parkinson's. Thank you for listening to my story. You can contact me through my email at: mailto:sophieskutch@aol.com

THE CANDIDA CONNECTION: LIDIA

Is there a connection between your former husband's PD and the health problems you were experiencing?

LIDIA EPP: Yes, I think I need to start from the beginning. We were married in 1990 and it was probably about a year later I started to experience some issues with my health that I hadn't experienced ever before. There was of course at that point absolutely no connection to anything – I just started to notice strange new things about my health popping up here and there. Let me tell you a little about those health issues as it later became obvious they're part of a larger story.

About a year into our marriage I developed some skin issues and went to see a dermatologist. He told me that these were just age spots, which was kind of strange because I was 30. He also said it could be connected to me taking oral contraceptives and I shouldn't worry too much about it, a lot of women have similar problems and it's nothing of concern. I also noticed kind of irregular freckle-like spots on my skin. Another strange thing that happened to me around the same time as that I *stopped tanning. I used to tan easily and I spent a lot of time outdoors. I noticed I wasn't tanning anymore no matter how many hours I spent outside playing tennis or walking or working in a garden. I just didn't tan. I also noticed dark blotches on my skin. Those were my first symptoms.*

About a year later I developed several so-called seasonal allergies. Symptoms ranged from stuffy nose, sneezing and watery eyes to really debilitating severe headaches; especially in the spring during the pollen season. I never had any problems with allergies and suddenly I was taking different nasal sprays and allergy medications – Claritin or whatever was available at the time and it really didn't alleviate my problem. I was told by my family physician that I have to resign to the fact that sometimes later in life we can develop seasonal allergies and there's nothing that unusual about it. So I took my Nasonex and Claritin and walked around with watery eyes and sneezing 20 times at a time, thinking that's just the way life's going to be for me.

Other symptoms crept up one at a time as well. I noticed my back was hurting more often. I never had problems with my back before and suddenly I was experiencing severe pains in my lower and mid-back. I went to see the chiropractor and was told that I developed some mild to moderate spurs in my vertebrae. The chiropractor helped me some but not that much. I had to suffer through bouts of pain that would go away, but then would come back again. There were several of those symptoms that were seemingly unrelated to one another.

Around '96 - '97 my x-husband noticed some very disturbing symptoms in himself and eventually – long story short – he went to see our family physician who sent him immediately to see a neurologist. He was diagnosed with an early onset of Parkinson's disease. He was 43 at the *time. Back then of course we didn't see any connection between my seasonal allergies, back pain, migraines and my x-husband's diagnosis of Parkinson's disease. We didn't know that they all had a common denominator.*

We led a very active lifestyle; we were both avid tennis players and runners. My husband tried to continue with those activities but it was increasingly difficult. His Parkinson's was progressing rapidly. His PD was not very responsive to the initial treatment. I don't recall the original therapy, but I'm certain that part of it was levodopa. It took quite some time and large doses of medication to see any improvement. Few months after the diagnosis my x-husband got in touch with a renowned neuropathologist from a very prestigious medical school and we were delighted to finally have a national authority on the subject to see him; things looked really promising. That was the doctor which first prescribed him Mirapex. There is much more awareness about Mirapex now, but back then it was still an experimental drug and he was enrolled as part of a clinical trial. There was absolutely nothing known about the side-effects of the Mirapex. My x-husband didn't respond to the treatment like his doctor had hoped for. Actually all of his Parkinson's meds helped him only to certain, rather small degree. The disease was progressing quite rapidly no matter what the dosage of the medication was. Symptoms were very pronounced and getting worse regardless of the levadopa and Mirpaex dosage. The doctor was quite disappointed and prescribed increasingly larger doses of Mirapex. As I'm sure some of you are aware of it now - and if not, perhaps you should - Mirapex has some severe side-effects. They are mostly neuropsychiatric in nature. Obsessive-compulsive disorder kicks in, irrational, paranoid behavior, aggression; now there's a wealth of information about it online.

Unfortunately for me and my x-husband, as a result of his Mirapex therapy - he had all of the side-effects present and our life took a turn for worse. His personality changed drastically and soon our marriage was on the rocks. I sought help from medical professionals, psychologists, psychiatrists, neurologists. I contacted the neurologist that prescribed the Mirapex but he simply brushed me off. He was not aware of any side-effects, his advice to me was: "Just enjoy the life that you have. Maybe your husband's personality changed somewhat. Wouldn't your personality change if you had been diagnosed with Parkinson's?" I suppose there's a grain of truth to it, so I said, "Okay, I'll take the good with the bad." Things however got progressively worse to the point where my x-husband decided that he wants out of marriage. His uncontrollable obsessive-compulsive symptoms literally took over his personality. At this time he was on heavy doses of Mirapex and levodopa but his Parkinson's was still progressing rapidly.

I moved out to another state and lost touch with him. In the meantime, from common friends I've heard stories that his Parkinson's is still progressing. My ex husband is a geneticist and due to the severity of his PD symptoms it became impossible to continue his career.

Eventually I met my current husband - Bob and a few years later we got married. We would have lived happily ever after, however - after about a year of marriage, Bob noticed that he suddenly became allergic to pollen; developed back pain, severe migraines and severe skin rashes. This is when I said to myself: This is not a coincidence, it just cannot be. Actually, I have to praise Bob, who by profession is a pilot: he spent days and nights relentlessly researching, mostly on the internet, what possibly could be a mildly contagious disease that would cause those symptoms and take years to develop? It was three o'clock in the morning *one day when he woke me up and said: "I've found it!" At this point we knew it's not a coincidence that we both - previously very healthy, middle-aged people - suddenly develop the same health issues. It happened to me when I married my x-husband, now Bob is married to me and a year later he developed the same symptoms.*

What symptoms were you experiencing when you figured out the cause?

LIDIA EPP: Let me just tell you, I was a mess. If you find a list of chronic candidiasis symptoms and it's a long list - I would say I had 80% of them. I was fatigued, depressed, I had severe skin rashes, I had constant GI problems, and I had severe migraines. My migraines were absolutely debilitating at this point, the kind of migraine that makes you nauseous and light sensitive. Two years earlier I had back surgery, I had herniated and eventually ruptured lower back disc. Candida does weaken your cartilage.

Bob's first symptoms, especially one that bothered him the most were skin rashes. He had severe skin problems after less than a year after we met. So it became more and more obvious that there is a common denominator to all of that and finally Bob made the connection. He told me: "Look, these are all those scientific publications, it's really not my piece of pie. Why don't you read it? I think that's the thing that we both have". That's when I started to dig into it and sure enough, the more I read the more it became obvious to me - we are dealing with chronic polysystemic candidiasis.

I have to say there's a lot of bad information online. There's some very good information and then there is some really bad. Just because somebody posted it online doesn't make it so and people do post the strangest things. If you come unprepared and start reading *indiscriminately, you can wind up with some strange websites and strange advice; that's just my word of caution to all who is going to do any research online on that issue.*

My first question was - how do we get rid of it? That led me to Dr. Orion Truss, a physician – I don't know if he's around anymore[1] – he was a gentleman in his 80s when I met him in 2005. I just called and I asked if I can come to Birmingham, Alabama to be his patient. I was desperate and so was my husband. Orion Truss, MD is the ultimate authority on the subject so I simply asked if there was any chance he could see us. To my delight, Dr. Truss said yes. Next thing I know, I was on a plane to Birmingham Alabama to see Dr. Truss. His practice was dedicated exclusively to treating patients with chronic candidiasis. It was such a relief to see him, he was the first person I could talk to and he didn't tell me that I am a hypochondriac, there was nothing wrong with me and I should just take some over-the-counter Claritin and everything is going to be fine. I forgot to mention - just prior to becoming Dr Truss patient I was diagnosed with something called aspecific environmental asthma which basically meant - you have something that looks like asthma, but we don't know what it is and we don't know where it came from. I had a shortness of breath, this kind of a heavy feeling in my chest and a persistent, dry cough. I was prescribed some sort of inhaler that had absolutely no effect on my condition.

I need to back up a little bit. Before I went to see Dr. Truss I tried my luck with our family physician. Bob and I made an appointment to see

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[1] *Dr. Truss died in September 2009 at 86. He and his late wife, Susan Heaslett Truss, were married for fifty-six years and had five children. He was the proud grandfather of fourteen grandchildren and a growing number of great-grandchildren.*

our family physician together. We told her the story; she looked at us as we're from another planet and told us "Well, there is no such a thing like chronic candidiasis." We insisted that never the less that's what we believe we have. She answered us, "When I was in medical school, they didn't teach us about chronic candidiasis, other than feminine candida infection or infant's yeast infection on the gums". She thought we are one of those strange people who believe that they read something online, suddenly decided they know medicine and consider themselves almost professionals. I think she decided that we're both hypochondriacs; we talked ourselves into being sick, to have some kind of mysterious disease that doesn't exist. Finally she concluded that maybe I have some kind of bacterial infection and prescribed me broad-spectrum antibiotics. Most of the broad spectrum antibiotics have an anti-inflammatory component. Candida does cause a lot of inflammation in the upper respiratory tract and GI tract, so if you're taking antibiotic that has that component; it actually helps. I did therefore feel somewhat better, but as soon as I would finish the course of the antibiotics my condition actually worsened.

So you can experience some relief from symptoms because of anti-inflammatory components in those drugs, but it doesn't mean that the drug is the one that you should be taking. That's exactly what happened to me with one antibiotic after another and one inhaler after another, I was really going downhill very fast. My back problems were simply debilitating, my migraines were just horrible. I had two, three days of every week being completely incapacitated due to my migraines. That's when I decided to see Dr. Truss and it was truly the beginning of the rest of my life for me. When I explained him my symptoms, how I was feeling, he would literally finish my sentences for me! It was such a relief. Finally I'm sitting at the doctor's office and here is a medical professional who *knows what I'm talking about, who doesn't think I'm crazy and I'm just talking myself into being sick. He knows my symptoms and in the end, tells me that he's going to help me. That's how I started the Nystatin therapy. It's an anti-fungal medication. It's actually given to infants for oral thrush and it has no side-effects; if you take too much of it you might get nauseous, but that's all. Actually Nystatin is considered to be an antibiotic - Anti-biotic - one live organism that eradicates another organism, so this is bacteria that kills the fungi. It was discovered by a couple of microbiologists in 1950 on a dairy farm in New York State - hence the name Nystatin. There was one farm in New York State that cows never had any fungal diseases, they took samples from that farm and discovered that the bacterium that is on cow's skin is what protects them from fungal infections. Nystatin is the purified powdered form of that bacterium and that's what it does; it feeds on yeast.*

The powdered form is needed for the treatment of the chronic candidiasis as it is the most effective form. Most physicians prescribe it in a solution that contains a lot of sugar and that is the last thing you want when you have a Candida infection. I didn't know it back then, but Dr. Truss told me the only form of Nystatin that would work was that pure powdered form. You just mix it up with a little bit of water and drink it three times a day. It tastes horrible, but - it works!

How can you get Nystatin?

LIDIA EPP: I bought it at the compounding pharmacy in Birmingham, Alabama. It has to have a prescription and the best chance of getting on Nystatin therapy is to see a homeopathic doctor. Now - here is a word of caution - Nystatin is a very important segment of that therapy, but it's not the whole thing. So please don't get an impression that if you just find somebody who can prescribe Nystatin - you will get well. It is only a *portion of the story.*

Dr Truss wrote a book, it's called Missing Diagnosis. This is the best book that I've seen on the subject of chronic Candida. Dr. Truss is extremely knowledgeable on the subject. He really researched the issue and he is actually the first one that named and diagnosed the symptoms of chronic candidiasis. He was a practicing physician in the hospital and noticed some patients that had symptoms which now are known as chronic polysystemic candidiasis. Back then they were just patients that wouldn't respond well to any conventional therapies. They complained of recurring cold-like symptoms, fatigue, allergies, migraines, fungal skin infections, etc. Dr Truss was the first one to make the connection between that array of vague symptoms and the overgrowth of fungal organism in the tissues. Recently Missing Diagnosis II was published, Dr Orion Truss is the author of that book as well. He also wrote a number of articles on the subject published in the '80s. The first one, I have it here with his autograph actually; Metabolic abnormalities in patients with chronic candidiasis: the acetaldehyde Hypothesis, published 1983.

Long story short, I saw a dramatic improvement in myself and Bob recovered very quickly as well. We stopped the condition very early; we didn't leave the symptoms untreated for many years, therefore didn't have that much damage done to our bodies. We were still relatively young, in our early 40s and were able to get our health back. We were absolutely religious about the regimen that had to be followed for a complete recovery.

After half a year, I was basically symptom-free. I had my life back, which was absolutely amazing. You don't know how bad you feel until you start feeling better again. Then you look back and realize how many things you gave up on doing, how limited your life became because of the *debilitating condition that took over your life. Then I realized how significant it was and how significant was the improvement. I looked back at my life when it all started and said, well, okay, there is still that connection. My health deteriorated after I met my x-husband and then years later I passed this same health problem on to Bob. It has to be a mildly contagious condition that originated with my x-husband. Then I realized that he also had so many symptoms of chronic candidiasis. He had terrible problems with his GI. I think at some point he was diagnosed with irritable bowel syndrome. He took large quantities of Zantac and Rolaids daily that did very little to alleviate his stomach upsets. He also had all these skin problems: fungal skin conditions and toe nail fungus. He would continuously try new anti-fungal treatments that did very little to help with those issues, fungal infections just kept coming back. I started to think about all those things and I said, "Well, okay. I'm quite certain that he had chronic candidiasis and I got it from him." Then I thought - is it possible that the Candida is the reason why he developed Parkinson's? Would that be part of the equation? He had no family history of Parkinson's and was in his early forties.*

I started to look at it from that perspective and I did discover a connection which brings me right to the biochemical aspect of it.

What is the source of Candida? Can you get it from eating certain foods?

LIDIA EPP: Absolutely, yes. It is a 'live' yeast. The source of my problems with Candida was from contact with my x-husband, but you can develop the problem all on your own. Basically it's any combination of several factors. It could be for example - a long term use of broad-spectrum antibiotics. I have seen a lot of articles online talking about teenagers with acne who were treated them with tetracycline - low doses for an extended period of time to keep the acne at bay. That is *apparently a perfect recipe for just wiping out your healthy gut flora and replacing it with Candida.*

Now, don't get me wrong, Candida is present in a healthy person's GI tract. It is needed actually. We need Candida albicans as a part of our intestinal flora, so it's not that evil entity that invades us; it's just the balance or the percentage of how much of the Candida is a part of your gut flora. If you have a broad-spectrum long term antibiotic administered for months at the time, that basically kills all the friendly bacteria. Antibiotics are fungi and they kill the bacteria; that's kind of the other side of the Nystatin story. What are left are the fungi that will not be killed off by antibiotics which are fungi as well. Candida then is basically filling out the vacuum principle. So if you take broad-spectrum antibiotic, that is really a huge predisposing factor.

Now I'm getting into some medical stuff and I just want to make sure that everyone understands that I'm not a medical professional. This is my story and this is my opinion, this is what I think but by no means I am giving any medical advice to anybody. I can give my advice with what I would do if I would be in that situation again, but these are just conclusions that I came to by dealing with the problems myself.

I believe that we are all part of nature and nature likes balance. If we don't have a balanced diet it will eventually cause bad things happening with our body, I really believe that. But I don't know which one comes first, the chicken or the egg: is it a Candida that causes you to crave certain foods and keep your diet off-balance, or you keep your diet off-balance so then Candida's more likely to grow? If you eat a lot refined carbohydrates, if you eat a lot of sugar, flour, simple carbohydrates; these are food for Candida to put it simply. It needs simple carbohydrates to reproduce and once Candida starts growing, it depletes *your body of sugars. Then you crave them more and you really don't crave them for yourself but rather for the invading organism that depletes your body from a normal balance of those – because you do need some carbohydrates that should be part of your healthy diet. But if Candida utilizes all of that, metabolizes it itself then your body craves that, and if your body craves you eat more and then you feed more Candida so Candida grows really quickly and there you have a vicious cycle. So, yes, diet is a very important component, but does it come as a result of your Candida problem or you develop Candida problem because of your diet–I am not sure.*

Do Candida hang out only in the GI tract or do they float all over the body?

LIDIA EPP: I believe it spreads throughout the body but don't tell that to any traditional medicine GI specialist because he will laugh. Candida infection starts in your GI and then it spreads throughout the various tissues. I had a Candida in my lungs. That's why I had a hard time breathing. During that time when I had really severe Candida infection I literally could hardly breathe; it was like somebody pushed on my chest and prevented me from breathing in. Ever since I became Candida-free I never experienced that again. It makes me believe that there was a fungal overgrowth in my respiratory tract.

Can freckles and dark spots on the skin be evidence of Candida?

LIDIA EPP: I don't have any dark blotches on my skin anymore. Now interestingly enough, my x-husband always had those freckles but not so round and pronounced as regular freckles are. But these were basically darker blotches on the skin. For me, what was very characteristic when it comes to skin, it's that I stopped tanning. I think Candida utilizes pigment from your skin so you lose ability to tan. Being a person that spends a lot of time outdoors, I noticed that at the end of the summer, I *was not tanned anymore, regardless of the amount of time I spent outdoors. If years back you did tan and now you cannot, it's another piece of evidence that you might have a Candida infection. The Candida invades your skin and prevents skin from the natural process of tanning which requires pigment.*

Another thing that is very important: if you're experiencing all of those various symptoms, the infection is severe. It's chronic, very serious fungal infection. Your body is trying to fight it off and that's why you would develop various allergies. The autoimmune system is just out of control. It doesn't know what to do with the invading fungal cells. Then you develop food allergies, chemical allergies, you can become allergic to smells. Women can become allergic to their perfumes.

Your immune system would say, "Okay, I'm on overload, I just don't know what to do so I'm going to react to everything or I'm not going to react to anything." That is so true when it comes to the fungal diseases. People that have Candida often develop other fungal diseases because the immune system just gives up on fungal antigens and say, "Okay, I guess these are just parts of my skin; this is part of my body now so I have to allow them to exist." People with Candida infections will have toenail fungus, ringworm, tinea corporis; there are a lot of different fungal conditions that are opportunistic and are basically a result of your body's lack of defense against fungal organisms in general. I had a really bad case of ringworm that I promptly gave to my husband, it's highly contagious.

So there are a lot of those different components that come into play with the chronic candidiasis. And when you start to follow the trail, at some point it just all falls in place and it's like, "Oh wow, I have this and I have that, I didn't know it was all connected". Suddenly it's like a big puzzle *that you look at and you now see a big picture, when before it was just separate little pieces that you would never put together as part of the same issue.*

What else did you do to rid yourself of the over-abundance of Candida in your body?

LIDIA EPP: Again I would refer to the Missing Diagnosis, Dr. Truss' book. He spelled it out in detail. In general: you don't eat carbohydrates–you starve Candida because that's what Candida needs to metabolize in order to multiply and to live. Carbohydrates are the food that the organism will utilize in order to keep invading your tissues. So if you starve the organism by not ingesting anything that Candida can metabolize to support its life cycle, then you basically deprive it of its food source. And then, whatever is not killed off by the lack of food, you eliminate with the antifungal medication.

It is a very, very rigorous prescription but, believe me, I don't know how to stress it more; you cannot cheat. You cannot say, "Well, I'm just going to have this doughnut today and then I will go back on my diet tomorrow." I suppose it could work if you try just to lose some weight, but if you are on an anti-Candida regimen, you absolutely cannot do that. It is like starting all over again. So it's really a draconian diet, but it works. You have to commit yourself 150%. You cannot say, "Today I'm going to take it easy on myself. I'm going to put some sugar in my coffee". Or - "I really, really like that pizza place, so I'm just going to have one slice." You simply cannot do that. To really follow this diet effectively requires a great deal of commitment and knowledge. I had to really sit down and educate myself.

There are books that you can buy online on nutritional food content, one *of them became sort of my Bible. It's a big book with lists of all the food items and it has the carbohydrates and calories content of just about any food item you can think of. You would need to focus on carbohydrates of course. You have to stay on about 50 to 60 grams a day. It's nothing. It's one teaspoon of sugar, that's it. It's really hard and you would not believe where carbohydrates are hidden. Do you know how much sugar is in the spaghetti sauce? There are foods that you never think of that have high carbohydrate content.*

You have to read every label of every food item and you have to walk around with a calculator and if by lunch you exceeded or are at your maximum for the day, then you just stick with salad. But even tomatoes have a lot of sugar. Carrots have a lot sugar; so not every vegetable will work. I have to tell you, it's a wonderful diet if you want to lose weight - I lost 20 pounds; actually I lost more than I wanted or that I should have. I was very skinny at the end of that diet. I stayed on that diet for two years. But you learn dos and don'ts, you learn what you can eat and what you cannot and it becomes easier.

The first few months it's terrible and also you have the 'die-off' phenomenon where the Candida starts to die off and you feel terrible. You actually feel sick. You can even run fever – and I did for a few days – I felt like I had a flu, and it's probably not an appealing way to put it but basically when Candida starts dying off it gives out all different toxins and you feel sick because suddenly the living organism that used to invade your tissues is dying. For some people I heard it can take up to two weeks, for me it was three or four days; I felt terrible. If you do however stick with this diet through that period of time, after a few weeks suddenly there is a dramatic improvement. That was very encouraging to me because the diet is so draconian.

Can a person get rid of Candida in a few weeks?

LIDIA EPP: I hate to say it, but it is not a quick fix. You cannot do the Candida diet for a week and next Monday wake up and be healthy. There are no quick fixes. There is no easy, miracle pill that you take and everything is good. You cannot expect to stick to the diet for a short period of time and then wake up in a couple of weeks feeling great. It requires a long haul commitment but it can be done.

I'm now enjoying my dark chocolate. I'm enjoying pizza occasionally. I'm not on a diet anymore at all. The whole experience did teach me how to eat wiser. When I go to the grocery store I still shop looking at the labels. I don't buy foods that are high in sugars and simple carbohydrates. I do eat much healthier as a result of it, but I think it's good and it really has nothing to do with Candida anymore but I just feel much better. If you stay on this Candida diet eventually you can go up on carbohydrates to 100 grams a day or so. After a few months you can ease your body back into some of that and if you feel relapse, if you start to feel sluggish, bloated, you start to feel symptoms of Candida again then you have to back up of course. But the first several months it's very strict and there are no quick answers of how to get rid of it quickly.

What happened to your former husband's situation with Parkinson's symptoms?

LIDIA EPP: I contacted my x-husband and I told him about my findings; that I believe he has a Candida infection and I also believe that there is a connection between the Candida and the Parkinson's. My ex-husband is a geneticist. He listened to me carefully and then said: "You're right. You're absolutely right; I think you just figured out how to help me out with my Parkinson's." At that time he was not working professionally *anymore, he was unable to do that. He had the deep brain stimulation (DBS) which didn't really work. DBS didn't give him the results that everybody was telling him that he would experience. He was having a really rough time with the Parkinson's which was really devastating him.*

After our phone conversation - he went to see Dr. Truss as well. I was told that it was astonishing; it was such a dramatic improvement. An old friend of mine who ran into him on the street one day told me that she could not believe her eyes; what a remarkable improvement it was. I don't know how he's doing now, but I understand a couple of years ago that he was still doing great. It's my understanding that he stayed on a very strict anti-Candida diet and after a while, he no longer needed the deep brain stimulation that didn't work well for him in the first place.

He told me a little story – and I hope he doesn't mind my sharing it with you now – he went to the University hospital where they did the deep brain stimulator implant. As I understand the procedure: you have a remote control switch which you can turn the stimulator in your brain on and off. They were doing some tests and asked him to turn it on first and then they would go through some mobility tests with him to find out how he was doing. So they did the mobility test and said: "Oh, you are doing great. You see there is a significant improvement." Then he told them, "Well, I have a surprise for you. I didn't turn it on. It was off the entire time."

And they got mad at him. They said what did you do that for? It messes up our statistics. He asked: "Well, aren't you excited? I am much better, and I can tell you why I'm better. I found the reason. I know the cause of my Parkinson's and I'm curing it right now. Don't you want to know?" But they didn't even listen. They were so busy looking at the monitor, concerned how that's going to throw off all the statistics. They were not *interested in his remarkable improvement, just worried the data is in the wrong column and how it's going to look. So my understanding is that he got much better and he was on his way to – I don't know whether it's a full recovery. It is my opinion that he had it for so many years and there was so much damage done to his central nervous system, that he was not able to fully recover his motor ability and muscle functions. But it was my understanding the last time I talked to him, about four years ago, that he is doing remarkably better.*

So, he got better, you got better and just to be clear, Bob, your current husband, is also now well?

LIDIA EPP: He was very early in the whole vicious cycle, so he recovered first actually. It took me a little longer to get to the point where I was back to normal but now my scar from my back surgery is the only permanent reminder of my past health problems. I don't have any allergies; I don't know what migraines are. We live out in the country and in the spring there is a lot of pollen in the air, but I don't have any allergies. I never take any Benadryl or Claritin. I spend a lot of time outdoors and I do tan. I have no skin problems. Quite frankly, I'm a very healthy middle-aged person right now. I take no medicine of any kind and I am not on any diet. I know that carbohydrates are not a good thing to eat in excess, so I do watch what I eat in that respect. I don't like the sweet taste because I'm not used to sugar anymore and I prefer to keep it that way. So I'm doing great and Bob is fine and as far as I can tell, my x-husband is doing much better.

What is the connection between candidiasis and Parkinson's?

LIDIA EPP: The way Candida metabolizes carbohydrates is that it breaks it down to acetaldehyde, a compound that is directly involved in *formation of salsolinol. Salsolinol is a neurotoxin that is selectively targeting dopamine receptors. So if you have millions of Candida cells in your body, they produce massive amounts of the acetaldehyde that travels through your blood to the brain where it's transformed into the neurotoxin that targets your dopamine receptors. Salsolinol triggers apoptosis of dopaminergic neurons. Apoptosis is a fancy name for a programmed cell death.*

Cells are kind of like little computers of sorts. They have several programs running simultaneously telling them to multiply, replicate, grow, whatever. They also have a program called apoptosis: when it's time to die, they engage that program which is a cascade of biochemical processes that tells a cell to die.

Salsolinol is a compound; it's a chemical that will trigger that apoptosis signal in dopaminergic neurons; it will not cause just any random cell to die. It specifically targets neurons that are associated with dopamine - dopamine receptors. So there is a vicious cycle and if you look at it, it's a very straight-forward chain reaction. There are reports and scientific papers that discuss the elevated level of salsolinol in the spinal fluid of people with Parkinson's disease. Salsolinol also is present in urine of PD patients. So there is evidence to support this chain of causal events.

You wrote up your discovery and published it as a journal article?

LIDIA EPP: I started to look for papers connecting the source of increased salsolinol to Candida and the possibility of it triggering PD-like symptoms and to my astonishment, I didn't find any. Nobody wrote about it. I was just completely puzzled and thought maybe I'm missing something. Then I started to write emails to whoever wants to listen to me and that was mostly scientists that work in the field of pathology of

Parkinson's . After knocking on a lot of different doors and talking to a lot of people who were very skeptical about my theory - I found myself pretty discouraged.

Finally I wrote to Dr. Boris Mravec in Slovakia; he is a distinguished professor of immunophysiology and endocrinology at the Bratislava Medical School. After so many failed attempts to interest scientists in my theory - I didn't really expect to hear from him. But on the very next day I got an email from the Dr. Mravec. I had to read it five times until it finally sank in –it read: "You have a groundbreaking theory. It is my assessment that you're theory's absolutely correct. Would you like to write a paper?" It really took me at least five times to read it to realize- oh my gosh, he believes me. That's how it all started and we emailed back and forth. I wrote an article, he made some additions and revisions and we got it published in his medical schools' journal in 2006. The article is titled Chronic Polysystemic Candidiasis as a Possible Contributor to Onset of Idiopathic Parkinson's Disease.

If somebody is interested out there in doing any research to prove (or disprove) my theory - they can take it and run with it. This is not in the scope of my professional activities. I'm not a PD researcher and would never have any funds to conduct such a research. But I think it's a valid theory. Now I look back and I realize that it is one of the many connections of the whole process, the biochemical interaction between Candida metabolism, dopamine receptors pathology and the symptoms of Parkinson's; it is a very complex multileveled biochemical process.

I have some further thoughts on how this biochemical processes take place. There is a chemical called tissue transglutaminase. It's a very hot topic now in the field of pathology. There is a well researched, straight-forward connection between tissue transglutaminase and celiac disease.

Candida is implicated in the onset of celiac disease and tissue transglutaminase is identified as the auto-antigen in celiac disease. Tissue transglutaminase catalyzes the formation of alpha-synuclein crosslinks in Parkinson's disease.

Lewy bodies are alpha-synuclein aggregates in the brain of people with Parkinson's disease and are catalyzed by tissue transglutaminase, so there is another very straight-forward biochemical pathway that links: Candida with celiac disease, with symptoms of chronic candidiasis and with Parkinson's. I think the process if very complex and multifaceted, what I found out is just a little tip of an iceberg. The iceberg is still underwater, but it's all connected.

Transglutaminase or tTG is basically something that plays a role in Candida's life cycle?

LIDIA EPP: Yes. It stimulates the antibody formation against Candida. It triggers the immune response that results in inflammation in the gut in the presence of Candida. Your body starts producing tissue transglutaminase and when tTG is produced in excess it in turn catalyzes the formation of the lewy bodies – the hallmark of Parkinson's disease in the brain. In the way - it causes dopamine receptors to die and form those aggregates in the substantia nigra. The Candida starts the cascade, part of it is the acetaldehyde formation, but also it induces your body to start producing tissue transglutaminase. By the way - tTG is also associated, there's a lot of publications on that subject, with the tissue injury. If you think about it - the lining of your intestine is injured by Candida albicans since it actually adheres to the intestine walls. So it starts a cascade of events and this is just another biochemical pathway of the same process, which is very complex and I'm sure I don't understand it fully. I don't think anybody understands it completely yet *and there is no published research data linking all of that together.*

So it'd be nice to find some collaborators, some people who were willing to take this to the lab and do some rat studies and carry that further and do some case studies it sounds like?

LIDIA: This is really not my field, I'm a molecular biologist but I don't specialize in that field. This is totally out of my area of expertise. I can read a paper and understand it but this is not what I do for a living. I would love to hand it over to somebody who knows more on the subject of neuropathology of Parkinson's and who has the money and energy and interest in doing this. That would be fantastic. Regardless of how many husbands or ex-husbands are in my story, I truly believe that my theory has merit.

Is there a connection between a foot or toe fungus and Parkinson's symptoms?

LIDIA EPP: Yes, there could be a connection. Chronic infection with Candida does lower immune response to other fungal conditions like skin conditions, so it probably is associated.

You see, if you suffer from chronic candidiasis you basically do not have a normal immune response to fungal diseases. Your body is pretty much defenseless against fungal pathogens. There are publications, that people with Candida and people with Parkinson's have problems with fungal diseases like skin conditions, toenail fungus, etc. I'm not saying that all the Parkinson's cases are induced by Candida, by no means.

I believe that Candida is a very possible component of that picture and that it produces neurotoxin. If on the top of it you have other predisposing factors, you will develop Parkinson's eventually.

Parkinson's is a name for a set of symptoms and the causes of those symptoms can be different. It could be a traumatic head injury, like Muhammad Ali; his story has to be completely unrelated to Candida.

My x-husband was a long-distance runner. He wanted to stay lean and not gain weight especially when he was training for a race. But he liked his tea really sweet and didn't want to put sugar in it so he used aspartame - NutraSweet in huge quantities. I believe that aspartame is a very potent neurotoxin; it is just the worst thing that you can put in your mouth. It is documented that it is selective neurotoxin. So there was another predisposing factor to his Parkinson's.

I believe that Candida infection is a huge predisposing factor to Parkinson's yet it might not be enough to trigger the onset of PD. Maybe you need another factor that will favor the development of PD; that will be the straw that breaks the camel's back. In my husband's case that was the aspartame, but it could be different things for different people. For instance, farmers that are exposed to pesticides in huge quantities – that could be a very large contributing factor. All our bodies are different; our weak points are in different places. PD is a very general description of symptoms that can be caused by any number of things.

How to Hear Lidia on Parkinsons Recovery Radio

Visit http://www.blogtalkradio.com/parkinsons-recovery and scroll back to find the show that aired March 23, 2011 featuring Lidia as my guest.

About Lidia Epp

Lidia M. Epp is a molecular biologist and lives in the Virginia countryside with her husband. For over twenty years she has been employed by several universities, where she has participated in research projects dealing with the molecular aspects of disease detection and diagnosis. For ten of those twenty years she served as a research specialist in the clinical molecular diagnostics laboratory at the Medical College of Virginia. Currently, Lidia works at the Biology Department of the College of William and Mary, where she coordinates the activities of the departmental molecular core laboratory. In her spare time, she is an avid organic gardener. Lidia and her husband Bob enjoy spending time aboard their sailboat cruising the Chesapeake Bay. You can contact Lidia via her email: mailto:lidiaepp@gmail.com

LOW DOSE NALTREXONE: LEXIE

LEXIE: I was officially diagnosed with Parkinson's disease in October of 2008. However, I had symptoms long before that, beginning about 20 years ago, when a very disturbing thing happened to me...I totally lost my sense of smell. In the beginning I had "smell hallucinations" and shortly after that my sense of smell was gone. Since other than my loss of smell, I felt fine, and I was extremely busy with my career, I didn't worry about it too much. Little did I know at the time that was my first actual "symptom" of PD.

They now know that losing one's sense of smell is a known pre-curser to the symptoms of Parkinson's disease and is a quite common complaint in those who are later diagnosed with PD. The loss of one's sense smell is really something to take seriously. If you do notice this in yourself or someone in your family, I would recommend that you see a Neurologist as soon as possible.

Shortly after I lost my sense of smell, I was having some problematic urinary incontinence which was very unusual for me since I'd never had children, so I consulted with a Urologist. He did some very extensive *testing and found I had "bladder spasms". I asked him what could be the cause of my bladder spasms, which were quite severe. The doctor said that it could be one of two things, or it could just be "idiopathic". I asked him what those two things might be and he said it could be either MS, or it could be Parkinson's disease. At the time, I had no known symptoms of Parkinson's disease, so that didn't even enter my mind. Then I got a little panicky thinking I might have MS, so I had an MRI for MS and nothing showed up in the test, so I was thrilled. The doctor said since I had no symptoms of PD and my MS MRI came back looking good, it was "idiopathic". I thought, "Well, if it's idiopathic than it is no big deal." Although I was a somewhat uncomfortable with the word "idiopathic" as I really don't believe anything that is this serious of a problem is "idiopathic" – to me "idiopathic" means "there is something wrong, but they don't know what it is". It was just easier for me to accept at the time that it was "idiopathic". Little did I know at the time, I had Parkinson's disease.*

I also had a problem with insomnia that started about that same time my other two symptoms had surfaced. I'd never had a problem with sleeping and all of a sudden I had this terrible chronic insomnia and severe anxiety. I treated those symptoms with some of the new sleeping medications and an anti-depressant and just went along with my life and did the best I could.

In October of 2008, I remember I was sitting in the bathtub and I had one foot over the other and my right toe was tremoring and I thought, "What is this?" I called my husband in and I said, "Look at my toe…it is really shaking".

Shortly after that I was walking out in the yard and I was noticing that my right foot was not picking up; I was having a right foot drag. I was tripping and the only way I could describe the feeling was that it was like my brain wasn't telling my foot to lift up high enough when I was walking and I tripped and fell several times. I had to be very careful going up stairs because I was falling on the stairs. I also, at the same time, saw myself in the reflection of a large window in our house and noticed my right arm was not swinging naturally like my left arm was when I was walking. I thought that was odd. But it was my tripping and my right foot drag that caused me the real concern…this definitely was not normal.

I made an appointment with my Primary Care Physician and told him my story. He examined me and said that it might be Parkinson's disease and referred me to a Neurologist.

I went to a Neurologist, I actually consulted with three Neurologists – they did all of the standard tests and came to the same conclusion…I had Parkinson's Disease. Of course I was devastated. I will never forget the first Neurologist who diagnosed me and how I felt at the time and how "matter of factly" he gave me the bad news. I became very determined and my husband and I flew to Arizona to consult with the second Neurologist I saw at The Mayo Clinic in Scottsdale. Surely their Neurology Specialists would have a better answer for me, but to my disappointment, the diagnosis and the prognosis were the same.

What upset me the most was the "no hope" diagnosis….there was NO CURE for Parkinson's disease? All three had replied "no". I said, "Well, do you think that there would be a cure in my lifetime?" and, again, incredibly, all three looked at me and said "no". That, of course was the most devastating part for me because I am not the kind of person who *can accept that kind of an answer. I have always been an optimistic, glass-is- half-full kind of person. My mom always used to tell me that I looked at the world through "rose colored lenses" and she was so right.*

In the mean time my Parkinson's was progressing. I was having some severe issues with bradykinesia. It was like I was walking through quicksand or against the current of a river. That was one of my most debilitating symptoms. I had pain and stiffness, problems with my balance (I would bend over and if I didn't catch myself I would tip over onto the floor or hopefully into a wall). I also had this debilitating fatigue and a strange weak feeling in the back of my knees and legs, like the life was draining out of me. It really disturbed me when I started to have no motivation to do anything, which was a real problem because I had a very busy, high-pressure, high-stress job.

I found that I was losing my ability to handle stress – any kind of stress – especially work stress – I would just "short circuit" – things that used to be second nature to me – I could no longer do. I would look at my desk and just become "paralyzed" by all that I had to accomplish. This was definitely a problem. I had a dream job that I loved and I could no longer perform in the way that I used to. I was so concerned because I felt like I could no longer cope with anything that was in the least bit stressful. Life is filled with stress. My job was stressful. I have a Mom with Alzheimer's Disease and life is stressful. What was I going to do?

My usual confident voice was at times so shaky and soft that when I was talking to my clients on the phone or in person it was hard for me to disguise the fact that I had a problem.

I also had chronic and severe constipation, still had the urinary incontinence, which was now about as bad and embarrassing as it could *possibly be, and most of the other non-motor symptoms that go along with Parkinson's disease. This is one of the reasons that many people call PD a "Boutique Disease", because there are cardinal symptoms that most people with PD have and then there are other symptoms that are unique to different individuals.*

After consulting with the three Neurologists who were all Movement Disorder Specialists, this "rose-colored lens girl" finally concluded that Western Medicine was not going to cure my Parkinson's disease any time soon. That is when I started really looking at other alternative forms of medicine; something that would give me hope. All the neurologists could give me were "band-aid medications" that only masked my symptoms like the PD agonists. The agonist that I started on helped with my PD symptoms, but the side effects were a disaster for me.

One of the most serious side effects I had was falling asleep while driving. I did this four times in rush hour traffic before my Neurologist said "enough" and switched me to Carbidopa/Levadopa. It was only through the grace of God that I didn't kill myself or somebody else! Another side-effect I had on the Agonist was a compulsive shopping addiction.

I'm a woman and we all know that most women like to shop. I'm not a woman who really likes to shop. I am a destination shopper who shops when I need something, but I don't enjoy browsing around stores for hours on end. All of a sudden I developed the strangest shopping compulsion, not to shop at Nordstrom's (thank goodness!) but to shop at the Goodwill. I could not pass the Goodwill store that was about a mile from our house on my way home from work or any other time I got the chance. I just could not pass it without stopping in. It was like the *steering wheel was just heading towards that Goodwill and I would spend an hour in there or longer until my husband would finally call me and ask me where I was. I got to the point where I was lying, I was telling him, "I'm at the grocery store." It was pretty severe, I thought, gosh, this is not normal, why do I feel the urgent need to shop at the Goodwill other than the fact that I was finding some terrific bargains?! I was now even lying to my husband about where I was because he knew that I was shopping there every chance I got! I had become a shopping addict!*

When I told my Neurologist about it and she kind of laughed because I was shopping at the Goodwill; at least I wasn't breaking the bank. But she said that was another reason the Agonists were not the right medication for me and that was when my medication was changed to the Carbidopa/Levadopa – another "band-aid" with fewer side effects for me.

I was now taking a 40 plus year old "gold standard" medication (!) that was helping with my symptoms, but in no way was helping with the progression of my disease. My doctor told me I could take it for about 5 years and I would feel great. I asked her "what would happen after 5 years" she then kind of looked away and didn't have much to say, but I knew. I had seen Michael J. Fox so many times on TV and in magazines – a true hero to me and so many others. Such a remarkable man who had PD for many more years than I did, and for all I knew he was only taking western medicine. I didn't want to go to the places he had to go, I didn't want to experience the same difficulties he was dealing with on a daily basis regarding his disease after so many years of being on "band-aid" medications. The thought of not being able to tie my shoes terrified me.

I had to do something, so PD research became my part time job and it really paid off. I discovered Low Dose Naltrexone (LDN) about two and a half years ago and it has allowed me to titrate off of most all of my PD medications. Today, three years after my diagnosis, I don't look like I have Parkinson's disease and my symptoms are very, very minimal.

I have an occasional right hand and right foot and right arm tremor if I get really anxious or if I'm strenuously exercising. On occasion I get bradykinesia, but other than that, I'm just doing fantastic.

What is Low Dose Naltrexone (LDN)?

LEXIE: LDN has been a miracle for me. Low Dose Naltrexone is a safe, inexpensive yet underused drug that's extremely beneficial with patients who have any condition marked by immune dysfunction. The great thing about this medication is that it has been used in much higher doses for decades to help people and patients recover from addiction to alcohol, heroin and other opiate drugs in high doses. Naltrexone by itself is a class of medications called antagonists; opium antagonists and in high doses of 50 to 100 milligrams, it works by decreasing the affects of opioid medications and street drugs. So it really had a very important function and it was FDA approved about 25 years ago in these very high doses.

However, in the 1980s, a New York City physician named Bernard Bahari, MD, discovered that very low doses of Naltrexone had profound effects on the immune system. So he began giving patients with AIDS 1.5 milligrams to 4.5 milligrams of Low Dose Naltrexone at bedtime and they had remarkable improvements. He then tried it with patients suffering with cancer and autoimmune disorders and he had equally good results.

Today LDN is recognized as a highly effective therapy for conditions ranging from cancer to autoimmune disorders to autism to Parkinson's disease to MS. There are so many diseases that it is helpful for. That's one of the great things about Low Dose Naltrexone. I have read reports about it helping with Lupus, rheumatoid arthritis, different cancers, chronic fatigue syndrome and of course, my success has been with Parkinson's disease.

What website offers a lucid explanation of how LDN works in the body?

LEXIE: The website is www.ldnscience.org. You can watch a video on the first page that explains how LDN works in the body. LDN boosts levels of endorphins. We all know about endorphins. They are peptides that are produced in the brain and in the adrenal glands. They are best known for relieving pain and enhancing a sense of well-being. They're responsible for "runner's high" that is brought on by strenuous exercise. Runners get a rush of endorphins when they run.

These natural peptides are also powerful modulators of the immune system. When LDN is taken at bedtime, it actually attaches to the opioid receptors and temporarily blocks your own natural endorphins from producing. What this does is it signals the body to increase the production of endorphins because everything's been shut off for about 3 hours and the body goes, "Hey, what a minute. I don't have any endorphins here." So it helps to orchestrate the activity of stem cells, natural killer cells and other immune cells and as a result, LDN enhances the body's ability to fight disease. That's why it's so good for so many diseases.

People always say….How can one drug help so many diseases?" It seems like an impossibility. The reason is that your immune system is being *enhanced and your immune system is fighting disease.*

Is a doctor's prescription necessary to obtain LDN?

LEXIE: Yes. You do need to get a prescription from your doctor. It is preferable that you get it through your Neurologist. However, I will say that it not an easy thing to do because the benefits of taking low doses of Naltrexone are not really known to our doctors and our Neurologists. Since it is a non-commercialized treatment doctors are never going to learn about it from drug company sales representatives. LDN is a generic drug. Many doctors are afraid of prescribing things off-label or doing something their colleagues don't do. The best chance of getting your doctor's cooperation is by showing them scientific basis for your requests like referring them to the www.ldnscience.org website. Bring in copies of some of the pages from the website and show them the studies that have been conducted to date. Sometimes that will convince your doctor that there is sufficient basis to prescribe LDN off-label.

Unfortunately it did not convince my Neurologist. I had a very well-known Neurologist in the city in which I live and she just was very reluctant to prescribe it for me. It took me about four appointments to be able to get LDN. Finally, out of frustration, I cried and I said she was giving me no hope and I said, "I have to have hope. I can't just take "band-aid" medications.....what is going to happen to me in five years? What's going to happen to me in ten years?" She looked at me and she said, "You're right. You need hope." She researched LDN and the next morning she called me and she said she'd write a prescription for LDN for me. What she had done is she had actually contacted the manufacturers of one of the PD medications I was on and asked if it was okay for me to take LDN with their drug and the research department told her, yes, it was fine.

I thought it was interesting that the research department at this huge pharmaceutical company knew about Low Dose Naltrexone, but my doctor didn't. Then I agreed that " I would take LDN at my own risk" and the rest was history. After that, we had a much better relationship. She was no longer dreading my visits of pestering her about "partnering" with me on LDN – I really did want her to be a part of my experiment (progress!) I was now taking LDN with my Carbidopa/Levadopa and Azilect and every time I saw her, every three months, I was getting better and better. The only thing I could attribute that to was LDN. She said I was having "a tremendous placebo effect," but I knew it was much more than a "placebo effect".

There are many people that I know who have Parkinson's disease that have asked their doctors a couple of times (or maybe more) for a prescription for LDN and their doctor keeps saying "no." The clincher for getting a prescription is to say that "You will take it at your own risk". They will write that down in your chart. When they know that you're taking it at your own risk, they feel less liable for something that they are not familiar with.

What's the best time of day to take LDN?

LEXIE: Through my experience, I have found that night time is the best time to take it. My own natural endorphins shut down while I am sleeping. However, LDN does sometimes disturb sleep in some individuals, so for these people taking it in the morning is preferred.

Is LDN itself addictive?

LEXIE: No. LDN is not addictive. However, when you stop taking LDN, it is possible that the symptoms of the disease may recur. I can give you an example of that. My husband and I were on vacation; we were gone *for five days. Of all things, I forgot all my medications. At that time I had titrated my Carbidopa/Levadopa way, way back to almost nothing, and of course I was off my PD Agonist. I was still on my Azilect (due to its neuroprotective benefits), but other than that, LDN was my primary treatment. We got down to this little resort town that happened to have a drug store. Lucky for me, it was the same chain drug store where I had all of my prescriptions refilled at home. We are about 6 hours from the town in which we live and I am thinking "Okay, I don't have my LDN.*

Maybe what I can do is go into this pharmacy and at least get some Carbidopa/Levadopa, Azilect and some Xanax, which I hadn't taken since I started on LDN. Sure enough, they called my pharmacist and he told them to give me a five-day supply of the meds I requested. I could not get LDN because it is compounded medicine and there was certainly not a compounding pharmacy within several hundred miles of this resort town.

So I went away thinking, "Well I'm going to be okay for a few days". How wrong I was. I have to tell you, I was in very, very bad shape. I could not wait to get home. I was taking about 5 full 25/100 doses of Carbidopa/Levadopa a day. That was a huge amount for me since I had titrated down to almost none. I was also taking Xanax, because I was so anxious and I was taking my Azilect. It really ruined my much anticipated trip because and I just could not wait to get home to get back on my LDN. On the fifth day we drove home and as soon as we arrived I took my LDN. The next morning, I was fine and I was just back to where I was prior to leaving for our trip.

So, it is possible to have a recurrence of your symptoms if you stop LDN for a certain length of time – for me it was 5 days. That is why LDN is a long term treatment. While it does not "cure" the disease it regulates the *immune system's function and is helping to fight your disease. It's possible that some patients will experience what I did where they have a relapse when stopping it and others won't. But I happened to have a relapse and I'll tell you, I will never be without my LDN; forget my clothes, forget my cosmetics but not my LDN. Forget my husband, but not my LDN. Oh…he's not going to like that.*

Can an individual take LDN with their other Parkinson's disease medications?

LEXIE: Yes, absolutely. It is absolutely recommended that you do because you need your Parkinson's disease medication until LDN has taken hold in your system enough where you can start very slowly titrating off your PD medications. Your own body will tell you when the time is right to start titrating down your PD meds. When my "off times" became less and less was my signal that I may not need as much carbidopa/Levadopa as I had been taking. Every few weeks or so I would take ½ tab less, until I was totally titrated off.

The great thing about LDN is that most people get a sensation a couple of days after first starting on LDN – what most people report is a feeling of well-being (your body's natural endorphins!) I noticed this effect on about the second day. I just felt better. It was just like the lights went on. My brain wasn't as foggy and I just had this sense of well-being. It was a very hard thing to describe. I continued for about a year to take my LDN with my other PD medications before I slowly started titrating. Some people will be able to do this at a faster rate than I did. On the day that I was Carbidopa/Levadopa free I was thrilled. So yes, you do want to take LDN with your other PD medications and then just listen to your body. From my experience, you body will tell when it's time to very slowly start titrating off your PD meds.

From your experience what would be a preferred dose of LDN to take?

LEXIE: The average dose for most people is 4.5 milligrams. That is what I'm taking right now. Some doctors start their patients off at 1.5 milligrams and then slowly go up to 2.5, 3 milligrams and then 4.5 which is basically the standard level. I have read where you can go up to ten milligrams of LDN. I don't know of anybody that's had to go up that high; 4.5 is generally the average dose. I started with 3 milligrams, which I did very well with. I'm doing absolutely fantastic on 4.5 milligrams and that is most likely where I will stay. Remember it is called Low Dose Naltrexone for a reason…low doses are what make it effective.

Since most doctors will not be familiar with LDN you will generally want to suggest to them, based on the literature, what the best dose would be. Be sure to bring in information from the www.ldnscience.org, which has a very helpful "question and answer section" you could print out for your doctor.

Can LDN be combined with painkillers?

LEXIE: No. LDN should never be combined with opiate or opiate-like painkillers, as it could neutralize their pain-killing effect for several hours. There is no reason why LDN cannot be combined with other types of painkillers such as NSAID's or Tylenol and other similar drugs.

What diseases is LDN helpful for?

LEXIE: What is so amazing – and this is what kind of threw me in the beginning – was that it is so beneficial for many diseases. I have seen reports about LDN benefiting diseases such as: ALS, Autism, Chron's Disease, Fibromyalgia, Lupus, Psoriasis, Alzheimer's Disease, Emphysema HIV-Aids, Multiple Sclerosis, Rheumatoid Arthritis, Colitis, *Chronic Fatigue Syndrome, Inflammatory Bowel Disease and of course, Parkinson's Disease. I have also read about LDN benefiting (not curing) certain types of Cancer such as Bladder Cancer, Breast Cancer, Liver Cancer, Prostate Cancer, Colon Cancer, Lung Cancer, Ovarian Cancer just to name a few. So it's really a remarkable drug and so, so underused because our doctors just don't know about it.*

How much does LDN cost?

LEXIE: Well that's the great news. We pay so much for our drugs. I remember when I was taking one of the Agonists in its non-generic form it was very, very expensive. I am still taking Azilect for its neuroprotective benefits and it is also very expensive. Fortunately my insurance company pays for 95% of it. The great thing about Low Dose Naltrexone is that the cost is about $39 a month because it is a generic drug.

LDN must be compounded at a compounding pharmacy, so you can't go to your local Walgreen's or Rite Aid; you will need to go to an actual compounding pharmacy. One thing that I would recommend is that you go to a compounding pharmacy that has compounded a lot of LDN. The reason I say that is I went to a compounding pharmacy near my home and they charged me $60 for my LDN. I asked them why it was so expensive. They answered that was the cost and that I was the only person they were compounding it for. Big red flag!! I took the LDN and I could feel that it wasn't working. So I took it back and I said, you know, there's something wrong with this LDN. I don't know what kind of filler you used or what it is, but it's not working. They took it back, they refunded my money and from then on I only get mine filled at compounding pharmacies that understand LDN and compound a lot of LDN prescriptions. I will give you a couple of names of compounding *pharmacies that understand LDN:*

> *Custom Prescriptions in Bellevue, Washington. They compound a lot of LDN and you just give them your information. You can pay with a credit card and they will ship it to you.*
>
> *Skip's Pharmacy in Boca Rotan, Florida is a very big advocate for LDN. People from all over the country get their LDN prescription from Skip's Pharmacy. Skip, the lead pharmacist, will actually speak to your Neurologist (if you can catch him) about LDN. Skip is such a big proponent of LDN. Again, you pay with a credit card and they will send it to your home.*

So it's quite easy to get your prescription Rx filled, but you will most likely need to have it mailed to you, as I do, from Custom Pharmacy.

Are any clinical trials currently underway for LDN?

LEXIE: As of September 22 (2011) there is a petition that has gone to the White House and the Obama Administration to fund National Institutes of Health clinical trials of Low Dose Naltrexone for Multiple Sclerosis and that is a huge start. We need funding for clinical trials for LDN. Drug companies are not willing to fund LDN trials because this is a generic drug that has been around for many years. There simply is no incentive for them to do clinical trials. Yet, there are so many people, like myself, who are having phenomenal results with Low Dose Naltrexone. We need our doctors to know about LDN.

You can sign a petition supporting the LDN trial for MS by click on the following link and signing the petition: http://wh.gov/gZa, It takes less than 5 minutes to sign the petition. It would really benefit all of us if you would visit the website and sign the petition even though the initial trial *will be for MS patients. They don't ask for much information and the only thing that shows on the petition is your first name, your last initial and the city in which you live. We need to have these 5,000 signatures by October 22, 2011.*

What would you want to say to a person who has just been diagnosed with Parkinsons Disease?

LEXIE: When you go to your Neurologist and they tell you there is no cure for Parkinson's disease – because that's the question that we all ask – please, please, please do not get discouraged. I was so depressed when I had three neurologists tell me that. I just decided somewhere in this world there is a treatment for Parkinson's disease. Somewhere in this world I'm going to get help and I'm going to get help for other people. That's when I started researching the internet and I found Low Dose Naltrexone. You're going to need to be on either one of the Agonists or Carbidopa/Levadopa. I would also ask your doctor right away for a prescription of LDN and would bring in information from the website www.ldnscience.org and tell them "I will take LDN at my own risk" along with your PD medications. Please, just be persistent.

Your doctor will most likely say "no". Just don't take "no" for an answer. There's no reason why you should not be Low Dose Naltrexone right away – the earlier the better, but it works well even if you are many years into your disease as I have heard from many people who are taking it.

It is October of 2011 and I don't even have to tell people I have Parkinson's because nobody would know it. The only symptoms I have are occasional tremors I have when I'm over-exercising and a little bit of bradykinesia, but for the most part, I'm fine. One of the things that I did want to mention, if I'm going to be at a social function and I'm going to *be "up" for a long, long time socializing, like at a wedding or something like that, every once in a while I will take a half a dose of Carbidopa/Levadopa just to make sure that I'm able to stay up. I don't know if I need it. I think I'm just using it as a crutch, but it's just something that I do. Maybe when I talk to you in six months I won't be doing that anymore, but, very occasionally, maybe once a week I take a half a dose of Carbidopa/Levadopa if I'm going to be planning for a very long day and evening.*

Another thing that I would suggest is that there are some issues I have found that many people with Parkinson's disease have in common. I would ask your doctor for tests on the following.

I would have your doctor do a blood test for your Vitamin B12 levels. Many people with Parkinson's disease are very low in B12. I was. I had to have injections Vitamin B 12 injections. Now I'm taking a sublingual form.

In the same blood test your doctor can check your Vitamin D 3 levels. Many people with Parkinson's disease are also low in this sunshine vitamin. I was extremely low and I take 5,000 IUs a day of Vitamin D3 just to keep my levels normal.

I would also recommend that you have a test done to see what your DHEA levels are. DHEA is your body's master hormone that regulates all of your other hormones. People with Parkinson's disease tend to be low in DHEA also. If you find out that you're low in any of these, your doctor will guide you how much supplementation you will need to take to bring your levels back to a normal state and you will feel much better.

Today, I feel like I don't even have Parkinson's disease, although I know that I do. I feel like I'm going to be able to lead a normal, long life like *anybody else. I just never go there in my head that I'm going to be disabled. It's so important to think positively and to know in your mind that you can get well.*

I say it to everybody; "The body has the ability to heal itself if given what it needs," and that statement in itself is so encouraging to people. You don't have to get in the doldrums. You don't have to go down that road of seeing yourself disabled in the future. Just do everything that you can to get well knowing "That your body can heal itself if given what it needs to do so".

Exercise is a big part of your overall health – especially now. I never used to exercise. I had a busy career. I was naturally slender and I never exercised. I have to say I'm in the best shape of life now that I have Parkinson's Disease because I do Yoga and Pilates at the YMCA three times a week. I do 50 flights of stairs almost every day (it takes me about 15 minutes -I slowly worked up to 50 flights – I started with 5 flights, then 10 flights, etc.).

Please talk to your doctor about the amount of exercise that is best for you – just do whatever you can and do it every day. Even walking is a great exercise! I also eat a gluten-free diet. I have heard that many people with Parkinson's disease say they have intolerances to gluten, so if you are having digestive issues you might want to just try eliminating gluten from your diet for one week and if it makes a difference, then consider yourself to be one of us, who is gluten intolerant.

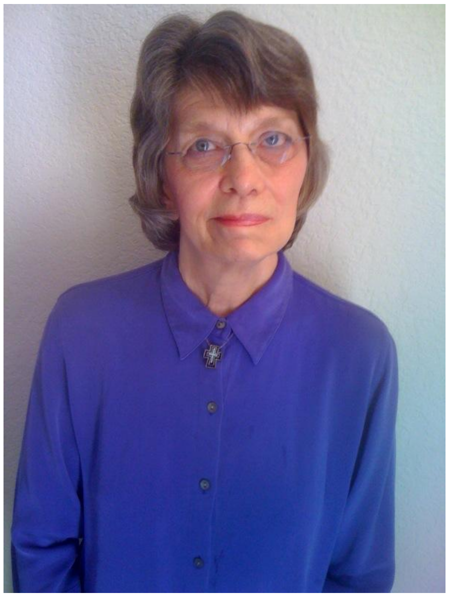
How to Hear Lexie on Parkinsons Recovery Radio

Visit http://www.blogtalkradio.com/parkinsons-recovery and scroll back to find the show that aired October 5, 2011 featuring Lexie as my guest.

About Lexie

I'm a 63 year old woman. I live in the beautiful Pacific Northwest. I have been married for 16 years and while we have no children, we have lots of extended family and friends. As many of us, we do have a couple of adorable furry "kids" that are like "our children". I have had a professional career in the prestige cosmetic industry for the past 30 plus years; a career that I loved. While my work was high stress, it was a job that I truly enjoyed. I have been so blessed to have traveled to so many wonderful places and met some of the most amazing people during my career as an executive sales and training specialist. Unfortunately, I am no longer working because I have been diagnosed with Parkinson's Disease. I have now moved on to the next chapter of my life with great hope for continued health, happiness and a heart for those I can support and encourage on their similar journeys, a journey that none of us asked for or expected…but here we are together in this place called "hope".

REVERSAL OF PD USING BIOFREQUENCIES

Marian Lewis	**Sharry Edwards**
	

SHARRY EDWARDS: For many years we did not know how we were making this progress. We only knew we had results. One of the things Dr. John Apsley and I had been talking about is the idea that we are influencing the harmonic resonance, the magnetic potential of the body. That is how we are helping people heal themselves. We started running some tests and sure enough, it seems like we are changing the magnetic potential of the frequencies of the cells. So now that we have that underlying answer.

One of the things that Dr. John Apsley said, which sort of blew me away, was: "Sharry's work defines and demonstrates the unifying field theory that defied Einstein". He said, "We know that you're changing the electrical potential". It's like some of Stan Tennant's work where he goes in and puts a different electrical charge on a cell or some of Bjorn

Nordenstrom's work where he puts a charge on a tumor and the cancer cells just dry up. If it's a positive cell charge - like a 30 - he puts a negative 30 on it and then the tumor just goes away. Dr. Apsley is thinking that is how we are getting the results that we are getting but we are using a computer program which tells us what frequencies to use, what formulations to use, how to put them together, what's the priority and that shows what is really going on.

We have now done probably more than 30 but less than 50 Parkinson's client evaluations. We are finding that Parkinson's is just a throw-away diagnosis. When they don't know what else to call it, they're just going to throw in Parkinson's as a diagnosis. We can begin to look at this and see that many of these cell signaling problems come from the inability to use glutamate. In conjunction, it can come from an inability to use cholesterol or low testosterone or unbalanced lKrebs cycle or low vitamin C or issues with trimethylglycine. It is coming from so many directions I don't think conventional medicine really knows what this disease is. They are just lumping a lot of people together that have similar symptoms but very different root causes.

What causes of Parkinson's disease have you now been able to identify?

SHARRY EDWARDS: There are three or four biggies. There are two major enzymes. One is called COMT and that stands for Catechol-O-methyl transferase. It is a genetic issue; an enzyme that degrades catecholamines like dopamine, epinephrine and norepinephrine. It is actually an issue in the gene. People can read more about this at www.heartfixer.com. The other one is Aromatic l-amino acid decarboxylase, but that one has another name which makes much more sense for Parkinson's people: it is also known as tryptophan decarboxylase. Tryptophan is intimately involved in the whole pathway *to making L-dopa and dopamine. One of the things that trips people up with that is potassium. The other part that trips people up is B3 - niacin.*

We have found a tremendous toxin load involved with Parkinson's. The software we designed is able to identify the frequency correlates of the toxins. Many of them have a base in chlordane and that was outlawed in the United States a decade or so ago. If people have the kind of Parkinson's that shrivels up their hands and the hands look atrophied, chlordane or a similar herbicide is usually involved. It is used on pot (marijuana). It is still being used in other countries. They used it a lot in the 50's and 60's on tomatoes and a lot of different kinds of vegetables. Looking at the effects of those toxins we are seeing that the body is just breaking down and is not able to rebuild itself.

Another one we found was the inability to use methionine and its required cofactor glutathione. The third one is a combination of glutamic acid and glutamate and all of that comes into play with Genetically Modified foods (GMOs), particularly anything that contains gluten like oats, rye, barley and wheat.

There are three or four biggies that we see BioAcoustically. One of the biggest ones that started out with somebody who came from your show was radiation poisoning. We're going back and looking at things from Chernobyl and even farther back to nuclear plants and finding out that radiation poisoning is another form of toxicity that is causing Parkinson's and cancer. It robs the body of its electrical force so the body is in a constant state of stress in its attempt to get rid of free radical damage. The body gets overwhelmed because the cells work hard enough taking care of the damage. Right now we are seeing high levels of radiation in the milk and the water and the grass and the hay and the feeds and the air.

We are following some people who have exposure to radiation coming from Fukushima. Their nervous systems have begun to break down. That is another cause of Parkinson's. The sheathing surrounding the nerves does not get nourished and replenished. The cell signaling system becomes impaired and eventually breaks down. We have created a computer program to identify this. It sounds very difficult. It sounds like a lot of information but the computer program will separate it out and say okay, this is the root cause.

Did the people who had radiation exposure live in the United States?

SHARRY EDWARDS: Yes. Marian can tell us about the issues she has had from having been exposed to radiation from her job at a nuclear energy plant.

MARIAN LEWIS: I was at the end of my line watching my life ebb away. I cannot tolerate the Parkinson's medications. I was losing weight and just literally wasting away. I had been diagnosed almost two years ago. I started out on the meds, had problems and then they got me adjusted. I did okay for a while, but then I started having major problems and just could not function.

We were planning to make a trip north. We live in Florida. I am a 74-year old grandmother and this was going to be my goodbye trip to my family because I just felt that I was dying. I just happened to hear your radio show and Sharry Edwards was on that day. I just knew I had to go there. So I asked my husband if he would mind making a 700 mile detour. He agreed and I thank God for that because it has given me my life back. Not only did it help me with my Parkinson's symptoms but many other issues that I have.

Now, I have taken the training to become a BioAcoustic practitioner. I was in Sharry's office and she said, "Oh my, you have so many issues, we really need to get you to a practitioner, but we don't have any in Florida". There I was and in my weakened condition, I said, "You're looking at her". She said "fine". I thought she might tell me that I was too old or too weak or whatever, but she didn't. She encouraged me and I did the training on-line after I got home from my trip. I survived the class.

I just got all my equipment this afternoon and I'm ready to go. I've got people lined up and I want to specialize in Parkinson's. I've got so many Parkinson's friends here. At the time I said I was going to do this, I had no idea if I could physically or financially do it. But here I am and doing better every day.

I have to tell you that my story began when I was 18 when I was exposed to radioactive material. We worked in a uranium processing plant in Southwestern Pennsylvania that is now buried under 20 feet of earth with a barbed wire fence around it. I did not tell Sharry that I was exposed to this, but she found it in my voice print after all those years. At age 23, I developed a low thyroid problem. At age 37, I had cancer in the saliva gland and I had radical surgery on the left side of my face that took my facial nerve. The left side of my face is paralyzed. When I turned 50, 14 years later, I had lung cancer. The same cancer returned. Then at age 71, I started with a little tremor that they diagnosed a year later as Parkinson's disease.

It all stems back from being exposed to radiation. This is my fear of what's going to happen to our babies; our children and our grandchildren, only it's going to happen much earlier to them. I really feel we have the ability to do something about it. We need to get the knowledge out there. I had some wonderful experiences with Sharry.

While she was doing my tones the first day, I felt tingling sensations. My left foot was turned in and my toes were curled under when I went to her. That night after the initial treatment my toes straightened out. The next day, I noticed some feeling, a strange sensation on my left side where the drainage tube had been from my lung surgery. The feeling was coming back. There had been a numb spot there. There was also a little tingling feeling in the side of my face, which had been paralyzed for 37 years. Now, I have slight movement in my face. My nerves are regenerating. I was getting zingers all over the place and a burning sensation in my nose.

The following day after we left Sharry's clinic we went through Pennsylvania and stopped for gasoline. As I came out of the restroom and approached our car, I said, "Oh my goodness, I smell gasoline!" My husband said, "Well, I'm filling the car." I said, "No, no, no, I smell it!" He said, "Oh my goodness!" We got to my daughter's house the next day and my grandson had made popcorn and I smelled it!

The following day, I went to the grocery store. Now the last time I had been to a grocery store, I couldn't even make it around the store. I had to use a wheelchair. But, here I was walking around the store swinging my arms unassisted and smelling all sorts of things in the store. I saw a pile of cantaloupe and I decided to test it. I went over and I remembered my grandmother saying, "You could tell a good cantaloupe if you could smell it". So I thought it would be my dumb luck to pick up one that's not ripe. But, I picked one up, put it to my nose and I could smell it and honestly, I sobbed over the darn cantaloupe. I could not speak.

My husband came running over saying, "What is wrong! Did someone say something to upset you?" I said, "No, no, no. I can smell it! I can smell the cantaloupe!" It was just a wonderful thing. For seven years, I *hadn't smelled anything and now in just a few days, my sense of smell had returned.*

I still have Parkinson's issues that I'm dealing with, but as Sharry said I have to "peel the onion one layer at a time" because I have many, many issues. I developed a heart problem as well, but it's all related. The thyroid started, then the heart and the cancer and the Parkinson's, they're all related to radiation exposure and that's why I just really feel that it's so important for people to be aware and get on board. We can find out what's happening and learn how to fix these things. We have to help ourselves because the conventional medical doctors can't help us. They can only give us more drugs and they just don't work for everyone. I still have some tremor but it's diminished quite a bit and at times it isn't there. I'm still working on it. I noticed an improvement in my face just today. I looked in a mirror and I saw a little jiggling in my chin and also under my left eye.

The feeling has returned. The whole side of my face was numb. It was like when you have Novocain. I would often bite the inside of my cheek and not realize it. Now, I have total feeling inside and outside of my face. Everyone says I look different. I really think that the deep depression that I had on the side of my face may be starting to fill in a little bit. It seems like it's not as deep as it was. I don't know if there's tissue growing back there or what, but it's a fascinating thing.

SHARRY EDWARDS: Marian's a very determined lady and I think that helps with her case too. But to be able to identify the frequencies of a patient's foot and watch the foot relax, we can say – here are the B vitamins that are causing her tremor and here is the cholesterol issue - to have that available and watch people get so excited about finally having a definitive answer is awesome. It is more than excitement. It is *exhuberation. It is like jumping up and saying, "Oh, look at my foot!" I've just never gotten over that delight and seeing people not in pain or being able to use their hand again. I want this kind of technique to be available to everybody.*

Are you going to sponsor a class on bio-frequencies in Florida?

MARIAN LEWIS: I've got people who are taking numbers in my Parkinson's support group. They are so excited; people who are in their 70s and 80s who want a better life. They don't want to be zombies. Most of them were men who were very successful in their lives and they've become like zombies. It's so sad.

I found a wonderful Parkinson's movement disorder doctor who is just floored by all of this. He doesn't know what to think of me. I keep sending him more and more patients, around 20 so far. I told a few of them who had seen a regular Neurologist, not a Movement Disorder Specialist, "I don't think you have Parkinson's disease. Go see my doctor for a second opinion." One of the ladies I sent came back to me and said, "You know your doctor said I don't Parkinson's disease?" He said, "Oh darn, that woman was right again!" The woman's problem was caused by a combination of drugs for other issues she had.

There's something more to this Parkinson's thing than what they would have us believe. Before you know what you have you go to see a doctor who is not a movement disorder specialist. They have you walk up and down the hall and do a couple of things with your hand and five minutes later, out of the blue, they say "You have Parkinson's Disease. It's a degenerative disease. Take these pills. There is nothing we can do. I'll see you in three or four months and then I'll give you some more pills until you can't take those pills anymore because you're going to get worse."

It's just awful.

When I insisted that there had to be something that I could do, they sent me to physical therapy for a few weeks. On the second day, a young perky girl came in and she showed me a Mercedes-top-of-the-line walker. At that time, I was sometimes falling and freezing. I was doing all those things I don't do anymore and I said, "Who are you talking to girl, you're not talking to me. I noticed you said when I need it, not if I need it!" I just wasn't prepared for that. I refuse to lie down and die. I mean, I've been through a lot already and I'm just not going to lie down and die. I always told my husband, "A disease will not kill me, the cure will." I say this because I am so sensitive to drugs and the side effects are terrible.

SHARRY EDWARDS: Marian, one of the very first things I noticed when you were here is that you could just pop up and down out of the chair when you couldn't do that before. That was our first indicator that this was working for you.

Marian: Yes, getting in and out of the car, out of the chair, and walking by myself.

SHARRY EDWARDS: This is not a one-time deal. It is not something that can be done over the phone. There are people that are getting very upset with us when they call here and say, "Can you give me some information about why I have Parkinson's?" Then I say, "Yes I can." We can look at their nutrition and their genes and other things, but when they want me to cure them over the phone, that's just not how this works. We do have some practitioners who will travel. What happened to Marian could not have happened had she not at least come to our research office in the beginning. You see it for yourself and you experience it. That is what makes it real. That is what convinces you *about what is going on.*

MARIAN LEWIS: You're right. It takes time. I'm still working on the tremor. It is less than it was and I'm not on the medication. It is a process and you have to be patient.

Describe for us what happened when you came to Sharry Edwards' clinic.

MARIAN LEWIS: They took some pictures of me and some video. They asked me what I expected. They asked me what my reason was for coming there and I had to fill out some papers. It wasn't long before Sharry took me into her office and put a microphone in front of me. I had to speak into the microphone for about 30 seconds or so.

First we talked about my health and then I talked about our trip. She wanted me to talk about my symptoms, but it becomes almost routine because you repeat the same thing to every doctor and every person. Then she wanted something that was spontaneous, so we talked about the trip. She took the voice prints and came back and started to use some tones. I took them back to the hotel that night in a tone box and listened to them that evening and returned the next day.

I was overzealous. I wanted a cure and I wanted it yesterday. I listened to the tones constantly and overdosed on some of the things just like you can on medication. I had listened to them too long. I had them on from the time I left as much as I could. I had it on all night. That was not the instruction, but I thought more is better. I was just too anxious and I had to be adjusted. When we left, I understood more after they explained the procedure again. You know you hear what you want to hear. Even though they had written it down, I still decided I knew better, but I didn't know better.

Describe the ToneBox for us.

MARIAN LEWIS: You have headphones. It is a box about the size of a pack of cigarettes with some buttons on it. My husband was also very skeptical. He thought this was a dying wish kind of thing so he took me there and put up with me. Sharry asked him, "Wouldn't you like to have your vocal analysis done too?" He said okay and I almost fainted. He had gone through 45 radiation treatments of prostate cancer and he has diabetes. He had a shoulder issue where he couldn't reach around to get his wallet out of his back pocket. We thought that was psychological but it apparently wasn't.

We shared the same ToneBox; they put the tones in the box for both of us. It wasn't long before he was able to reach in his back pocket. That wasn't something that he had told the practitioner when he went there. Sharry did not do his tones. Another gal that worked with her did his while Sharry was doing mine. I don't even think he told her that he had that problem, but it was no longer a problem after a few days. He went to the doctor here just last week and so far he's doing very well with his numbers on his prostate and his diabetes and so forth. His symptoms were not as visible as mine, of course, because Parkinson's has very visible symptoms.

Everybody says to me, "Oh you look different" or they go to help me when I don't need help anymore. They stand in awe and wonderment, "How did you do that?" They say, "We know you pray but we didn't know you had that kind of connection."

SHARRY EDWARDS: We tested Marian every step of the way. When we were presenting sounds for the tremors we had her hold out a piece of paper until we found the tone that made the tremor stop. When we were *working on her foot we worked with her feet and her standing up and walking. Every little piece that we did we were checking ourselves. We loan people the ToneBox overnight to make sure this is going to work because we don't want people to buy something that's not going to work for them. Most people come from a long, long way. When we take the voice we look at the frequencies of the voice. We look at the harmonics. We look at the distance between the tones. I used to do all of this by hand and just with my hearing but now we've developed computer programs so that everybody can do this. This is not some special talent you have to have to be able to take this vocal print and put it into the computer and get your report.*

MARIAN LEWIS: I can even do it. I had some computer background but only self-taught. I have a high school diploma. I have no biology nor chemistry knowledge. I find that when I talk to people about doing this, they feel that they have to have some kind of degree in something. I encourage people to take the training no matter what your age or even your condition. It is an intense course, but if you can sit there long enough, do it. I did collapse at the end of the day. I have to say that. I went 9:00 to 5:00 or 9:00 to 6:00 with the class, did homework and then I crashed. A few weeks ago I couldn't even walk across my living room floor, so I thought that was just marvelous.

Was it your intention to enroll in the bio-frequencies classes when you went to see Sharry Edwards?

MARIAN LEWIS: I was barely able to function. I just felt like God was leading me there to tell you the truth. I really felt the whole thing was part of a master plan that I needed to go there, that I was supposed to be there. There was a reason for it all. There was something more that I needed to do with my life. It has literally turned me around because I felt *like I was dying. And, I've never felt like that even when I was 37 and told I had less than 10% chance to live when I had cancer of the saliva gland. Nor, even when I was told that I had less than two years to live when I was 50 and I had lung cancer. I just couldn't believe that I could live anymore. It wasn't the Parkinson's itself. It was the medications that were making me so sick that I thought I was dying.*

We need to blast this information out to the world. We need to get more people trained. I hope to be Sound Health Options representative here in Florida for Parkinson's disease. There are a lot of other senior ailments that I'll be dealing with I know because that's just the senior people that I'm around and with all of the time. But we need to deal with the younger ones too. I have grandchildren with ADD and ADHD and bi-polar syndrome. All of these things can be addressed and taken care of. We need to get more people involved.

Is this treatment like taking medicine?

MARIAN LEWIS: Oh it's better than that. I call it sound hope. I'm very active in the Hope Parkinson's Program here in Southwest Florida. It's a wonderful program that has helped me so much. They have free exercise and balance classes, water aerobics, dance, art, music and almost anything you can think of including Yoga and Tai Chi type exercises specifically for Parkinson's people. They have numerous support groups for patients and caregivers. In the wintertime our numbers triple, so I have been asked to speak at several of the Parkinson's support groups this fall and winter. They want to hear about sound BioAcoustics and what it can do for them. I want people to be aware of this radiation threat because it is real and it is damaging. People need to join the Guardian Network [www.GuardiansOfThePeople.com] and be a part of that.

How do Bio-Frequencies work?

SHARRY EDWARDS: You have a brain which is your central processing unit. All the signals from the brain go out to the rest of the body through your neural network. We just found a way to tap in to that system. If Marian, for example, is not getting a signal to her toe, we can give her brain a signal that feeds her toe or give her brain a signal that feeds the dopamine pathway and that addresses whatever is going on. We are tapping into the energy system of the body.

I don't think this is a new medicine. It is a very old medicine. This is how people knew how to cure themselves in the beginning. The aborigines still do it with sound and rhythm. This is what the Templars did in the 14th Century. So, new medicine? Advanced medicine? Star Trek medicine? Old medicine? Indian medicine? It's all of those. Is frequency our new medicine or an ancient mystery revealed? I think it is both.

If people want to see some of those articles they can go to our website http://www.SoundHealthOptions.com and read the research articles. One of the things we are finding with Parkinson's is that it is just not the Parkinson's. It's allergies. It's methylation (how people use their incoming resources). It's dystonia. It's spasticity. It's inflammation. It's radiation exposure. It's tetanus exposure. It's several things at once. Our goal is to have at least one Parkinson's trained person in every state and every province in Canada.

What is the Guardian Network?

SHARRY EDWARDS: This has been going on for about little over a year. Every month we meet as a group: Guardians of the People. This month we focused on the immune system and exposed people to the immune *system software program. Tones that are biggies for the immune system are F, F-sharp and A-sharp. We provide software programs for the Guardians each month. We teach them how to evaluate allergies or Parkinson's or losing weight or building muscle or whatever they'd like. With the immune system there are a lot of magnesium and cholesterol issues so they can do their own evaluation. We give them the information about what they should be looking for. That is the free part.*

We sell the computer programs for $185 dollars each. If you join the Guardian Network – meaning you are someone who will commit to taking this information to the community – the computer program is $40.

We are talking about doing a workshop particularly for people with Parkinson's. If anyone wants to be a part of this program - and it's on line- they can learn to do this now. We are going to provide some scholarship funds to help people take the course and be that one person that is providing information in an area. I envision Marian having two or three other people trained to help her out because she's going to have more work than she can possibly do. We are not going to restrict it totally to one person per state, but we'd like to see at least one person per state join us in this effort.

Is it necessary for a person to attend your onsite training program for the entire week?

SHARRY EDWARDS: They can do it online. Marian did it online.

MARIAN LEWIS: Yes, I did it online because I didn't think I could physically go back again. I really was not very strong when I did it. I was able to do it in my own home. It's a lot of work; it's a lot of information.

SHARRY EDWARDS: We have an annual conference to provide people all the new information. This year we are providing a way for people to do their own blood test by taking a vocal profile and looking at every aspect of their blood just as if they sent it off to the lab and paid seven or eight thousand dollars. That's the biggie. This is medicine for the people – that's why we're calling it Guardians of the People

How does a person find a local BioAcoustic practitioner?

SHARRY EDWARDS: You will find a map and a list of practitioners by clicking on the "Clinical Service" and the "Find a Practitioner" links on our website. The list is rotated every few months because people get run over with having too much business and they can't handle it. A lot of bio-frequency practitioners send somebody else to be trained as an assistant to them. That's a far smaller course, a one-day course.

Tell us about Happy Hour

SHARRY EDWARDS: We have happy hour every other Tuesday. It is from 6 to 7 Eastern Time, so that's 3 to 4 Pacific Time. It is free. For information or an invitation just go to: www.SoundHealthOptions.com/happy_hour.html. The Happy Hour link looks like a little postage stamp on the right-hand side of the page. Click that link and you will see how to join us for Happy Hour. We have 30 to 40 people usually. The first people with their hand up usually get to have an analysis done that day, on-line, for free.

Last night we did a Parkinson's case. We found out several things from doing the analysis. We found there was a genetic issue with enzymes. There was an inability to use trimethylglycine and there was a chlordane-based toxin. He did have the atrophied hands which he reported to us when I said, "Based on what I see here I think you have *atrophied hands." And yes, he reported that he did. We are able to provide this type of information to people during Happy Hour. It is our way of giving back to the community.*

If you want us to do the analysis for you, either join us on Happy Hour or call the office to set up a private appointment. Alternatively, you can take the training and learn how to do it yourself. That's what the Guardian Network is about. We meet once a month and go over what's happening.

One of the big things that we developed recently is a program called Radical Exposure. We had to change the name which used to be called Radiation Exposure because the FDA doesn't want anybody doing anything about radiation. This program allows people to know at a cellular level if they have cesium or uranium or plutonium that could be the cause of their symptoms.

There are nutritional antidotes and also competitor antidotes that will address radiation exposures. We look at the MathWays in the body which is the new system of BioAcoustic Biology. For example, if you have been exposed to strontium, the antidote is Adenosine Triphosphate. You can buy that over the counter at your local health food store. Choline is a competitor to strontium. People can purchase things that are the antidotes (or the competitors). So there are ways that people can do this on their own. If you are threatened with strontium - if strontium is in your water system - then you can look up the antidote that is shown on charts that are available to the public.

How can bio-frequencies help with detoxing heavy metals?

SHARRY EDWARDS: We do it in two ways. We know what frequencies make the heavy metals give up their receptor site. You can do it with *herbs but you can also do is using adenosine triphosphate (ATP). That's the first chemical made when conception takes place. It's the same frequency as white light and it really takes care of the body in a very positive way. It also helps produce energy. It will bind heavy toxic metals including these radiation metals. You have to be really careful and watch for any kidney issues.*

One of the stories that Marian told me is the doctor gave her something that really messed her up. She was able to watch her vocal print and fix herself from what the regular doctor had done to her.

MARIAN LEWIS: Right. It made my heart go crazy. I thought I was going to end up in the hospital because I knew this stuff was too strong for me. I was able to give myself the antidote and bring myself back to normal.

I did a vocal print a couple of times a day just to watch it and I could see what was happening. I was also taking my blood pressure and my pulse because my heart rate became very erratic. It really was very scary. By the time you call the doctor and they get to somebody and they get back to you to maybe make the change, you have to go get blood work and then they'll agree to change it. I told them all along it was too strong, but they wouldn't take my word for it of course. By that time I was fixing myself. They said, "Yes, you're right. It is way too strong." And then it will take six weeks for it to work. Well you know, I would've been dead by then. But it's much better now and improving every day with a lower dosage of medication and routinely watching my vocal print.

SHARRY EDWARDS: We're going to do a week long class just for Parkinson's and include a module on radiation. We will likely also cover the topics of methylation, allergies, Parkinson's, dystonia, spasticity, *inflammation and even nutrition.*

What can people do to get relief from their symptoms?

SHARRY EDWARDS: Get away from aspartame, get away from MSG, get away from gluten and avoid eating GMO (genetically modified) products. There's an article about GMOs and cell signaling and how that's related to Parkinson's that's on our website under "research articles."

What do the tones sound like?

MARIAN LEWIS: It is not some kind of healing music that you can buy on a CD. It is not music. They are very low sounds. It sounds something like the fan running or the refrigerator running in the background.

The tones that are programmed will only support you. I can't hand over the tones that have been programmed for me for use by other people with Parkinson's symptoms.

SHARRY EDWARDS: The tones emulate the frequencies of your brain. Your brain speaks math: zero to 64 cycles per second. If we want to talk to your brain then we are going to speak math because that is the language your brain speaks. Math can be defined using frequency.

MARIAN LEWIS: If you cup your hands over your ears you can hear the sounds of your body.

SHARRY EDWARDS: That sound is a form of feedback called an otoacoustic emission that is a perfect sound for you all you all time. It's a feedback loop of how our body is supposed to heal itself. We get into this in the class - all of this ancient stuff- and how to teach people to do it for themselves. That is what we really like to do - teach everybody to do this for themselves

MARIAN LEWIS: You can give somebody the wrong sounds and make them sicker, so that's why you need the training. You need to know what you're doing.

SHARRY EDWARDS: Absolutely and Marian's very responsive to sounds. You get ten seconds on her before she says "No, that's the wrong one, I don't want that."

MARIAN LEWIS: I'm just a super-sensitive chick.

SHARRY EDWARDS: You can make people strong or weak. You see people open up. They can't walk and now they can. They are in pain and now they aren't. It is beyond words to get to see that.

Marian, is your husband still a skeptic?

MARIAN LEWIS: Oh, he said today, "Don't you want to do my vocal print?" I said, "Really?" Yes, he's a faithful listener. If he has an issue, he comes to me. He said, "You want to do more testing?" I haven't really had the proper testing equipment yet. I have been working with our tones just using a tone box so it's much more difficult to do. The testing equipment finally arrived late this afternoon. We're having a great time and he's been very, very supportive. He has been doing housework. He's been cooking and this is not his thing. We're married 56 years and this is a miracle in itself, I tell you! He has just been great!

What does he say about the movement and the change in your face?

MARIAN LEWIS: He says, "You look good today." I don't know if he's afraid to say too much because he really isn't that expressive of a person, but I think he's afraid that maybe it will go away and then I'll be disappointed or something, I don't know. So he just keeps watching me and says, "Well, you know, you look like you did when you were in high *school" or something like that. Now you know that we met when we were 16, so he has known me a long time.*

SHARRY EDWARDS: That is the beauty of doing this with frequency and doing it individually. You take care of the first layer and then if it stops working you work with the second layer and so forth. It is not like when dopamine quits working because you got too used to it. Your body will tell you every day what's the new thing that you need and you renew that.

MARIAN LEWIS: And it does change so you have to stay on top of it. I thank you both, you are both a gift, and without Dr. Rodgers I wouldn't have met Sharry. I feel you've given me and my whole family a new lease on life. I'm just grateful and I thank God for you every day.

SHARRY EDWARDS: Well, when you're 104 we'll allow you to quit teaching and talking about this.

MARIAN LEWIS: I told my son, I want to go to Disney World when I'm 100 and ride in the Mickey Mouse Parade. He'll only be about 80 and he can go with me.

SHARRY EDWARDS: The other software program that we have that a lot of people are excited about is the rejuvenation one which is the anti-aging. Marian can tell you I do not look like I'm 65 years old. And people can go back and pick up that software when they become members and get a whole collection of all these different programs.

One free program that people can start their own practice with is called NanoVoice which can be downloaded from http://www.NanoVoice.org. There are instruction booklets (including instructions for Mac users) and some charts. That is our gift to the world because we want people to *know that the frequencies of their voice tell other people who they are. You punch a few buttons and it spits out a report of who you are and how you're feeling for the day. When people see that, they realize their voice really does contain information that provides data about who they are and their state of health. It opens a whole new world to them.*

MARIAN LEWIS: I tell my friends this really isn't a new thing. You already know how to do this. When you call someone on the phone that you know pretty well and you'll say, "Oh, you're not having a good day today, are you?" You can tell by the sound of the voice. Or you're having a happy day or sad day or you're depressed or you're sick. It is all there in the voice. You know that over the phone. You can't see them, but you hear it in the voice so you already know all this.

SHARRY EDWARDS: I think people intuitively know about this idea because they experience it as they are growing up. Think about young men going through puberty. Their voice changes in reaction to hormones. People experience that hormones change the voice, so why is it such a great leap to think that the frequencies of the voice could be used to glean information about protein and enzymes and so on? We cracked the codes for the genes and toxins and diseases and syndromes and nutrients and created a system of BioAcoustic Biology. My rose-colored wish for the world is I want everybody to have this and if I had my way, and if I had enough money, I'd give it all away. But somebody's got to pay the light bill.

How could bio-frequencies do anything for a person with a gene that's defective?

SHARRY EDWARDS: We can help a person shut off or turn on a gene. The way that Dr. John Apsley became familiar with my work is that he *was working with a little girl named April that had Downs Syndrome. She came here with her mother. April's symptoms, the face the large forehead, the slanted eyes, clubbed-looking fingers – all of it disappeared because we were able to shut down that gene.*

MARIAN LEWIS: It's all frequency, your whole body, everything is made of frequency.

SHARRY EDWARDS: Absolutely. Frequency comes first and then the body manifests. Go to You Tube and search my name, Sharry Edwards. Note that Sharry is spelled with an "a". You can see videos that show the reversal of stroke damage, regeneration of the voice, reversal of MS, restructuring of somebody's leg that was in a state of trauma, bringing some people out of comas, getting rid of back pain, getting rid of tumors, getting rid of epilepsy… It's all there and it's all documented.

The bio-frequency technology allows you to see the disease process before it is manifested. You can see it beforehand. We can look at cancer before it ever happens. You can look at vitamin A frequencies go very high, catalase frequencies go very low and that calcitonin which controls the calcium of the body begins to be unbalanced. In looking at those three, people can tell years ahead of time what is going on with their body. Catalase helps the body get rid of fluid debris from the body. Vitamin A helps support antioxidant activity, helps support biosalts and the helps support use of beta carotene.

Here is what happens to the body. I'm not making this up; this comes from Dr. Robert O. Becker. When the body gets traumatized or hurt or cut, the cells send out a "rescue me" signal and that calls calcium to the site. When there is no calcium, there is a cancer food in the body that is 1/100th different from the frequency of calcium. If there is no calcium in *the system, it is our theory that the body calls to it this frequency and it is food for cancer.*

If people with a history of cancer in their families keep their calcium levels up and running and maintain necessary levels of calcitonin (which is a regulator of calcium in the blood) it is doubtful they are going to have to go ahead and experience the cancer. That is an incredibly profound piece of information that ought to be universally known.

There are other things that happen but this is one of the most important. It is called 5-HETE and it is a cancer food. It creates itself out of a fault involving arachidonic acid and hydrogen peroxide and that is in the actual medical literature. But we can watch it by way of its frequencies in the body.

Here is another piece about cancer that sort of ticks me off. They (the medical research community) have known for years that chronic lymphocytic leukemia is associated with the inability of the body to process cortisol. I have found that in the literature in an article written in 1929 – nobody had listened to this guy – and when the body begins not to be able to use cortisol, leukemia can manifest because the body just can't replenish the cells that are dying faster than the body can replenish or fight off whatever is attacking.

Now, if they've known that for this many years, why don't they use it? Have you ever heard of cortisol being used in the fight of cancer? Not likely. But we can look at iron, we can look at the iron molecule (in terms of frequency), we can look at what is going on with chronic lymphocytic leukemia, look at their cortisol and balance it by providing *the biofrequencies indicated by their vocal print. I don't know if you can buy cortisol off the shelf but we can provide it to people by sound, but we do it all experimentally.*

Is there a connection between tetanus inoculations and Parkinson's symptoms?

SHARRY EDWARDS: Absolutely. Especially if you've got problems with the little toe side of the foot; there is either pain there or that side of the foot is curling under, then it is usually the live tetanus virus that is causing it. And lockjaw, it looks like Parkinson's. People experience the feeling of muscle freeze a lot. They try to take a step and the muscles just won't behave. They won't go where they ought to go. It is really tetanus and they're not willing to admit that there are vaccination relationships that are going on with Parkinson's symptoms. Marian had that in her chart and some of her toes turning under. We had to give her the antidote for the tetanus shot.

MARIAN LEWIS: Yes, and it straightened out in a very short time.

SHARRY EDWARDS: We can kill pathogens with this. We can open receptor sites. You may have your receptor site for GABA closed down and you may experience Bi-polar symptoms because of that. We can help the body open that receptor site or close it. We can help support a gene, but some things that are really high in the voice we don't want to mess with.

If you have a longevity gene and it is high and off the chart, who cares, right? If you have a pathogen gene and it is very low, who cares if a pathogen frequency's low? We don't want it to be high. So you have to use some common sense with all of this and that's what we teach in the week-long class.

People can go ahead and join the once-a-month class and get their toes wet and see if this is what they'd like to do, or they can join us for Happy Hour every other Tuesday and watch it happen. This is so easy; I don't know why somebody didn't do this eons ago. It makes sense. You've got an energy body. Let's find out what makes the energy body work. Let's put it back into perfect balance and ta-da! Perfect health.

We want to do a pre-class just for the Parkinson's. We'll put it up on You Tube or on your site so people can come in and look at how to use these programs, then we'll plan the week-long course. And people can do it online. They don't have to come here. They are welcome to, but they can do all of it without leaving their computer chair. There are cameras so you can watch what we're doing

MARIAN LEWIS: There is 'sound hope,' people; there is 'sound hope'! Even though it's online, people need to understand that they help you every step of the way and you can ask a million questions like I do and they always answer them, so you don't need to feel alone.

How to Hear Marian Lewis and Sharry Edwards on Parkinsons Recovery Radio

Visit http://www.blogtalkradio.com/parkinsons-recovery and scroll back to find the show that aired August 31, 2011 featuring Sharry Edwards and Marian Lewis as my guests.

About Sharry Edwards

Sharry Edwards is the pioneer in the study of Human BioAcoustic Biology. Her 30 years of research is being used at the Institute of BioAcoustic Biology in Albany, OH. Currently, Edwards and her team at Sound Health are using the human voice and the associated frequencies to help clients with Parkinsons Disease in

addition to many other chronic illnesses.

Sharry Edwards' work is now included in The Duke University Encyclopedia of New Medicine, by Leonard A. Wisnecki and The Scientific Basis of Integrative Medicine, by Lucy Anderson. The effects of BioAcoustic Biology, now accepted by these prestigious medical encyclopedias, have unlimited health and wellness potential.

According to Edwards, "BioAcoustics Voice Spectral Analysis can detect hidden or underlying stresses in the body that are expressed as disease." Vocal prints can identify toxins, pathogens and nutritional supplements that are too low or too high. In addition, vocal prints can be used to match the most compatible treatment remedy to each client. The introduction of the proper low frequency sound to the body, indicated through voice analysis, has been shown to help people who currently experience the symptoms of Parkinsons Disease. Sharry can be contacted at: SharryEdwards@gmail.com

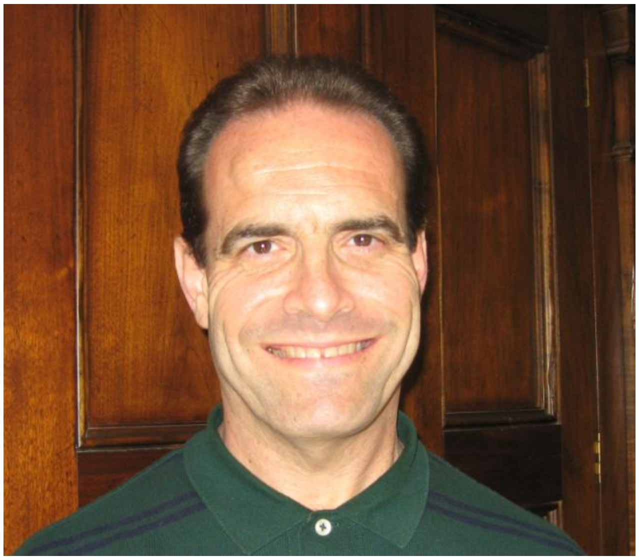
About Marian Lewis

Being born a Southwestern Pennsylvania coal miner's daughter and eldest of five children, Marian learned to sew out of necessity at a very early age. Teaching others her common sense techniques became her passion that helped to support her family for more than fifty years. She lectured and wrote sewing articles and published eBooks' on sewing and fitting all without any formal training. With her grandchildren's urging, Marian researched the family history and wrote a five generation family cookbook to help preserve so many family traditions.

She married her high school sweetheart; has a son and daughter and two grandsons and two granddaughters – all of whom she and her husband of 55 years are very proud.

Both Marian and her husband are cancer survivors (two and three times each) and have lost many friends and family members to this disease that they believe was caused by exposure to radioactive material many years ago in their community. It was the worst disaster east of the Mississippi that very few people ever knew about.

Having a strong faith and will to survive, Marian approached Parkinson's Disease at age 72 with the same fervor. Not able to tolerate drugs very well with her sensitive immune system, Marian sought other therapies to help alleviate her symptoms. She feels that she is "on the road to recovery" using Sound Health bio acoustic therapy offered by Sharry Edwards. Even with this disease and her age of 74, Marian is determined to move forward. She recently took the training to become a BioAcoustic Research Associate (BARA) not only to help herself and family, but to offer sound hope to so many other Parkinson people in SW Florida where she now resides. This is only the beginning concerning her incredible journey to wellness. Contact Marian at: mailto:marian.lewis56@gmail.com



A DRUG-FREE HOLISTIC APPROACH: HOWARD SHIFKE

How long has it been since you fully recovered from Parkinson's disease?

HOWARD SHIFKE: June 12th (2010) is the last time that I had any Parkinson's symptoms. The symptoms had started the previous September, the ones that were recognizable to me. In August 2010, a couple of months after realizing that I no longer had symptoms, it was time for my six-month follow up visit with my neurologist. He exclaimed at the end of our visit after putting me through all of his tests that he was unable to detect a single Parkinson's symptom as well.

Are you symptom-free today?

HOWARD SHIFKE: I have been completely symptom-free since June 12th of 2010.

When did you realize you might have Parkinson's and what did you do in response to that realization?

HOWARD SHIFKE: In September of 2009 I was sitting at my desk doing some work and I started to feel like my entire body was shaking. I looked down at my arms, which were then on the armrests of my chair and I *noticed that there was no movement at all; however, I felt this tremendous tremoring inside. So being as I was sitting at my desk at my computer, I opened up Google and typed in 'internal tremors.' Everything that came up was related to Parkinson's disease.*

I started first thinking, well, this can't be right. My mother had Parkinson's disease and she passed away in February of 2007. Parkinson's was a little bit in the back of my mind, but it certainly was not in the foreground at the time. I went from article to article reviewing specifically what authors of various articles were saying the symptoms of Parkinson's disease were. Of course as I read an article and reviewed the symptoms that were listed, I would reflect a bit and realize I had the same symptoms. I'd then say to myself, "Well, this article must be incorrect." So, article after article after article of what I felt were probably incorrect people, I reached one that not only had listed the main symptoms but also listed what they considered to be smaller or lesser known potential symptoms. It was a list of about 15 items. I had to be honest with myself as I went down that list, I realized at some level I had everything that was on it and that was my greatest realization at that moment. At that point in time, I decided to wait a day to see if everything I was experiencing at that moment would go away. It did not. So the following day I knew I had to sit down with my wife and talk about it with her.

What careers have you had?

HOWARD SHIFKE: I had practiced law from 1986 until 1999 and then from 1999 until present I've been involved in sales and marketing of technology products, software and hardware and primarily software in the healthcare field.

Why did you decide to take a holistic approach?

HOWARD SHIFKE: I guess this is kind of the longer part of the beginning of the story. There are a few reasons. One of the reasons was having watched my mother over the course of 24 years with Parkinson's disease. She went through what was the way of being diagnosed with Parkinson's at the time. That began with misdiagnosis and medications for the things that might have been Parkinson's but were not. Ultimately when she did not get better or feel better in any way, she then was put on the Parkinson's medications which, compared to how she had been feeling for those previous years of treatment, made her feel better. She received the Parkinson's diagnosis and was on the Parkinson's medications for 20 plus years. Over a couple of decades, ultimately the medications and the disease took their toll on her. It was not a very pretty ending. It was rather sad because she also ended up suffering from a level of Alzheimer's and Dementia and as you know, that is a very hard way to see somebody prior to their death with Parkinson's and Alzheimer's and Dementia. I had that fairly fresh in my mind.

For years I had just taken a liking to and studied through books and articles, traditional Chinese medicines and alternative healing and holistic healing and there were many things that we had done around here as a family over the years that gave me a very strong belief and feeling that alternative or holistic approaches to fighting maladies could end in great success.

And of course as you know, Parkinson's is designated as an incurable disease. Although the medications may help with pain or they may help with mobility, they do not lead toward recovery and they do not lead toward a cure. This is not just me talking about that, but I think that it's fairly common knowledge that there's a greater level of comfort that one *may have in taking the medications but ultimately, there is not an expectation in taking the medications or an expectation when the medications are prescribed that the individual is going to improve, recover or be cured.*

There has been nearly 200 years of information since James Parkinson discovered the disease. It seemed to me that I needed to put my faith in the holistic approach and at least get started going down that path. The other path in the background may be an alternative, but having seen the potential of how it could end with my mother, I felt a very strong need to go in a different direction and to go on a different path.

I had the full support of my wife with that decision and in a large way I felt I owed it to my wife and our three children to try to fight the disease rather than accept the disease and where I might go if I was taking the medications. When I say "in fighting the disease," I had read an article early on that the author said that when people receive a diagnosis of cancer that he had seen that they take a hard line, "I'm going to fight this" approach, and that when people receive a diagnosis of Parkinson's, it is an acceptance of an inevitable end. I was not in denial that I had Parkinson's, but I was definitely denying that there wasn't a different way to approach it.

Before your diagnosis of Parkinson's disease had you personally experienced various holistic approaches?

HOWARD SHIFKE: Yes. Yes. That was part of what gave me confidence that at least I could give it a good fight. And from doing Qigong exercises to Jin Shin Jyutsu to energy work, acupressure, there are certain things that we had learned. If one of my children caught a cold *or had a runny nose or something of that nature, there is a certain acupressure that we would do that would open up the sinuses and drain the cold. Within a couple of days without having to be on any medications, we would get rid of a basic cold.*

We're not talking about things at the level of a major disease like Parkinson's or any other major disease, but sure, things like a cold or if somebody had a pain, then there was certain acupressure or a certain Qigong exercise or a certain way of doing energy work where we would handle the pain.

I think part of what we learned along the way in doing it is a little bit of a different mindset. And when I say a little bit of a different mindset, when one of us would have a cold or have a pain or have a health issue, we would sit down and look at it not from the "what is the symptom," but from "what may have caused the symptom?" In the books I have on traditional Chinese medicine, it's very helpful in going through because in treating the individual as a total organism as opposed to just treating where a certain pain might be, I feel we were very successful. Nothing was really major, but over the years we were very successful in treating small health issues around the house by getting to the heart of the matter of what may have caused it and then dealing with the cause rather than just dealing with getting rid of the pain.

When did you see a neurologist and receive a diagnosis of Parkinson's disease?

HOWARD SHIFKE: I scheduled an appointment and saw my neurologist November 5th of 2009, which was about five weeks after I started getting the tremors and realized that I probably did have Parkinson's disease. When I went to the neurologist, he put me through all of his tests and he *did confirm the diagnosis. Obviously there is always that hope, I mean I pretty much knew I had it, but there's always that hope that you go and the neurologist says no, you don't have it, but I kind of knew what the diagnosis would be and I received the diagnosis that I did in fact have Parkinson's.*

Give us a brief preview of your visit to the neurologist

HOWARD SHIFKE: First we sat down and had a lengthy discussion of why I was there. There had been times earlier in the year when I had experienced some health issues that were significant enough to me that I notated them, just for paying attention purposes. I was able to give at least accurate information and general dates and times relative to things that were happening. I was able to explain to him that in February of 2009, I was at the gas station and when I went to pump the gas, I could not squeeze the pump. I realized that I had really bad pain on the outer part of the muscle near my elbow. Then I realized shortly after that that I was unable to lift the water pitcher with my left arm because of the same pain and the inability to actually grasp the handle. As denial will go, back in November 2009, I thought well, I probably just hurt my arm; let me not use it. So I just started using my right hand for everything. I was at least able to tell him that along the way, the pain never subsided.

I did have a sense of slowness. I recalled over a course of months that I would be walking along or going up the stairs in the house and think, "If this is how I feel at 48 years of age, I cannot imagine how I'm going to feel 20 years from now because I'm feeling kind of slow, old and painful." These are the little type of recognitions that I had.

A substantial part of the tests that he gave me were movement tests. I did walking and balance tests. He did tests with my eye movements.

While sitting on the table he would have me tap on my right side with my right hand while holding my left arm straight out in front. At first my left arm froze and then it got a mind all of its own and started, for lack of a better word, flailing all over the place.

Then he switched that up. I remember that I was tapping my left side with my left palm and had my right arm out and experienced the same thing but really to a fraction of a degree of what had gone on with my other side. My right arm got very tight and moved around quite a bit. I could not hold it steady at all and could not stop it from moving, but my right arm did not have nearly as much flailing that my left arm had shown. Those are the main tests that I remember. There were other physical tests that compared left-side versus right side movements which included balance tests and walking tests.

What did you learn from doing these tests at the neurologist's office?

HOWARD SHIFKE: Thank you for asking that. This actually for me was one of the greatest learning experiences that I think helped in a huge way in my recovery. That is, I learned that the left side of my body and the right side of my body were not talking to each other. They weren't working well. The wires were crossed. If I was going to continue to try to recover then I needed to figure a way to isolate the right side of my body and isolate the left side of my body so that I would be able to function better.

The left side of the brain operates the right side of the body and the right side of the brain operates the left side of the body. They say with Parkinson's, by the time you start to have the really big symptoms, the kind that make you go to a neurologist - that upwards of 60% to 80% of the basal ganglia in the brain controlling your movement are dead. So it *made me realize that theoretically, if I was working with only 20% to 40% of the neural impulses controlling my movement, I needed to streamline the electricity in a better way. I felt that I needed to learn exactly what was going on inside my body so that I would have a better opportunity to try to fix it.*

I decided I needed to see where the neural impulses went because obviously from the tests that the doctor gave me, movement on one side of the body set off uncontrollable reactions on the other side of the body. I started a process in the morning where I would stand in the kitchen, hold on to the counter with one hand and while I was doing this, slowly lift my other hand out to side. I had terrible balance. My balance was somewhere behind my heels, so I really needed to hunch forward in order to stay upright. What I would do is stand there, hold the counter with my left hand and I would take my right arm, have it hang down by my side and then I would lift it straight out to the side, slowly. I would do that four times and then I would close my eyes and see what I felt.

When I first started doing this I would notice that I had very strong electrical impulses sometimes in my left knee or my left shoulder, even though it had been my right arm that I was moving. So I went online and I found the outline of a body. I printed it up and made a bunch of copies and so I started working on trying to isolate where the neural impulses were in my body in response to moving each limb one at a time. I'd do the right arm, then the left arm. Then I would do one leg and then the other. With the legs, I would just bring it up as much as I could in what I would say like a marching position; you just bring it up and put it down four times and then see where I felt the impulses. Through that process, I started to learn a little bit more about what was going on electrically inside my body.

I started to do things 'one-sided' so that I had to really focus. The best example I could give is that I generally drove the car left-handed and with my right foot on the pedals. It occurred to me that if I have, after extended driving some type of a freezing or non-controlling movement in my left arm as a result of moving my right foot, or in my right foot as a result of moving my left arm. This could result in a terrible accident when driving the car.

So, I changed my method of driving. I started putting my left hand under my left thigh so that I took it completely out of the equation. I learned how to drive just with my right hand so that all of my movement was on that one side of my body. This is where I was fortunate that I had years of experience of reading and doing and a number of holistic things because I remembered that I had read about a 'brain-vibration chant.'

Zhi Gang Sha *is a Chinese medical doctor and also a western medical doctor. Dr. Sha has an approach called 'soul-mind-body medicine.' Part of his approach involves chanting. The chanting is actually vibrating different parts of your body. I found the brain vibrations chant in one of my books and started doing it to stimulate activity in my brain. I then focused and visualized streamlining the electrical impulses in my body. My goal was to re-train my brain so that the right side of my brain would move the right side of my body and the left side of my brain would move the left side of my body. I figured that if I could achieve that then I would have a much more streamlined approach to my movement. I would take out of the equation the issue of freezing or uncontrolled movement because there would be no cross-over.*

I worked on that a lot and that's why I appreciate the question. It was something that I really did not realize until being put through the test what a violent reaction my body had when trying to move left side and *right side at the same time.*

How does the brain chant help to offer relief from symptoms?

HOWARD SHIFKE: Dr. Sha shares a lot of information and videos on his website and has written a number of books. The first book that I had ever got by Dr. Sha was called Power Healing. It's in that book that he first discusses it. In Soul, Mind, Body Medicine he talks about the brain-vibration chanting as well.

Dr. Guo who is Dr. Sha's teacher and mentor and also a Chinese medical doctor in China, learned through meditation and trial and error that in Mandarin Chinese saying numbers out loud could create certain vibrations in the body. Through practice, he was able to discover that certain combinations of the numbers could lead to vibrations of the organs or vibrations of your limbs so that it could lead to healing. The idea behind the healing is that the cause of what is wrong with the individual either has to do with too much energy or too little energy. By putting the chanting into the equation, you're creating a vibration that either increases the energy or helps dissipate the energy, depending upon what malady you have.

What does the chanting sound like?

HOWARD SHIFKE: The English phonetic sounds for the brain-vibration chant are: ling, yow, che-che-che, joe, ling, ba; ling, yow, chee-chee-chee, joe, ar, ar, sih, sih (like "sit" without the "t"). This is a unique combination of numbers in Chinese. When doing the chant, I would sit forward in a chair as straight up as I could. When I first started doing the chant I actually typed it up and put it on the computer screen so I could stare at it. The idea is that you chant that sequence for say five minutes as fast as possible. It will create a vibration that stimulates the *neural impulses in your brain.*

How often did you do the chanting?

HOWARD SHIFKE: I did five minutes in the morning, afternoon and the evening. I would feel neural impulses and a lot of activity going on particularly in the back part of my head. I would visualize what was going on in my head; visualize the energy on the right side of my brain going down the right side of my body and the energy in my left side of my brain going down the left side of my body. I was using the brain activity that I was creating through the chanting to visualize and re-train my brain to streamline where the impulses were going.

Why did you believe that your body could heal itself?

HOWARD SHIFKE: A big part of that belief comes from the experience of the previous years where we had worked on helping our children heal as I explained earlier. If you break it down to the nuts and bolts, I think everybody at some point in their life has experienced natural healing at some level – even if they are not really aware of thinking of it in terms of the body healing itself.

Consider a simple example. You are ten years old. You fall out of the tree and break your arm. Your Mom takes you to the doctor and the doctor says, "Hey, Robert, no big deal. I'm going to set your arm, I'm going to put it in the cast and after x-amount of time you're going to come back here and it is going to be good as new. It might even be better because sometimes when there's a break, it will be stronger than it was before when it is healed."

Think about the healing process that is involved here. The doctor sets the arm and puts it in a cast, but essentially the body is what heals the arm. Yes, it does take the doctor's expertise in knowing how to properly *set the arm and do all of that. The doctor is a very critical part of the formula. But ultimately, what goes on inside the arm - inside the cast - is your body doing the work of healing itself. I am just a strong believer that if you listen to your body and try to make sense of what it is telling you, then you can put things into place that will help your body heal itself.*

Why should someone "listen to their body" and take a "less-is-more" approach to healing?

HOWARD SHIFKE: Within a few days of the tremors starting, I had three major limitations that came upon me.

I could not get out of a chair without holding on to the arms of the chair and using my upper body to literally lift me out of a chair.

No matter how hard I tried I could not convince either of my feet to step on the first step of our stairs unless I first grabbed onto the railing. I reached, I walked up to the stairs one day and that was it. My body stopped right there.

In the middle of eating one day I lifted the food with my utensil and that's where it stopped. I couldn't figure out how to get the utensil with the food to my mouth. I had to concentrate on moving the utensil to my mouth. The result was almost like a cogwheel motion, click-click-click-click-click-click-click-click, about eight clicks at the elbow to get it to my mouth. That was very, very difficult.

I then also realized my arms didn't swing. The rigidity that I had in my back was probably the most painful part of the disease. It made me hunch forward, pulled my shoulders in and really just hurt all the time. Not taking any medications or any supplements or anything to deal with *the pain allowed me the opportunity to pay attention to where I had the pain so I could figure why I had the pain.*

Actually it all started to make pretty good sense. My balance as I mentioned earlier was really terrible. I might get two or three steps and then head backwards head-first to the tile floor which would have been a complete disaster. Same thing with getting out of a chair; if I stood up too quickly and tried to walk, that would have resulted in a similar outcome: head backwards to the floor. I really don't have anything to offer great about the challenge I faced with eating except maybe I was eating too much. I had the darnedest time getting the food to my mouth so I really had a hard time making sense of that one.

I can tell you that I never fell in the nine months that I was actively fighting this disease – I never fell. I never had a hard freezing moment in the middle of walking. Part of it, which made sense particularly after my doctor visit, is that my arms had stopped swinging. I didn't know how long prior to realizing I had the disease that my arms had stopped swinging or that I was hunched over or that I was shuffling my feet. It had been some time.

By looking at those limitations I feel that in a way, it was like my body was protecting itself from falling. I was protected from freezing. I would imagine if I had tried to forcibly swing my arms at some point in time, one of my legs would have frozen or have gone out of control and maybe I would have fallen. This is all no different than the tests that my neurologist was running. So, I worked at trying to pay much more attention to those things.

One of the things that anybody who has Parkinson's can tell you is that it really wears you out physically. In a way it's a little bit difficult to *explain the issue of rigidity. The best way that I've found to explain rigidity is to imagine you're flexing your muscles and then trying to do regular movements with your muscles flexed all day. It's going to wear you out and it's going to hurt after a while.*

In order to try to move a little bit better and have a little bit more energy at the end of the day, my "less-is-more approach" to fighting the disease was basically that I didn't push my physical limits to what Parkinson's would allow me to do. I actually stopped prior to that. I walked a little bit slower than Parkinson's would allow me.

I realized that when I would go up the stairs in the conventional manner (where you go every-other step with your feet walking up) that I was having to use a large amount of upper body energy and strength. I was primarily pulling myself up because every time I picked up a foot to go to the next step my body wanted to go backwards. It was a physical battle to go up the stairs.

I took a different approach. I decided that instead of going every other step, I would hold on to the railing, put my foot on the first step and then just bring the other foot up to the same step. It was a slower process. Over time it was much easier and barely took any energy at all. If the railing was on my left side and I held on to the railing with my left hand, once I would put my one foot on the step, just by straightening out that knee, the other foot would come up to the step next to it. Movement was slower but I could stand a little straighter when I walked and I could go up and down the stairs, albeit it took me longer. I could do it without a lot of physical exertion.

I started to really pay attention to what "my body was telling me." When I say 'paying attention,' I took the attitude when something would *happen that I didn't like because it was another physical thing that I couldn't do any more, I would stop, think about it and say, "Well, let's try to make some sense of it." More times than not I was able to at least justify or make some sense of the limitation. I would then try to approach my physical movement from a slower direction or slower way of moving than I had before in order to, as I would say, best respond to my body telling me, "Don't do these things."*

Did you take any medications?

HOWARD SHIFKE: I did not. I did not for a couple of reasons. One of them is that once I came to the conclusion that I really needed to listen to my body if I was going to have any chance of recovering from this disease. I did not want to take anything that would mask a symptom. I did not want to take any medicine that might give me better movement than maybe I was supposed to have with the disease, or something that might create a situation where I didn't feel pain in a particular area which would hide the realization that maybe I had a different issue that I needed to work on. So it really was more from a perspective that I was doing medical Qigong exercises which focused on the liver.

In the very first book that I got after getting Parkinson's is entitled What Your Doctor May Not Tell You About Parkinson's Disease *by Dr. Jill Marjama-Lyons. It's a really good book because it covers in depth all of the medications that were in place at the time she wrote the book plus it also talks about Traditional Chinese medicine perspective and the Ayurvedic perspective. It is a very, very good book and I would recommend that one to anybody who is new to Parkinson's. I think it covers the gamut from all directions.*

From the perspective of traditional Chinese medicine perspective one cause of Parkinson's is a liver-wind deficiency. Essentially, a problem with the liver and wind means you shake. My body would have to process any types of medications or supplements through my liver.

I was very much focused on strengthening my liver, cleansing my liver, eating foods that were good for my kidney and liver and really working very hard to cleanse my liver. I sincerely believed in the traditional Chinese medicine view of Parkinson's. Ingesting a medication or a supplement would have been contrary to that philosophy from my point of view. It would have been a little bit counterproductive because it would have made my liver have to work harder in order to process and cleanse my body from medications or supplements.

I feel from my experience that Parkinson's is an electrical problem with the body. It is not a chemical problem. I feel very strongly that to recover from Parkinson's you need to deal with it from a neural-electrical impulse perspective, not from taking chemicals that are going to change other chemical balances or imbalances in the body.

Why is Parkinson's an electrical problem rather than a chemical problem?

HOWARD SHIFKE: Even from the way it is viewed clinically, you're not getting the electrical impulses that you're supposed to be getting so movement is impeded. Consider my experience in actually experiencing the disease without medications and without supplements. I would periodically feel pain in an area where I hadn't felt pain or I would periodically have no pain in an area where I felt pain practically all the time. I concluded that the issue is not that the dopamine was dead or even depleted, but rather that dopamine was shut off in some way. It was not able to get all of the electrical impulses to go to where they normally *needed to go.*

I live in Florida so I'll use an example of a hurricane by way of example. After a hurricane comes through and wipes out the electricity for awhile, people put in power generators. Typically the power generator will run your refrigerator and freezer. It will run your air conditioning. It will run the washer and dryer. It will run the lights. But a power generator is not going to run them all at the same time when the electrical company provides a constant flow of electricity to your home. I view the Parkinson's body is analogous to running on a power generator. It isn't that the full ability of the electricity to be there is not there, it is just that somehow it has been cut off.

After they work on the power lines and they get everything fixed and they flip the proper switches, you know you can run everything at the same time: the lights, the air conditioner, the washer, the dryer, the refrigerator and freezer all at the same time. I really feel that Parkinson's follows that same scenario. The body has reached a level where it is working more like on a power generator than on full electricity. The fact that periodically I would feel impulse in places I hadn't felt them for a while made me feel like the nerves weren't dead in those areas and the impulses getting to those areas weren't dead – they just weren't consistent.

Is holistic healing a quick way to recover?

HOWARD SHIFKE: It is a long and difficult way toward recovery, but I will tell you one well worth the fight. I think recovering from any major disease is not going to be quick. Certainly holistic healing is slow because it starts rather deep within. There is a lot of healing that has to take place until you finally get to the surface and really start to see some *physical manifestation of recovery.*

What steps need to be taken to begin a holistic healing program of healing?

HOWARD SHIFKE: When I was about six months into having Parkinson's I started a blog which contains a step-by-step explanation of everything that I did to recover, including all of the resources that were helpful to my recovery. The books and articles that were helpful to me are listed. You will also find five videos of me doing some of the Qi Gong exercises.

The biggest challenge of recovery is having the true belief that you will recover. This is a disease that fights you every minute of every day. The first order of business is starting with the attitude that says, "I will recover," and believing it. I tell people believe it. In order to recover you have to say, "They are incorrect. This is not incurable. I will get better." There is a profound saying by Dr. Sha:

> ***"I have the power to heal myself.***
>
> ***You have the power to heal yourself.***
>
> ***Together we have the power to heal the world."***

The first and most important step is to believe in your ability to recover from this disease.

I put a lot of focus on the liver and the kidneys and so I did Medical Qi Gong for the liver and the kidneys. I did the exercises every day. A few months after I had started my program of recovery I came across Qi Gong routine for clearing liver-wind. I thought that this routine was incredible because that was really the point of what I was trying to work on.

Standing for any length of time and balance was a terrible challenge for me. There was a standing exercise that I had done for years that I couldn't do anymore because I would fall backwards. I actually started standing against the wall. All you do is you stand with this exercise. You bend your knees a little bit. You put your arms up in a way almost like you're holding a beach ball in front of you. And, you just stand there for five minutes–if you can work your way up to five minutes. What this simple exercise does is incredible. You can feel your body strengthening from the inside just by standing.

As we spoke about earlier, I did the awareness of the neural impulses when I was moving one limb at a time and seeing where both limbs were going. I also did the brain-vibration chanting.

When moving during the day I did not feel the tremors much, sometimes not at all. When sitting still and certainly when lying in bed at night the tremors were terrible. There is an acupressure procedure for the nervous system and for Parkinson's. It is acupressure of the governing vessel which involves pressing on 20 different pressure points on the body, starting at the coccyx, going up your back and ending at the top of your head.

My wife would do the governing vessel acupressure on me every night. The nightly experience of receiving the governing vessel acupressure treatment helped me really understand that I was dealing with an electrical problem and not a chemical problem. When she would start to do the acupressure at my coccyx in my lower back, I would feel huge surges of electricity shoot down my legs to my feet. As she moved up my back, I could feel electricity moving down to my sides. By the time she finished, I didn't feel tremors. They went away long enough that I could fall asleep.

I know there are people that say that they have a horrific time with Parkinson's and sleeping. I do not recall one bad night of sleep. From just dealing with the disease all day I was pretty exhausted at bedtime anyhow. But lying there, experiencing the tremors for the worst of the day because you are just laying there on the bed, the governing vessel acupressure treatment took away the tremors so I could go to sleep. I think that was huge in my recovery.

There's also a modality called Jin Shin Jyutsu *which was helpful. It helps balance the energy flows in the body.*

I have a book I got on Zen called Not Always So*. I would read just one passage every day.*

There is a meditation known as sitting Zazen*. It is basically meditative sitting. I've never been able to sit in a lotus position, but at least I could sit with my legs crossed. I could not do that for any length of time, so I actually did it sitting in a chair. You sit for ten minutes with your eyes 75% closed, counting your breaths from one to ten, and then start over again. It is incredible how relaxing that is. All you are doing is counting your breaths. Instead of trying to clear my mind, my mind cleared itself because all I was doing was focusing on the breaths.*

I did along the way adopt a vegetarian diet. One of the things that they say Parkinson's causes is constipation. I had that in a really bad way. By changing to a vegetarian diet I was able to get rid of that problem. From some of the research I had done, I realized that my biggest issue was eating a lot of animal protein during the holidays. When January came around I paid a very bad penalty for that. In January of 2010 I changed to a completely vegetarian diet and have not had a constipation *problem since.*

A really important and useful website with valuable information I discovered is sponsored by Dr. Janice Walton-Hadlock who has worked with Parkinson's patients for about a dozen years - pdrecovery.org. She and her staff work with a modality called the Yin Tui Na, known also as Forceless Spontaneous Release (FSR). It is done using a specialized way of holding a person's foot to help turn around a backward energy flow in the stomach meridian. Dr. Janice Walton-Hadlock discovered along the way that there was a consistency with an old foot or ankle injury that was causing the flow of the stomach meridian to go in the incorrect direction. Opening up that flow facilitates the healing process for Parkinson's. The other side of the formula is the mind part and the soul or heart part of the equation.

I also did a lot of meditation and affirmations and prayers. I worked on getting negative thoughts out of my head. I worked on meditating on positive things. I worked on gratitude meditations. I feel that those were also just as important as all of the physical things that I was doing. I did the physical things because I felt the great need to cleanse toxins from my body, re-build the strength of my organs and have my body ready to heal. The meditations and affirmations and prayers really went a long way toward opening up my heart and opening up my mind so that I could recover.

Did you see immediate results when you started your program of recovery?

HOWARD SHIFKE: I did not and I think is the hardest part. It is the getting started with the feeling that someday I will get better. Maybe I won't see any great results right away but I need to stick with this. Holistic healing is not a quick way to recover. It also is not a quick way *to feeling great right away.*

There were times along the way when I thought, "Okay, I don't think I'm any worse today than I was yesterday." There was a rare occasion here or there where I thought I felt a little better today than I did yesterday. When I went for my three-month follow-up visit in February of 2010, my neurologist said he actually was able to detect that my balance seemed better and that my rigidity was probably the same - maybe a tiny bit better. There were some indications that even he could detect but they were very, very small.

Why did you stick with holistic healing even though you didn't see any results right away?

HOWARD SHIFKE: That's the part that takes a lot of faith. The emotional support of family and friends helps. Really it is just a question of concluding that "I need to do this."

Through my blog I communicate with a lot of people. Others have pointed out to me that one of the things that they think probably helped - and I think they are probably correct – is that I have a decade-worth of history doing holistic healing with family members. This helped me know and believe that holistic healing will work. Even though I didn't see measurable results right away, I really had a good sense that I would be recovering one day. That's a big part of it.

Conceptually some people feel that they got the disease when they were diagnosed. That would be rare I would guess. Maybe not obvious but it would be very rare. As most people really reflect back, they usually remember: "Wow, I've had some things wrong with me for probably quite some time." Then they realize, "Oh, I have a bigger problem now. I just wasn't paying attention to those little things along the way." You did not *get Parkinson's the day you were diagnosed and you're not going to get rid of it the day after the diagnosis.*

I imagine that the captain of the Titanic only saw the tip of the iceberg, if even that. History says that an ice mountain had been growing for a long time under the surface. Parkinson's is that way. When the iceberg finally breaks through the surface there is a mountain of layers below that need to be dealt with in order to recover. Holistic healing starts from very deep within.

It didn't give me any great feeling on the surface as I was healing my organs. As a matter of fact, I actually lost tactile feeling on the outside of my hand in December of 2009. I couldn't tell the difference between hot water or boiling water. I could cut myself or get a mosquito bite and not feel it. My body had stopped sweating.

Most people find holistic healing to be a difficult concept. More times than not, pain is going to be representative that you're making progress. It is completely turning the general theory of pain on its head. Most of the time we try to avoid pain. We do not want to feel pain. But when you're cleansing toxins with holistic healing they do not leave without a fight.

Holistic healing is something that you have to really be strong-willed about because pain is going to be felt. Ultimately that pain is going to go away. I like to refer to it as good pain. If you think about it, what are the consequences when you do a standing exercise. All you are doing is standing. After a couple of minutes of standing, the energy is moving in your body. You start to feel pain. I view that as good pain. There is very little you can do to hurt yourself from a pain perspective by just standing. It takes a bit of a different mindset to really stick with it.

One of the things that helped me stick with it is that I really did not put a lot of worry or concern into when I was going to get better. As a matter of fact I was quite surprised that I had recovered in nine months. I did not have an expectation of that type of result. It was not like I was running in a race. It was more like I was just plodding along. As I tell people sometimes, this is the race won by the tortoise - slow and steady as opposed to the hare – fast and hurried.

It does take a certain amount of resolve to not become frightened when the disease fights back because it does fight back. If we start a new exercise or start doing something differently and we get some pain with it, the natural thing to do is stop. When we stop it means the disease wins because it gets in your head. It wants you to stop.

I had an argument with myself almost every morning to do the exercises and do the meditation. And face it. I was the one who was taking responsibility for getting better. If I did not do the exercises and I did not do the meditations there would be no possibility of a good ending.

That's one of the things about the disease. I feel very strongly that it just fights you back. I did have a discussion and sometimes an argument with myself: "No. You don't really need to do them. You can skip a day." There is that constant feeling that you have to just keep pushing ahead and pushing ahead. At a certain level it's achieving a balance.

As I was progressing along I realized that I did need to work on the meditations. I did need to work on keeping strong faith in those things. If you think about Parkinson's and you think about the soul, mind and body aspect of it, Parkinson's physically knocks you off balance. You move slowly. You have to be more cautious. You are looking down; you are not looking forward. It puts your body in a posture that makes it *nearly impossible to walk balanced. With a bent neck and a bent spine and your head looking down, you don't have a good visual frame of reference. You are really out-of-balance physically.*

These physical challenges lead to be being knocked off-balance mentally. You become afraid of falling, afraid of freezing, afraid of what people think when they see you, afraid of where the future of Parkinson's may take you – a wheelchair or a walker.

That's the thing about Parkinson's. It really knocks everything off-balance. Physically you get knocked off-balance. That leads to mentally getting knocked off-balance. This ultimately leads to spiritually getting knocked off-balance. Facing all of these challenges, one tends to give up hope that you can get better, particularly when you're diagnosed with a disease they tell you cannot get better. It takes a different mindset. Once Parkinson's knocks you off-balance physically, mentally and spiritually, Parkinson's is winning.

Along the way I learned that actually it needed to be flipped around the other way. When I say flipped around the other way, as Dr. Sha would say, "First heal your soul. Your mind and body will follow." It takes a very strong belief and a very strong faith that you have the power to heal yourself. You have to know that. Not just think it. You have to know it in your heart. You have to know it in your soul of souls that one day you will get better. I really did. I really felt that way. I was adamant about it. I knew I would get better. I really accepted that as fact.

I knew I needed to have a good attitude and get my mind ready, but on the spiritual side I was really still looking on the outside. And then, really what I needed to do was focus on healing from the inside, from the spiritual side – letting go of my fear of Parkinson's, letting go of negative *thoughts about what might happen in the future. Letting go of those types of fears is very liberating in fighting this disease. Fear plays a leading role into making one physically and mentally imbalanced.*

The meditations and the affirmations were very, very important. They help reduce adrenaline and open up the doors for dopamine. This is an important relationship. Dr. Walton Hadlock writes about the relationship between adrenaline and dopamine which makes very good sense as it relates to Parkinson's.

What happens when you shift into the adrenaline mode? I guess the best example is when you are walking along and a lion jumps out of the bushes and you start running for your life. Your adrenaline kicks in. When you're adrenaline kicks in and you take off, your adrenaline is telling the other parts of your body "I don't want to have to stop for a restaurant break. I'm trying to survive here. I don't want to have to stop and eat or drink because I'm trying to survive here." So I feel that living a fast-paced life and being in the adrenaline mode all the time upsets the balance of the body.

Doing these meditations and doing these affirmations and getting rid of the fear and calming myself and getting rid of the anger and things of that nature allowed my adrenaline mode to back off. It allowed the dopamine to flow. I know that this is a theory that many readers just roll their eyes about, but I can tell you sincerely that that is what I experienced.

I actually had a conversation with my adrenaline. I told my adrenaline that for years I needed to be in adrenaline mode just to survive, but all of those stressors in my life that had existed were no longer in existence. It was okay for my adrenaline to back off a little bit.

Then I would have a conversation with my dopamine. I would tell my dopamine:

> ***"I know during all of those years that adrenaline was in charge. You had to shut off. You turned the faucet off. Now, my organs aren't functioning properly. My liver isn't functioning properly. My large intestine isn't functioning properly. You did need to get out of the way before, but I need you now."***

The only thing is, I don't know how much of my adrenaline should be backing off and how much of my dopamine should be flowing. What is the proper mix? So I would tell them both:

> ***"I need the two of you to work on this with the Higher Power and I'm going to go meditate on something else so that I don't get in the way of the conversation. But I need to get my body back in the proper flows so that I can get back to being a regular person again and I can recover from this disease."***

Ultimately, I did.

I did my meditations every day. My wife gave me the forceless, spontaneous release (Yin Tui Na) treatments, the foot holding treatments. I would say that I saw very, very little results for probably 8 ½ months. After 8 ½ months of seeing very little results I started to see results and they started to happen fast. Within the next two weeks, I was completely symptom-free. That is one of the things about holistic healing. It comes from a place from deep, deep within.

You are doing healing work in areas where you're not aware. How do *you know if you're organs are healing? You can't see it. You don't feel it. How do you know if your liver is being cleansed? Those aren't things that you can touch or see or even feel. That's where the faith comes in.*

You have to believe in the process, you have to believe that healing is going to happen. If you truly, sincerely believe in the process, then this is where the soul-mind-body connection comes in. When you have faith and you really believe in the process, then your mind doesn't have to worry that it won't work. Your mind will follow because if you truly believe you will be successful at some day in the future your mind has no need to worry about any bad consequences. You're working hard with your body and it responds as well. I really feel that Dr. Sha hits the nail on the head when he talks about when healing the soul the mind and body will follow.

Even in that example I gave you about breaking your arm and going to the doctor, if you think about it, when the doctor says, "Robert, your arm is going to be good as new. I'm just going to set it and put it in this cast and then when you come back in x-amount of time, I'll take off the cast and you'll be good as new." If you think about it, you have faith in the doctor and you have faith in the process. The entire time that your arm is in that cast, you don't worry that it isn't going to get better.

What does your body do? It heals itself. It gets better. We never stop and think, "Gee, how did this process really work?" Healing happens in my simple example of putting a cast on a broken arm because you believe in the process. You do not grieve over it. I cannot imagine that there are very many children who fall, break their arm, get a cast, are told by the doctor "your arm will be good as new" who fret about the outcome one moment after that. They are back in the playground. They are back outside running around playing. They are not really concerned *about it because they have faith in the process. They do not worry about it and they get better. I feel that you can do the same thing with Parkinson's. It's not as easy, but it can have great results.*

Can I promise that anybody who does what I did will recover? Of course not. But I have detailed precisely what I did to recover. I have been sharing the information for almost a year now on my blog. I can't see where doing these things could have any bad results for anybody. I really feel very strongly that everybody has to get on their own path. The path that I choose - and I notated it very carefully – is repeatable by others. I feel very strongly that others too have a very substantial chance of recovering.

Can holistic healing help people who are taking Parkinson's medications?

HOWARD SHIFKE: I feel that everybody who believes in themselves and believes that their body can heal them should have the opportunity to recover. I don't think that the set of people who are taking Parkinson's medications, which is the greater majority of the people who are diagnosed with Parkinson's, should be negated from the ability to recover. In the grand scheme of life that to me would seem to lack in fairness.

It would be hard for me to imagine that certain lifestyle changes such as adding in some exercises, doing some chanting and meditations and adjusting a dietary strategy would be harmful to somebody. I don't recommend that a person do anything I might recommend without talking to their doctor first in light of the fact that the person and their doctor are the best judges of what is going on in their system based upon the medications that they're taking.

I receive an occasional email from people who are taking medications *who saw my blog or watched my videos. They tell me after doing some of these exercises that the outcome has been positive. People have said: "I feel pretty good compared to how I was feeling. I feel a little bit lighter and not as rigid. I have less pain. I feel that my balance is better." I can report that a few people have reported that they have gotten some symptom relief even though they are taking medications.*

Many explanations for healing are possible. Doing the exercises that help cleanse the liver offer the potential for medications to work better or dosages to be reduced. I would have a hard time seeing harm in doing any of the holistic exercises but every individual is different. The disease affects everybody differently. I would highly recommend before anybody just jump in with both feet that they have a conversation with their doctor about it. I think that that's a really important thing. The doctor is a critical piece of the formula.

What is the address of your blog?

HOWARD SHIFKE: http://www.fightingparkinsonsdrugfree.com

How can people get in touch with you?

HOWARD SHIFKE: My email is: mailto:howard@fightingparkinsonsdrugfree.com. *If you go to the website there's a tab that says "Contact." When you click on that tab, it will bring up the email address as well.*

What would you say to someone who has just been diagnosed with Parkinson's disease?

HOWARD SHIFKE: Don't view it as a death sentence. There are other ways to approach the disease than the conventional methods. Don't give up hope. Don't give up faith. Don't be afraid to share it with at least one *other person with whom you are close. I do not believe it is a disease that you should or can fight by yourself. I sincerely believe it is a disease that can fight and you can win. You have the power to heal yourself.*

How to Hear Howard Shifke on Parkinsons Recovery Radio

Visit http://www.blogtalkradio.com/parkinsons-recovery and scroll back to find the show that aired March 15, 2011 featuring Howard Shifke as my guest.

About Howard Shifke

I was born in Miami, Florida on March 23, 1961. In 1983, I graduated from college and in 1986, I graduated from law school. On October 16, 1988, I married Sally, and we have three wonderful children.

Over the years, I have studied many holistic healing modalities, including Traditional Chinese Medicine, Qigong, Acupressure, Soul, Mind, Body Medicine, Jin Shin Jyutsu, and many meditation techniques. As a result of these healing modalities being successful with health concerns of my family and friends over the years, I grew to have great confidence and faith in their ability to cure disease.

I completely recovered from Parkinson's Disease using a holistic recovery process I designed. It is called my Recipe for Recovery. The Recipe is provided free on my website, http://www.fightingparkinsonsdrugfree.com, and also, I offer one-on-one Parkinson's Coaching to assist individuals who need help with the Recipe and who wish to gain more in-depth insight into my entire recovery process as I assist them with their recovery.

CLIMBING MOUNT KILIMANJARO

Standing at the Top of Mount Kilimanjaro

John Carlin and Martha Carlin[2]

Nan Little

How did you initially get involved in Pedaling for Parkinson's?

NAN LITTLE: Like many people, probably like most people who are diagnosed with Parkinson's say, it was just a real slap in the face and a real downer looking at life, seeing no light at the end of the tunnel. Then a friend of ours saw a clip on the NBC Evening News in the fall of 2008, which he sent it to us. It was about the work of Dr. Jay Alberts at the Cleveland Clinic. Dr. Alberts had just by mistake actually discovered there was a correlation between a high rpm in cycling and the diminution of Parkinson's symptoms. A lot of people saw this clip and

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[2] *Photos by Jeff Rennicke*

contacted him. I was one of them.

I persisted as I am wont to do and by the spring of 2009 he invited my husband and myself to go along on RAGBRAI, the Register's Annual Great Bike Ride Across Iowa, which would be 450 miles with a 22,500 foot elevation gain. You'd ride for a week and cover all this distance. Without thinking too much I said, "Sure." Then I realized, "Wait a minute, you're 62 years old. You've got Parkinson's disease. What are you thinking about?" So I decided I really better start training harder than his protocols called for. I got on the bike and just started riding and riding and riding and within a month I went to see my doctor. He said, "If I didn't know you had Parkinson's, I wouldn't know you had Parkinson's." That's how I got involved with Pedaling for Parkinson's and Dr. Jay Alberts.

Was riding a bike a new adventure for you?

NAN LITTLE: I'd ridden a bike. I bicycle commuted to my work at the University of Washington, but that's all of three miles or two and a half most of the time. That could hardly be called being a cyclist. I'd been on one longer trip the year before but again, nothing like this sort of cycling. As for the rest of it, I'm just sort of the average athlete. I've never excelled in anything. I've never been terrible at anything. I have not lived the life of an athlete by any means.

How did riding a bike affect you physically?

NAN LITTLE: Before biking I experienced a series of troublesome symptoms. When I walked, my arm was stiff at my side. My fingers would often cramp. My toes would cramp on my right foot. I stumbled and shuffled and of course, was bent over. I could turn my head about ninety degrees, no further than that. It was excruciatingly painful to put *on a safety belt, so driving was not the safest thing for me to do nor was certainly riding a bike on a road.*

After I did the cycling for about a month pretty intensely, I was walking along with my dogs and I looked down and saw my arm was swinging. My hand was unclenched. I could move my head more than 180 degrees. I was standing up straight. My feet were going heel to toe instead of stubbing my toes. I just started to cry. I was so excited to think that I had my body working again. I think about anybody would cry. It was quite an emotional experience.

How did riding a bike affect you mentally?

NAN LITTLE: Mentally I'd gone through a period where I actually couldn't read for almost a year. I could de-code words. I could read out loud. I could say the words. But if you asked me what they were or what the story or book was about or who wrote it or even the title, I was not able to respond. It was very difficult to speak in complete sentences and certainly to maintain a thought in a paragraph was very difficult as well. I had all of these thoughts that I was losing my mind and I probably was.

After I started cycling, all that came back. I used to work at the university so I was accustomed to reading a great deal. It was more than a little disconcerting to not be able to think and read properly, so this was an amazing thing to just get on a bike and have these faculties come back.

Why did you ride a bike across Iowa and not some other state?

NAN LITTLE: Dr. Alberts was born in Iowa, grew up in Iowa and was very familiar with RAGBRAI, the oldest cross-state multi-day bike ride in *the United States.[3] He had talked some of his friends into riding across Iowa in 2003 in RAGBRAI. One guy came with his wife, Cathy, who had Parkinson's. To make a long story short, Jay ended up riding the front of the bike with Cathy on the back because Cathy and her husband kept falling over I'm told. About half way through the week Cathy said "Look, something's changing with my Parkinson's symptoms, so something's happening here." And that got Jay going on his forced exercise research program. He has invited a group of people to join part of Pedaling for Parkinson's and ride RAGBRAI each year since. We got lucky. We rode RAGBRAI in 2009 and 2010. We'll be back if all goes well in 2012.*

Why did you decide to climb to the top of Mount Kilimanjaro?

NAN LITTLE: I can tell you it was not on my bucket list. I never considered going to Africa. I had certainly never climbed a mountain. I would not have picked Kilimanjaro for my first try. I had climbed up to Camp Muir once on Mt. Rainier which is in Washington and did climb again last Sunday. I am still a little exhausted from doing that, but I was inspired by Lori Schneider and a woman named Sierra Farris who is a Physician's Assistant here. Sierra heard about Lori Schneider and her remarkable exploits of climbing the highest peak on every continent including Everest, with MS. She's the only woman to have done such a thing – the only person with MS to have done such a thing. Lori decided that she would provide an inspirational experience for people with MS. She made arrangements for a group of folks with MS to climb Mt. Kilimanjaro.

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[3] *Gretchen Reynolds from the New York Times blogs about her October, 2011 interview with Jay Alberts here: http://well.blogs.nytimes.com/2011/10/12/what-parkinsons-teaches-us-about-the-brain/*

Sierra heard about this and she said, "Well maybe a couple of people with PD could go along too." She approached me and I asked John Carlin. The two of us signed up to go with our spouses. Then a couple of other folks with MS apparently dropped out and they added a couple more people with Parkinson's. At this point we have four people with Parkinson's going up Kilimanjaro. There are nine or ten who have MS who will be part of the group. We'll learn a great deal about people who have MS and presumably they will learn a lot about Parkinson's as well. We are just blessed to have such a wonderful leader in Laurie to inspire us to go up this mountain.

Did you summit Mount Rainier?

NAN LITTLE: No, I didn't go to the peak. Twenty-eight years ago I climbed to the 10,000 foot level which is Camp Muir and then I did it again on Sunday. Twenty-eight years ago there was no snow. It was in the summer. On Sunday it was all snow right from the parking lot all the way to the top of the mountain. It was wet, soggy snow; it was hard hiking. There was no question about it. We were tired. I took ten hours.

What are you each doing to prepare for the Kilimanjaro climb?

NAN LITTLE: Physically we are climbing steps. I talked to a mountain climber here in Seattle and asked him what he would recommend. He had a one-word answer and that was "steps." Near us we have a hill climb that has 388 steps on it. We go up and down that five times several times a week. We climb local mountains around here and we did Camp Muir last Sunday. We also walk around the hilly neighborhoods. I'm bicycling about every-other day now - not as much as I normally bike - but I still have to keep biking or I'll have trouble with my PD.

JOHN CARLIN: I'd like to say we're climbing the Fourteeners here in Colorado, but there's so much snow this past winter that nobody has been able to get up there unless you fly up in a helicopter. We've got a place called Red Rocks Amphitheater. Like Nan's talking about doing the stairs, we do the steps there. We've got a two and a half mile loop around our neighborhood that we do at least once or twice a week, so we get five miles out of it. In the Front Range, which is just where the mountains start here in Denver, they've got 7,000 to 10,000 foot little baby peaks that we've been tackling. Martha, my wife, has been going up the stair-stepper with a vengeance. Like Nan, I'm riding my spinning bike to keep the 'beast at bay.'

NAN LITTLE: As for as mental preparation is concerned, I figure if I'm good physical shape then there's a pretty good chance that we'll be able to make it to the top. Lori says that we should recite "The Little Engine that Could," but that's not quite what I'm doing.

How long does it take to summit Mount Kilimanjaro?

NAN LITTLE: The whole hike will take a week. They're giving us an extra day because of the all the people who have PD and MS on this journey. We'll take five and a half days getting up. On the last day we get up about two in the morning and hike the estimated eight to ten hours to get to the top. You have to take three deep breaths for every step you take so it takes a long time to get to the top. Kilimanjaro is 19,340 feet (or 5895 meters) high, a mile higher than Mt. Rainier. There isn't a whole lot of oxygen up there.

You get to the top, take pictures[4] and say "Wah-whoo." You are amazed that you did it. Then you turn around and hike another six to eight hours down on the same day. That day is a killer. The next day you just hike out.[5]

JOHN CARLIN: Nan, I thought there was a waterslide on the backside. That is what I was told.

NAN LITTLE: John, I'm afraid we're going to have to walk down it.

John, are you going to have an advantage over Nan because you live in Colorado (which has a high elevation) while Nan lives in Seattle at an elevation of 500 feet above sea level?

JOHN CARLIN: I hope so. We live at 6,300 feet, so we sort of get a start there. Base camp is at 6,000. We will already be somewhat acclimated.

NAN LITTLE: Plus he's a guy a lot younger than I am.

JOHN CARLIN: All we can do is keep the hiking going. It's like with the RAGBRAI. You have to get your butt, your feet and your lungs ready to go out on your bike and ride. The RAGBRAI is a lot of fun. A lot of great people go on that bike ride across Iowa. This year they have 71 riders. Last year there were 55 in the Pedaling for Parkinson's group.

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[4] *The picture of Nan Little displayed at the beginning of this chapter was taken on Mount Kilimanjaro by Jeff Rennicke.*

[5] *For a video of Nan and John's successful summit of Mount Kilimanjaro visit http://www.youtube.com/watch?NR=1&v=lBpmY30_mZY. An account of the climb by Nan Little was posted on the Parkinsons Recovery Blog (www.blog.parkinsonsrecovery.com) October 24, 2011.*

Is there an expectation that everybody will summit?

NAN LITTLE: They're taking an extra day for us to help us acclimate to the elevation. Of course the hope is everybody gets to the top. This outfit AAI has a wonderful reputation for getting the group to the top.

One of the comments that my husband and I make about life is that "adventure is adversity recalled." I think that this is going to be an adventure. We are going to have a fair bit of adversity. By the end of it we'll have stories to tell. I think that your life is your story. You create stories as you go. This is going to be one heck of a story to create.

I also sort of think about the way people talk about having kids or getting married, "if we knew what we were getting into we might not have chosen to do it in the first place." But here we are. We are going to have our adventure. If it is full of adversity we will talk over the hard times and have a good laugh and raise a glass at the end and say:"What an amazing experience this has been."

Just keep heart. There is a light at the end of the tunnel. You don't have to get diagnosed with Parkinson's and say my life is over. You have a choice. There are times in the history of this disease that you have a choice, so go for it!

Tell us all about Pedaling for Parkinson's at the YMCA.

NAN LITTLE: This is just a fabulous opportunity. John, Dr. Jay Alberts and I talked a great deal about what to do for other people who have Parkinson's who don't have all the experience or the opportunities that we have to pedal and try to rid themselves or diminish the symptoms of their disease. Pedaling doesn't cure you but it certainly makes a difference in your life. We thought that if we could work with various health clubs or different organizations to set up a program where people *could pedal in a group situation with a leader, have monitoring and follow all the rules that are really important protocols of being part of Pedaling for Parkinson's, then maybe we could make a difference in the lives of many, many people.*

I used to work at the YMCA and think absolutely the world of that organization. There are nearly 3,000 YMCAs in the United States alone. Plus, there are tons of them all over the world. Once you have a program in the YMCA system, it becomes available for every YMCA to replicate.

I went back to our YMCA here in Seattle to talk with my former boss. She introduced me to the new CEO who was so excited about the idea of a Pedaling for Parkinson's program at the YMCA. That same day he sent out an email to the largest YMCAs in the United States, Canada and Mexico. He got immediate responses from at least a third of them saying that they were very interested in this program.

We have proceeded very carefully, taking our time coming up with a licensing agreement to make sure that people who are participating in this program are safe, that the staff is well-trained and that everybody knows what the protocols are. You just want to have it done right.

Jay has also figured out a way of using a computer to measure the changes in physical and cognitive responses for people who are part of this program. As people join and the program starts, they'll take this little five-minute computer test every week. The program displays a report of what's happening to their Parkinson's. There are real metrics that are involved in this, which for me, is very, very important. It's nice to say well "I feel better," or "I'm walking better." But to know that there are real physical changes that are measurable is just absolutely great.

We've been working with the various YMCAs in Washington State, Ohio, Michigan and elsewhere. The Mill Creek YMCA has signed the first licensing agreement. The program and agreement have all been vetted through the YMCA of the USA that can be pretty well plopped down in any YMCA around the world. We're more than a little excited.

The first program at the Mill Creek YMCA will start on July 11, 2011 and continue for eight weeks. They are planning on having somebody who is in the program become a volunteer leader of the next group so the first group of people will be able to continue pedaling for the rest of their lives. They will be able to add a new group every eight weeks. The YMCA is waiving the joining fees and the class fees that normally would be charged for such a program. Participants will just have to pay the monthly membership fee for the YMCA. The YMCAs have rather gone all-out to make it a wonderful experience. I can't tell you how thrilled I am that this is happening. It is all pretty exciting.

JOHN CARLIN: Spinning on my bike has helped me. It has helped Nan.[6] *And, it has helped a lot of other people. Getting the word out is most important and trying to get people involved in this is essential.*

Do YMCAs have to acquire special equipment to offer the Pedaling for Parkinson's program?

NAN LITTLE: Most YMCAs do not have to buy any new equipment. If they can have a tandem cycle, that would be an expense, but other than that, they already have bike studios, spin studios in pretty much every Y.

We're setting it up for people who are basically at a Parkinson's disease

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[6] *To view a one minute demonstration of spinning on a bike by Nan and John visit: http://www.youtube.com/watch?v=6NQcjEn3Hmw*

diagnostic level 1 or level 2[7]. Participants should be able to ride spin cycles (configured for one person) like John and I do. We're hoping that each of the YMCAs will have a tandem bike (which is a bike with two seats). The instructor can pedal on the front seat of the tandem bike while a person with Parkinson's can pedal sitting on the back seat. This way, the participant can experience how it feels to be riding at the cadence set by the instructor.

People who are in the class will need to buy their own heart rate monitors, but most YMCA bikes generally come with a cadence meter on them. We're encouraging participants to wear bike shoes that have cleats on the bottom, but that's not absolutely necessary. Most of the YMCA bikes come with toe cages on one side and cleats on the other side. Participants keep their feet in alignment by wearing cleats. Otherwise legs can turn in or out sometimes and you could actually get your heel caught in the spokes of the bike if your leg takes a turn or an unexpected twist. Locking your feet into the pedals is a safer way to exercise.

Who can participate in the YMCA Pedaling for Parkinson's program?

NAN LITTLE: Any person who has been diagnosed with an idiopathic form of Parkinson's disease is encouraged to participate. The recommended age range is 30 to 75, although exceptions can be made. A person must obtain a medical form from the YMCA that they take to their doctor who needs to sign off on their participation in the program. Their doctor will go through the two-page checklist to evaluate a

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[7] Diagnostic levels that designate the degree of severity for symptoms range from level 1 to level 5 – with level 1 being the least severe and level 5 being the most severe.

patient's ability to participate in the program. It is obviously not so good if someone has low blood pressure. You don't want anybody fainting on the bike.

My personal recommendation is straightforward. The program is helpful for people who (1) are at level 1 and level 2 who can sit up on a bike by themselves without anybody holding on and (2) have a lot of determination.

Can a family member participate in the Pedaling for Parkinson's program?

NAN LITTLE: It depends on how many bikes the YMCA has available. The Mill Creek YMCA for example has 16 bikes. If they have 16 people to fill up the class, then the answer would be no because there would not be enough bikes for everyone. The program is really basically set up for the people with Parkinson's. Another good point about having it just for people with Parkinson's is that there's a cadre, a whole sense of family that develops among the patients when you're in a program like this and that's a really important bond. If there are other folks in there then that might be a little harder to achieve. Each YMCA will answer it its own way.

Do you expect Pedaling for Parkinson's will spread to all YMCAs?

NAN LITTLE: That is my hope. The answer that I got yesterday after just sending out the notice that the first program had been approved came from Grand Haven, Michigan that they would have their contract in by the end of the week. Also, I have spoken with the CEOs and staff of the YMCA's in Cleveland, Ann Arbor and Seattle.

Is Pedaling for Parkinsons limited to the YMCA?

NAN LITTLE: Pedaling for Parkinson's is not limited to the YMCA. It's *just that a formal licensing agreement was set up with the YMCA so that everybody who sees it would know that it's been vetted by that national organization, which carries a lot of weight. We are more than willing to work with other wellness organizations as well.*

John has been working with a number of different Wellness groups in Colorado to establish a Pedaling for Parkinsons program. Another friend of ours has been working out east with the Duke University Wellness Center.

JOHN CARLIN: We are working with a couple of different other groups here in Colorado. There are roughly 17,000 people in Colorado who have PD. That is a good number of folks. I've talked to many people who want to get 'on a bike' shall we say. One of the funny things we talk about is the down-side of Pedaling for Parkinsons: You lose weight and you get in shape. The program is for anybody who can get on a bike and start pedaling.

There is a beginning level on a tandem bike if a participant cannot get up to speed with a spinning bike or a regular bike (where they would be riding alone). Once you get off that tandem you can get on that spinning bike and pedal by yourself in the classes. The program is not really restricted to anybody. Aren't there 1.5 million across the country that have PD?

NAN LITTLE: That is what they say, with a whole bunch more people being added every year as our population ages.

Are we talking about a lifestyle change here – or is taking one eight week class the secret ticket to recovery?

JOHN CARLIN: We are talking about a lifestyle change here. Once you *get through the eight-week course, you want to make Pedaling for Parkinson's a part of your daily and weekly ritual. I'm in this for life like Nan is. I spin on my bike four times a week.*

I was not able to bike when traveling in Italy this past year. After a week or so I began to think: "Geez, I'm sort of feeling this a little bit." If you are going on a trip somewhere, it doesn't take long to get out of shape.

Spinning on a bike is a life-changing opportunity for anyone who has PD. I will take this to my grave. Maybe I'll have you bury me with my bike.

NAN LITTLE: Yeah, a waste of a bike. The YMCA is moving to have the eight-week class followed by lifetime access to the cycles at the YMCA, which will continue the momentum of progress. Participants will continue to bike but go at a different time. Each class that goes through the Pedaling for Parkinson's program can continue as a group in their cycling program for life.

How can someone encourage their local YMCA to start a Parkinson's for Pedaling program?

NAN LITTLE: I would encourage them to first go to the Pedaling for Parkinson's webpage [www.pedalingforparkinsons.org] and see what the program is about. Print out the information on the Mill Creek YMCA website so they can see a full description of the program. They can see the brochure that Mill Creek has created for this program. Then, go to your local YMCA and show them the information on Mill Creek. Encourage them to contact me if they're interested in starting a program.

JOHN CARLIN: It is a simple plug-and-play type of program. You've got it all developed for them. It is just a matter of them saying "Yes."

NAN LITTLE: In order to have it be Pedaling for Parkinson's the local YMCA will need to sign a license agreement. We want to make sure that everybody is safe doing the program and that they are able to achieve the outcomes that the research has shown are achievable by doing this program. As soon as their Y becomes aware of the need in their community, it fits so totally with the mission of the Y; it's just hand-in-glove. Nothing could be more natural than aligning with this mission of the YMCA and running this program.

How will improvement be evaluated?

NAN LITTLE: That's a really important part of the program. Dr. Alberts and his colleagues have designed an evaluation tool called I-Comet. When somebody joins the Pedaling for Parkinson's program, they sign up for I-Comet as well. They get a password and their entry code. They just sit down at a computer, log in to the website with their own private password and take the test every week before they bike.

They basically move the mouse from A to 1 to B to 2 to C to 3 - that sort of thing. Movements involve varying levels of complexity. Week to week changes in physical and cognitive abilities are evaluated by how you move the mouse and how long it takes you to decide to go from place to place.

It takes about five minutes. It's just so easy to do and yet you can see how, okay, if your line is doodling all over the place and then it straightens out, then you know that something is happening physically. If you take a long time to get from one step to the next, and then that time shortens up, then you know that there are cognitive changes. Is *that cool or what?*

Because the test is taken every week it shows changes are happening over time. Information from all the people around the country and around the world who are taking this test and participating in Pedaling for Parkinson's will be aggregated and analyzed by Dr. Alberts.

Why is exercise so beneficial to people with Parkinson's?

NAN LITTLE: It is not just any old exercise. For some reason turning the legs at the rate of 80 to 90 rpm and keeping your heart rate within 60 to 80 percent of your maximum heart rate is what makes the difference. The research has shown that if people just pedal at a normal pace, they will get more fit but they won't have any difference in their Parkinson's symptoms.

The researchers are positing is that this is having some effect of regeneration on the neurons that have died due to Parkinson's disease. Prior to this they thought that was the end of it once some cells died in your brain. We know that in the substantia nigra part of the brain about 80 percent of the dopamine-producing cells are dead by the time you're actually diagnosed with Parkinson's. You did not have any reason for hope as long as they thought cells just kept on dying and that was the end of the line. Now they're realizing that through this kind of forced-pace exercise new neural pathways are being recreated, or that is what they appear to be doing. You body is actually coming back on line and that is fabulous. This is not a cure but it is certainly a way for keeping the beast at bay.

JOHN CARLIN: Spinning on my bike has helped me. It has helped Nan. And, it has helped a lot of other people. Getting the word out is most important and trying to get people involved in this is essential.

Do you feel better after you do forced exercise?

NAN LITTLE: Absolutely. If I am feeling really down and having a bad day, I'll call my husband and talk to him. He will just say, "Get on your bike." Within five minutes of getting on my bike it's like I've just put a plug in the wall and recharged my batteries. It is hard to believe that is a true statement but it is; that's exactly what happens.

JOHN CARLIN: I totally agree with Nan. This past weekend my son had a Lacrosse championship tournament and I was gone from Friday through Sunday. I knew I had to get back up on the bike to keep going at the pace I'm going. I didn't get home until 9 o'clock. An hour later I hopped on the bike and rode for an hour. It's just so imbedded in my lifestyle now that no matter what time - early in the morning or late at night - I'm up there four days a week doing this.

I do a lot of different therapies along with the exercise. I've been able to reduce my meds two or three times. I take meds which have been reduced. I do exercise. I take homeopathics. I do acupuncture. I have a regular neurologist who's a movement disorder doctor. I do Pilates. I do a whole variety of therapies. I don't think it's just one particular thing that has brought me where I am today.

People will ask when they find out I've got Parkinson's, they go, "You've got to be kidding?" When you tell them you're nine years going into 10, they're so like in disbelief. I think my recovery is due to a wide variety of therapies. Massage therapy is also in there because we also have a tendency to get a little bit more rigid and not necessarily just mentally, but physically too. So there are just a lot of things. The homeopathic side, my western doctor doesn't really pay too much credence to that but I think that's part of it. It could be mental with me but I think it has to *do with the hydration thing. But I tell everybody – "you don't stop at one thing." Go out there and try a plethora of stuff. Do your research. Talk to people. .*

Last year an Iowa news crew aired interviews with individuals who had the symptoms of Parkinson's. Nan got on the news, but John, your interview was cut. How come you didn't get on the TV news?

JOHN CARLIN: Nan's an excellent speaker. She represents our cause very well. I have a tendency to tell a joke, make the interviewer laugh and get the information out at the same time. Nan is much better at delivering the spoken word than I am. I think I just scared the news interviewer.

NAN LITTLE: I think he definitely scared the interviewer. She did not know what to make of him. She didn't get his jokes. I am more accustomed to talking in sound bites.

The real reason is that I have a tremor. They can pan that camera down and see my hand shaking away. It is obvious I have Parkinson's. John does not have the tremor. He just stands there looking like Mr. Normal guy who does not look like he has Parkinson's in any way, shape or form. What good is that on the news? They have to show somebody who obviously has Parkinson's. And that is the real reason my interview was Air Time and his was Floor Time.

JOHN CARLIN: I called up Nan after the news cast and asked "Why did I wind up on the cutting room floor? What happened?" She said, "You don't have tremors. Next time you go on an interview you better shake your hand or do something…" That's why I'm called, "Floor Time."

NAN LITTLE: I would like to thank Dr. Jay Alberts, Ph.D., for his fabulous work. Frankly, I think he saved my life. I know that he saved my life. I would still be living but I'd be just shaking my head, sitting in a wheelchair. That is not the kind of life that I live now and it's really due to him, his research, his personal interest, his willingness to start this non-profit Pedaling for Parkinson's and his whole way of being has changed my life totally.

It enabled me to meet people like John. I've heard Michael J. Fox say that he's glad that he's got Parkinson's. I first thought that he just lied. There are so many positive things that have come out of my life from having Parkinson's that I just can't say "thank-you" enough to Jay.

I just got an email from a person that I met from being on your show last time. She writes, "Thank you both so much for the positive support you have given me from the get-go. I credit you both with my coping fairly well with the diagnosis of PD. Reading up on all the clinical information was quite a downer of course, but fortunately I did come across the Parkinson's Recovery page almost immediately and also the information at Pedaling for Parkinson's. And yes, I've lost weight and become fitter. I've also registered with Dr. Albert's program. Thank you from the bottom of my heart."

How to Hear Nan Little and John Carlin on Parkinsons Recovery Radio

Visit http://www.blogtalkradio.com/parkinsons-recovery and scroll back to find the show that aired June 8. 2011 featuring Nan Little and John Carlin as my guests.

About Nan Little

After years as a teacher, volunteer and one of the founders and first Director of the YMCA Earth Service Corps, Nan earned her doctorate in anthropology from the University of Washington, specializing in science education with Native Americans. She worked with tribes and schools that serve tribes in the northwest to prepare Native students to be well prepared in math and science to attend colleges and universities. She retired from the University of Washington in 2003. In February 2008 she was diagnosed with Parkinson's Disease. Taking a break from tying flies, fishing waters of the northwest with her husband and miniature dachshunds, and quilting, she joined Pedaling for Parkinson's and, again with her husband, rode across Iowa in RAGBRAI in 2009 and 2010. They climbed Mt. Kilimanjaro in 2011 as part of a group dedicated to inspiring people with neurodegenerative diseases to strive to reach goals they previously thought impossible. Nan and her husband are working closely with YMCAs to start Pedaling for Parkinson's at the Y programs in as many venues as possible. Nan Little's "Inspired Story" is featured on the David Phinney website: http://davisphinneyfoundation.org/living-pd/moments-victory-2/. She can be reached at mailto:nan.little@comcast.net.

About John Carlin

John Carlin was diagnosed with Parkinson's disease in 2002. At age 53 today, he is a successful small business owner, entrepreneur, husband, importer and FTD (Full Time Dad). Originally from Bay Village Ohio, he currently lives in Parker, Colorado. John earned his BBA from the University of Kentucky and his MBA from the University of Dallas. John loves fly fishing, hiking, camping, Parkinsons Disease related causes, exploring, biking (road and mountain) and adventure treks. John and Martha summated Mount Kilimanjaro. Martha wrote a detailed account of the Mount Kilimanjaro climb on her blog beginning on July 10, 2011: http://www.marthacarlin.com. You can contact Martha by emailing her: marthacarlin@comcast.net. John is featured as one of the Champions on the Parkinsons Association of the Rockies website: http://www.parkinsonrockies.org. John can be contacted through either of the following email addresses: doublehaul3@comcast.net or mailto:john@hydramaxusa.com

POWER OF THE MIND: GORD SUMMER

Has your martial arts background been helpful once you were diagnosed?

GORD SUMMER: Keeping fit was always important to me. In 1991 I started my spare time courier martial arts and today enjoy being a certified instructor and a 4.3 degree credential as a black belt martial artist. I am currently working to earn a full 4.4 credential by November 2011. Little did I know that the in-depth knowledge that I had acquired from my martial arts practice and training in Aiki Jujitsu would provide an unimagined, unique and powerful tool which has helped me harness the symptoms of Parkinson's.

What is the most important tool that is needed to harness the symptoms of Parkinson's disease?

GORD SUMMER: I believe it is the very simple word called calmness. When one is first diagnosed there is usually disbelief, fear and shock. Your mind is in a tailspin. You are overwhelmed with feeling sorry for yourself. Once you allow yourself to grieve the diagnosis, acceptance *comes shortly after. Once you manage to go through this phase, the door opens up and Parkinson's becomes a "lease on life." My strong character allowed me to challenge this disease and move forward to extend my lease on life.*

Balance and calmness are important qualities that can be used to help you manage Parkinson's symptoms. Should achieving calmness not come naturally for you, I recommend that you train your brain and your nervous system to stay calm. Calmness lets you control deficiencies and harness them more easily. The "Power of the Mind" can harness your ability to be calm and balanced. Calmness is, again, very important and it is extremely recommended that you truly search for calmness if it isn't natural for you.

Fifty percent (50%) of the "Power of the Mind" capacity is diminished when you are nervous. Calmness lets you control whatever deficiencies there are and harness them more easily. Our choice is simple. Allow this disease to overtake and shorten our lease on life or learn to achieve calmness.

Do you tell strangers you have Parkinson's?

GORD SUMMER: For 13 years we worked with a Small Engines dealer who looked after our commercial lawn and snow removal equipment. One day in 2003 I walked into the dealership to have a chainsaw serviced. While sharpening the chains Aaron, the senior owner, took me aside and asked me. "Do you have Parkinson by any chance?" I confirmed! Aaron (a Mennonite through and through) raised his voice and scolded me for not telling him. He told me that his son (age 40 then) had said to him: "The fire is out of Gord's eyes". They both wondered if I was in financial trouble, if my marriage had dissolved or if I was sick.

Ever since then I freely divulge my condition.

I would like to share with you how I handle this potentially embarrassing situation. Many people with Parkinson's experience a staring problem. Instead of waiting for an uncomfortable reaction, I like to dispel that uneasiness and take the guesswork out of a person's thoughts by simply saying - particularly to the ladies - that "I am awkward, stiff and I do stare. I apologize for that. It is a medical condition called Parkinson's. Please, kindly ignore."

The reason for divulging that information is to keep everyone, including myself, comfortable should symptoms such as staring create a concern for anyone. Parkinson's is not something easily hid. Putting people at ease before any misunderstandings achieves calmness.

This gesture puts me at ease and helps me become calm. Simply put - I am telling them this is me. I can live with it. Can you? I am able to put the saved energy to better use by controlling symptoms with the "Power of the Mind".

In a visualization that was very revealing I realized that I was feeling sorry for myself - short of being depressed. I was letting Parkinson's have its way with me. Simply put, I was allowing Parkinson to win over me.

I said to myself "no way." Defiant - I turned 180 degrees and kicked myself literally in my own behind with the words, so what? I am still alive. I have 30 years still to go. Many people cross the streets and never make it to the other side. People around me who were 45 to 60 years old were dropping dead. I realized that in reality, I had a lease on live. I set the intention to make the utmost of it. Even better than that, the thought was born to fight Parkinson and win, to get rid of it!

I teach Ju Jitsu and am experienced in the various martial arts like Judo, Karate and Tai Chi. JuJitsu by the way means gentle heart. After doing 108 moves of Tai Chi every evening I would use a grounding procedure with my eyes closed as an opportunity to appeal to my sub conscious to get healthy, substitute dopamine with other ways to move and even better, get rid of Parkinson's . After a few months it became clear to me that I had gained knowledge in the last 12 years on my way to a 3rd degree black belt and certified instructor that I could utilize to control and win over Parkinson's.

How have you used the "Power of the Mind" to reverse your symptoms?

GORD SUMMER: Yes. I have been using various methods that were borrowed from my martial arts training to channel energy from strong parts of my body to the points of short fall. While doing so it crystallized in my mind that the moving of a resistant left arm with its adjoining hand and fingers or getting my left leg to walk was related back to the use of the "Power of the Mind". From here on I began to utilize and access the "Power of the Mind" on demand to facilitate movement of my body.

This ability came to its real test in 2008 during my Rescue Diver test while I was under water. I wanted to become a certified Rescue Diver very badly. The test was a genuine challenge. I began to run out of dopamine during the final two minutes of the underwater test. I appealed to the "Power of the Mind" to move regardless of the deficiency. I was very desperate and wanted to succeed for personal as well as family reasons. I am a fighter who never gives up. I gave it everything I had, including substituting the missing dopamine with adrenaline as well as borrowing energy from other body parts using the "Power of the Mind"

martial arts style. I passed the test.
The underlying message is : Never give up ! THE ONLY ONE THAT CAN STOP YOU IS YOURSELF !

How do you access the "Power of the Mind"?

GORD SUMMER: [Short Version]: To illustrate the "Power of the Mind" we can turn our attention to the experience we have all had sitting in the most dreaded dentist's chair. The anticipation of awaiting a tooth to be drilled without sedation creates much anxiety and fearful thoughts. Using the "Power of the Mind" to calm and train your thoughts can release endorphins within minutes to sedate your tooth and keep you from jumping out of your chair from pain.

[Long Version]: Think about occasions when you have been sitting in a dental chair waiting to have a tooth drilled. You decide not to have Novocaine so the drilling is without sedation. The drill comes closer and closer to the live nerve. Pain increases along with your anxiety. Your thoughts go towards "I wish the pain would go away."

Suddenly, you become calmer. The pain is reduced and becomes more tolerable. "Power of the Mind" sends in the endorphins. Once you have trained your mind to access the "Power of the Mind" on demand you can sedate your tooth within minutes.

This is the very same "Power of the Mind" that can be used to channel Ki energywithin your body. "Power of the Mind" can be used as an important, effective weapon against Parkinson's.

When you work with Ki energy there are communications between cells that are electrical currents. Ki energy can be used to alter these electrical currents. The body is divided in two parts; a left and a right *side. I take the Ki energy from the strong side of my body and shift it over to the weak side of my body.*

I learned this energy technique in Aiki quite accidently when my arm did not want to co-operate as I was trying to get food from the plate to my mouth. I pointed my left pinky finger (the small finger on my left hand) away from my fork. Although this may sound strange, I then channeled the Ki energy from my brain through my arm into my hand and then into the pinky. My arm begins to take the food from the plate to my mouth.

Using this method at the table became second nature to my family at meal time. It took about two on months using that method to reinforce the realization for me that the "Power of the Mind" is a powerful tool which offers immediate results.

When you have Parkinson's, you get the sensation that one or the other arm has turned into a paperweight. My left arm can feel like a paper weight while my right arm remains fairly healthy and strong. I access the "Power of the Mind" to drive the Ki energy down the entire right side of my body. Then I channel this infusion of energy over to my left side. My mind literally goes down the left arm right into the finger tips. There is a slight tingling and the "Power of the Mind" energizes the left hand by automatically borrowing energy from the other extremities on the right side of the body. The left hand starts to execute the desired movement.

My left hand starts calming down. Tremors vanish. My voice starts to sound monotone, but that is a small price to pay. I look as if nothing is wrong with you. I am convinced that Ki energy does suppress symptoms.

To speed up the process I utilize controlled breathing by rolling my tongue back towards the throat. It sounds a little like throttled *breathing. This increases and multiplies the energy to the left arm to achieve the desired result. Using this method repeatedly becomes second nature.*

Simply turning the blinker lever of my car was sometimes problematic. The lever (which is on the left side of the steering wheel) became a challenge when my hand suddenly decided to freeze. My determination decides otherwise. I used Ki energy to solve this problem by taking a short inhale breath, placing my tongue on the back of my throat and exhaling with a quick, short breath that sounds like a loud power burst. When powering my hand with Ki energy using the breath, I am able to move the blinker any which way I wanted. If you try it, I'm certain you will find that it works.

Let me now explain how I use the "Power of the Mind" to help me walk without effort. Sometimes my left foot drags behind the right. I can feel the dopamine level is low which forces me to be conscious of walking properly. I first shift my weight from the upper body down towards my hip bone. Then I shift the lower pelvis forward, pull my shoulders back and make the adjustments needed so that my body is supported by the center of gravity. My steps get noticeably longer and faster. I am moving without much notice to others. Again, the "Power of the Mind" is at work.

I have demonstrated this technique many times. Let's say you stand on both feet, tall and upright. I'm sure you learned as a child to be a potato bag which means that your mind tells your body to get heavy. If somebody wants to throw you off balance, your natural instinct is to get heavy. You get heavy, unlock you knees and bend a little bit forward. Then you shift your pelvis forward which may remind you of marital duties. This means you lower yourself a little bit in height. Then you *start walking. Try it. You might be surprised at the result.*

Remember, Parkinson’s likes to lock out your trunk, which means some of your bones are not exactly in the place they are supposed to be. Stiff muscles always pull on the skeleton. Stand tall. Get heavy (which means you lower yourself a little bit). Sink down a little bit. Allow your knees to go a little bit forward. Shift your pelvis forward and then walk. You will find that you get quite a speed accomplished - so much so that your family will have difficulty keeping up with you all the time.

Whether through meditation or breathing techniques we can communicate with the subconscious. When that feeling of running out of dopamine appears, I appeal to the mind to get me moving to complete my task. It takes approximately two minutes. Ninety percent (90%) of the time I am able to carry on with the physical work I do.

I wish to strongly emphasize the worthwhile task of trying to find access to the "Power of the Mind". You will be surprised how you can improve and manage and almost overlook the idea that you have Parkinson’s. I am serious and not being dismissive in questioning whether medication is necessary, often thinking “I’m feeling so good, why do I need it?” Yes, I encourage you to see how the "Power of the Mind" can be beneficial.

You have probably all experienced accessing the "Power of the Mind" without realizing it. While driving a car you suddenly notice something is not right quite with your hands. After clapping your hands over the steering wheel very briefly two or three times you detect that your hands are obeying you. Without knowing it, you have tapped into the "Power of the Mind". A strong desire to access this will bring positive results. Rest assured that this method should assist you in moving forward and not looking back.

Can a novice use "Power of the Mind" successfully?

GORD SUMMER: Familiarity with the method makes it easy for me; however, a beginner can learn how to use the "Power of the Mind" by doing the meditations. Sit or stand calm with closed eyes. Do breathing techniques similar to yoga. You will find that your fingers start to prickle. You will feel a very fine tickling in your fingers. When you look at your hands you will see a marbling - white and red spots will appear throughout the palms. Appeal for calmness. Exercise these procedures. Suddenly, the "Power of the Mind" opens the door to greater calmness, enhanced mobility and greater flexibility.

I achieved wonderful results using martial arts principles of Aiki which activates the electrical current between cells using the techniques of breathing and tightening up the body. I can grab your hand by the wrist and send an electrical current to your body which will feel like a powerful jolt. The energy can be so powerful that some people are thrown up in the air and come crashing down on their back.

This may sound a little bit odd but once you manage to achieve opening the door to the "Power of the Mind", you will be stunned at what you see. It is extremely powerful. People use only ten percent of what can be available to us.

An example of this strength was when a hospital endured a serious fire. Once the fire came close to the section with Parkinson's patients in residence, they hurriedly got up and ran across the street. Once safely across the street, they froze and fell down. An explanation for this remarkable feat is that the "Power of the Mind" ordered the body to substitute dopamine with adrenaline to get everyone moving.

Another example of how people automatically harness the "Power of the Mind" became evident I spoke with my Doctor in Seattle about the placebo effect in drug trials. The "Power of the Mind" is very evident in medical trials. To evaluate the effectiveness of new medications, some patients are given the Real McCoy while others are given a placebo. It is evident that within a few months all involved in certain trails seem to be improving, whether they are taking the real drug or placebo.

What is really happening here is the desire to prevail, believing that you have something that will enhance your quality of life. You can sense improvement solely because you believe you will get better. The "Power of the Mind" is the actual medication.

Have other members in your family been diagnosed with Parkinson's?

GORD SUMMER: Since my father had Parkinson's I was very familiar with his symptoms and what he had gone through. Although I was not diagnosed until 2003 I became suspicious of my symptoms years earlier in July 1999. I noticed a very fine pain going through the left arm as I drove my car with my arm resting on the window sill. I knew that time would reveal itself. My hunch proved correct with a diagnosis of Parkinson's in 2003 since my father started out with these same symptoms. Although some believe that Parkinson's is not hereditary – I do have to smile since I believe it is very much in our genes. Somehow, mother nature decides to mess with those genes and make us receptive to certain conditions.

What has been your history of Parkinson's symptoms?

GORD SUMMER: How did I manage to function for four years - from 1999 to 2003 – before I was diagnosed the first time officially? It was called CoQ-10 or Coenzyme 10. Believe it or not, with 60 mg in the *morning and 100 mg later in the day, my Parkinson's symptoms disappeared for almost four years. I managed my symptoms well using CoQ10, later increasing the dose to 200 mg.*

Once I was diagnosed, I noticed that my left hand shook and the trunk of my body appeared stiff. When scuba diving in 2006, it felt as though I were a tree stump underwater. Parkinson's wrapped around my body, very slowly in my case, leaving my left foot dragging. While in Cuba, it took a very special person, my five year old grandson, who walked with me a short distance at the resort. My grandson suddenly hit me with his hands behind my upper thighs on my left leg and he said, "Move, move, move!" I realized that I needed to listen to what a little five year old was teaching me.

In my quest for a second opinion I was fortunate to connect with Dr. Monique Giroux in Cleveland, Ohio. After the initial examination she looked me square in the eyes and said, "You know you have Parkinson's." She told of her experience in treating over 2,000 people a year. From the first dose of medication prescribed to me, I was impressed with her reaction. When I was concerned about how my left foot dragged a little bit she emphasized that it was necessary to "be reasonable now and prettier would come later."

I later gained a new trust in how true her words were. I must say that ten years later living with Parkinson's, my symptoms are better than when I was first diagnosed. This serious journey meant learning many new lessons.

What therapies proved to be useful?

GORD SUMMER: Parkinson's does not mean you isolate yourself, feel sorry and slowly fade away. No, Parkinson's is a lease on life and your *opportunity to stay very active, defiant and stubborn. Defiance was a strong quality that proved beneficial in fighting my symptoms. I found that sitting for long periods of time doing accounting work made me stiff. I would try to reduce the impact of this unfortunate reality by using Thai massage.*

My visit to the Thailand Koh Tao diving center in 2008 to see whale sharks proved that my body was responding too slowly. Noticing how slow and stiff I was during the dive excursion, my teachers recommended a Thai massage. I was aggressively handled by three people; one on my feet, one on my arms and one on my back. After noticing my medical bracelet with the word Parkinson's, my treatment changed. I then needed to use the "Power of the Mind" to put myself into a half-asleep mode so I could withstand the pain of the pulling and stretching for an hour. Their concern was expressed to my wife who reassured them that I knew how to manipulate my body in order to withstand the pain of the rough treatment.

Soon after I got up off the floor, I put my undershirt on and shook my body like a young lad who automatically slid his shirt down. The warm, sticky climate did not hamper my instant surge of energy as I was greeted and admired with cheers and clapping by my therapists. Evidence of my flexibility reinforced the progress of their good work.

I am a firm believer in Homeopathy. Although my former family physician labeled them as a charlatan, I beg to differ. However, it is very important to me to keep a good relationship with my family doctor. I find that what modern medicines tend to destroy, the homeopathy pieces together. It seems that it goes full circle to the kidneys, heart, lungs and other organs. I am grateful that both modalities work well for me.

Tai Chi can also be beneficial. This produces balance and coordination between the mind and body. It is an authentic demonstration of the "Power of the Mind" over matter.

On a day when you're stiff and dragging your foot, the 108 moves which you can learn in three to five months is very helpful. If you are a serious beginner, you can start building and fine-tuning the 108 moves within 3 months and learn how to ground yourself. This is the best way to communicate with the "Power of the Mind" if you're really serious about doing it on a daily basis. I am able to do the 108 moves in about 15 minutes whenever I go down to my space in the basement. Within five minutes on my worst day I am able to feel the effects of my extremities starting to conform. After ten minutes, you start to smile and everything is working for you. When completed after 15 minutes you walk like a puppy with energy and no ill effects. I would suggest it is worthwhile learning this.

It is extremely important that you develop a trusting relationship with your doctor. Search for a doctor who you can connect with. I am fortunate to have connected with a phenomenal lady, Doctor Monique Giroux. She takes plenty of time. It only takes 20 or 30 seconds to decide what I need but she still takes unrushed time to talk about what concerns me. It took me less than 10 minutes meeting this doctor to know and trust her for my life choices. I remember sharing my enthusiasm of my martial arts to the Doctor and nurse as I stood like the Karate Kid with kicks that brought smiles to their faces.

Having a good night sleep is important. The moment I awake I have a goal in mind for the day. Generally, 5 or 6 hours gives me a proper rest but sometimes I often run on 5 hours a day.

Is having Parkinson's symptoms a gift or a curse?

GORD SUMMER: When people first hear that I have Parkinson's the most common reaction is: "I am so sorry." I do not engage in sympathy. Parkinson's has gifted me with the ability to be patient and more understanding of others. I view it as a lease on life. Parkinson's and positive thinking has given me the ability to communicate with seniors at a different level. While we appreciate that the nursing home business is our family's bread and butter I have been able to see firsthand those experiencing similar handicaps such as the ability to get the food from plate to mouth.

Since 2004 I was able to use a side line of martial arts, called Tai Chi and learned all 108 moves. Being a martial artist, I was able to absorb the details in no time which surprised the Taoist organization.

I enjoy entertaining my wife to show her that through the breathing techniques you can create energy and channel it from one extremity to another. I put my hand out, did the breathing, pushed her with her chair tilted and then slowly let her come back.

In the early days of looking fragile, many people were surprised that I could manage to harness my disability so well. Even more startling was walking up to them with my arm out against them and said, "Push." The Ki energy and breathing technique prevented them from pushing my arm to my body or pushing me at all.

There are no guarantees in life for anyone, with or without Parkinson's. Having a positive mind and staying active often results in forgetting to take your medication because your mind is distracted. It is exciting to realize that not taking a missed dose did not really make any difference.

As a martial artist, I always scan myself every couple of seconds. Often the message comes back that my "'good" arm is a paperweight. I refuse to accept this as a problem and command the "Power of the Mind" to "shut up and take notice." My best arm needs to be fixed and able to move.

My persistence pays off when I refuse to acknowledge that my arm cannot move. My arm is not a paperweight. In the worst of circumstances my weak arm is still 70% capable of what my strong arm is capable of doing. Before my diagnosis of Parkinson's both arms had equal strength. On a good day, I have 80%, 85% almost 90% use of my weaker arm. Since 2011 my left arm is capable to perform over 90% what the right can. However, strength wise "the left arm" has surpassed the right arm.

What medications are you presently taking?

GORD SUMMER: I smile to say that I take 6 mg per day of what I call "the gambling drug" Miraplex. It has no negative effect on me. There was the shopping urge. However, I soon determined with the "Power of the Mind" that I didn't need this nonsense. It worked for me.

I also take Amantadine, 300 mg three times a day – seven o'clock, noon and 5 pm. Since 2008 I have taken Sinemet 25 -100 which is the combination of Cardopa and Levadopa . I also take one Stalevo - 200 / 100 / 25 [Entacapone / Levodopa / Carbidopa] since March of 2010 at 5PM only .

Since 2008 I have taken the same medications without an increase or decrease in dosage with the exception of substituting Sinemet at 5 pm with Stalevo . I feel I should start to reduce.

On September 24, 2011 the first reduction occurred. I was able to eliminate the intake of Stalevo, returning to the former intake of Sinemet instead. It was clearly noticeable two weeks later that the desire of involuntary movements which I was suppressing by the use of the "Power of the Mind" started to fade away.

Tell us about your experience with the certification process for Master Diver

GORD SUMMER: I needed a certificate from the neurologist to scuba dive. The only concerns I faced in having Parkinson's and diving was the uncomfortableness of the instructors who were cautious about granting me a license. My stubbornness and insistence paid off as they threw me over the pier with all the gear on. Once in the water my feet did not want to cooperate with providing the proper propulsion. I was in the water for almost three hours with everything on - the weights, the BCD (buoyancy control device) but with no tank or breathing apparatus regulator.

The instructor looked over the wall and in amazement asked "Are you still alive? You must be exhausted by now." My message back to the instructor was the following. "Do what you have to do to prepare me." Impressed with my determination, they agreed to work with me as in Karate camp. I was soon awarded the open water license.

I was always invigorated after coming to the surface after a dive underwater after 30, 50 or 60 minutes (depending on the depth I was in). After getting back on land I marched around as if nothing was wrong for 20 minutes, feeling like a new born with my hands and feet working properly.

My certification is Master Diver which is a recreational certification. Dive Master and Instructor is a professional degree. Before you can get your Master Diver certification, you have to be certified as a Rescue

Diver. To get this certification I had to complete a series of challenging tasks: going under water and rescuing people, bringing them up to the surface, towing them, giving them rescue breaths, undressing them, taking their equipment off and towing them ashore against currents. Yes, against currents.

During the test to be certified as a rescue diver in May 2008 I ran out of dopamine while underwater. The current was beginning to push me back. I ordered my left foot to move through the "Power of the Mind." I was so desperate to get the license that my mind helped my body substitute adrenaline for the dopamine deficiency. For two minutes I was riding on something other than dopamine, but my goal was met. I was certified as a rescue diver.

I have also experienced the power of accessing Ki energy while swimming with a snorkel in my mouth in a swimming pool. I was lying without moving in the middle of the pool as if I were a statute. I had a three-quarter dive suit which helped me float well so I was not in danger. My left arm did not want to give me the courtesy to swim further. With the snorkel in my mouth I did the Ki energy deep breathing. While doing so, my arm obeyed me and I began to swim using the traditional swim stroke - forward, back and triangle. I came to the other side along the pool without little effort or strain.

When I explained my difficulty to the lifeguard, he reported that he had not noticed anything unusual. Again, using the "Power of the Mind" in conjunction with the Qi breathing technique allows you to succeed where others may give up.

Does it help you to push your body to the point of exhaustion?

GORD SUMMER: Yes. I personally think it is a very good thing to do. I set a goal in my mind and I want to achieve it. The way I accomplished my goal was to increase my physical activities. For example, I used a pick and a shovel to dig a hole that was needed for a pipe project. I learned how to drive a bobcat and how to use a small swing shovel. I immersed myself in real construction work.

You start to get exhausted. Then you tap into your tenacity. After about five or six hours of working hard I would access the "Power of the Mind" to go beyond, pushing myself beyond my usual limits.

The easiest way to explain how I would push myself to the point of exhaustion is to describe how I would run around the block in my neighborhood. When I am out of shape it takes me 9 minutes 30 seconds to run the 1.4 kilometers (or .9 miles) around my block. Over the course of 14 days I would push myself to my limit. I would literally be gasping for air as I ran. I would continue pushing further and harder, regardless. After 14 days I could run around my block in 7 minutes 20 seconds.

I am always richly rewarded after pushing myself to the point of exhaustion. How? I walk the next day as if I were a young lad. Everything functions better. Blame it on better circulation. Blame it on the better blood flow through your system that is enriching parts of your body with more nutrients. Perhaps those explanations can best be left to a doctor.

Pushing yourself to the point of exhaustion certainly loosens your body. It makes stiffness take a backseat. It leaves Parkinson's easily behind for an entire day. This has certainly been my personal experience.

Let’s assume you are a couch potato. Start running around the block or on a treadmill. Go as far and as long as you can. Then, let a few hours go by or the next day. If you do heavy workouts on treadmills or if you run, do it every other day to give your body a rest. Do some other activity or sport. Try to use different muscles than the day before. You will notice over time that when you do these strenuous tasks, your time will improve. Your heart will beat less vigorously and you will gain strength. Your steps will get longer and you will no longer shuffle along as you walk.

When I walk I also use the "Power of the Mind" to make myself heavy. I unlock my knees, shift my center of balance and push my pelvis forward. My steps then get longer.

Has CoQ-10 been helpful?

GORD SUMMER: Coenzyme Q-10 has come a long way since the time when I first used it in the first three or four years to stabilize Parkinson’s and without doubt works. I take a form called Coenzyme Q-10 Ubiquinol. Ubiquinol is a form of Coenzyme Q-10 that is able to penetrate the blood brain barrier. It is fully absorbed by the brain. I take 1200 mg a day of a water soluble form of Coenzyme Q-10 Ubiquinol that I acquire from Inno-vite (http://www.inno-vite.com). I know it can calm down the symptoms of Parkinson’s for several years. I also have noticed there are negative days when I have not taken it.

Is there a connection between CCSVI and Parkinson’s?

GORD SUMMER: CCSVI [Chronic Cerebrospinal Venous Insufficiency] has actually made its way around the world just a year ago. The term refers to compromised blood flow to the brain due to blockages in the jugular vein. ***Error! Bookmark not defined.*** *These are the drain pipes* *that bring blood from the brain back to the lungs and then to the heart. Lack of blood flow has been theorized to be a factor which can cause the symptoms of Multiple Sclerosis (MS).*[8]

Why should compromised blood flow to the brain be a factor that might also cause symptoms of Parkinson's? I felt the connection was metal poisoning. Let me explain by way of an example.

When a river flows from the mountain tops, the water takes on significant rubble and sediments. Once the water reaches a valley the river slows down, so the water naturally drops impurities. The same happened in my left brain. The blood could not flow from my brain through my left jugular vein (the brain's drain pipe) because it was closed. My body thus had no way to cleanse heavy metal impurities that had been deposited in my brain.

My homeopathic doctor took hair samples in 2003 and 2005 which were sent to a lab in Chicago for analysis. I suspected than I had quite a nice gathering of heavy metals in my body. Results proved my suspicion to be correct. Significant deposits of arsenic, mercury and aluminum (to list only a few) were found. Even though my family doctor for 19 years until 2005 thought that this was a crock and that my homeopathic doctor was a charlatan, my intuition proved to be correct.

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[8] [8] *Chronic Cerebrospinal Venous Insufficiency (CCSVI) is a recent medical term developed by Italian researcher Paolo Zamboni in 2008 to describe compromised flow of blood in the veins draining the central nervous system. Zamboni hypothesized that CCSVI plays a role in causing the symptoms of multiple sclerosis (MS). Dr. Zamboni's wife was stricken with MS. He determined that both of her jugular veins were seriously compromised and thus theorized that her MS symptoms were due to an insufficient blood supply to her brain.*

Heavy metals have been found to be present in people with Parkinsons, Alzheimer's, MS, people with allergies, incurable lung disease autism etc. etc. etc… Knowing that the tests had shown I had significant deposits of heavy metals, I drew a parallel between the compromised blood flow to the brain for MS patients and my own Parkinson's symptoms. .

An MRI – CCSVI under Doppler was performed over one and a half hours in Vancouver, British Columbia by AIM Imaging. The doctor looked at me after the MRI and said, "How the hell did you come to that idea to go the multiple sclerosis way as a Parkinsonian ?" I asked whether he had found anything. He just turned the screen around and showed me the results.

My left jugular vein was 9 mm shut. Also visible on the MRI were metal deposits surrounding the substantia nigra, disabling dopamine production and holding production hostage. I expected that my substantia nigra would have been very tiny. I was surprised to see that my substantia nigra was about 80% intact.

Shortly after the diagnosis a minor invasive surgery was performed by Pacific Intervention in Los Angeles A by Dr. Todd Harris, who opened my jugular vein. The surgery involved entering the main vein in my groin area and feeding a balloon through the heart right into the jugular vein. Once in the correct position the balloon is popped. The artery opens the vein and flow to the brain is cleared.

While recovering I made motions with my fingers in front of the TV as if I was composer of a large music concert. My wife soon noticed my voice had gotten louder and the pace of my talking stepped up. Yes, my walking became brisker. Over the coming month the so much hated staring would slowly improve.

Now the task was to clear Heavy Metal Detox which I proceeded to do. Would I do it again? These questions are for you to ponder, however I personally would do it again, any day. Does it eliminate Parkinson's? I don't know. Does it reduce the symptoms? I feel it was very beneficial. It has made me feel like I was on top of the world.

I am thinking now I am in a position to begin reducing my medications. I eliminated my 5 o'clock medication for three days without noticing any difference. When I took the medication I started to slow down.

Have you found glutathione to be helpful?

GORD SUMMER: Glutathione has a regulatory effect on the nervous system, brain function, oxygenation, detoxification and the immune function. It is often recommended as a treatment for the symptoms of Parkinson's. Dr. Monique Giroux pointed out that Glutathione is best administered with a nasal spray applicator. Oral glutathione is a waste of your money because it is processed by your digestive system before it can even reach the blood stream.

After a long search on the internet I found a source for glutathione nasal spray at GlutaSource.com. I now use two products from Gluta Source: glutathione nasal spray and their suppository. I insert the 500 mg Suppository Formula before bed time, evenings only. I use the Glutathione nasal spray as needed.

Positive changes from taking Glutathione in the form of suppositories and nasal spray have been apparent from the first week of application. I had more energy. My Parkinson's symptoms were reduced. I was more alert behind the steering wheel. When the dopamine tank is low, I spray the Glutathione in each nostril and things look up for the better. I continue to improve month by month.

What would you say to a person who has just been diagnosed with Parkinson's?

You must believe that your life is worth living. You must not give up and withdraw from society and activities.

How to Hear Gord Summer on Parkinsons Recovery Radio

Visit http://www.blogtalkradio.com/parkinsons-recovery and scroll back to find the show that aired December 29, 2010 featuring Gord Summer as my guest.

About Gord Summer

I began my life's journey in Europe as a farmer's son 60 years go. That experience led me to acquire my education as a master agriculturalist. However, for 27 years my occupational interest has been in developing the hotel industry which was the source of success in my life until 2005. Four years prior to being diagnosed with Parkinson's disease in 2003, I had a strong suspicion that I might be developing symptoms of Parkinson's. You see, my father had Parkinson's so I had a firsthand knowledge about symptoms he experienced that I too now was beginning to experience.

My business and expertise was in the hotel business. Looking into future business needs, I encouraged my son to seek a rewarding and fruitful business that dictated the future needs of many baby-boomers. With my help, my son has become successful in building 3 phases of a retirement home with plans to expand into another nearby city. I am quite involved with the maintenance of the building and overseeing many of the building projects that has grown with our family. It is wonderful and I am blessed to be

involved in the care and lives of my two grandsons as they learn the business first hand from family. Connecting with the seniors enhances my day. Those with Parkinson's have given me a common bond to understand and communicate with those in common.

Keeping fit has always been important to me. I started my spare time courier martial arts and enjoy today a 4.3 degree black belt credential and am working to achieve a 4.4 credential by November, 2011. I have enjoyed being a martial arts instructor since 1998. I felt it was important to prepare myself and out of defiance started scuba diving in 2006. In 2008 I was awarded the title of master diver.

My stubbornness and defiance of this disease gave me the courage to coach my grandson in martial arts. I am very proud that he achieved his black belt in 2010 at 12 years of age. As is evident from the interview, my persistent and determined personality is part of managing this disease. You can contact me through my email address: info@gesumo.com

METAMORPHOSIS: SHAKIN' TO AWAKEN: BIANCA

Tell us about yourself

BIANCA: I was born in New York and my background is teaching. I spent my last 20 years teaching middle school which was a wonderful, wonderful experience and required tons of energy. On the personal level, I am most proud in my personal life of being a mother and a grandmother. I have two wonderful sons and two wonderful, beautiful grandchildren and a lovely daughter-in-law. I am very pleased that that they are my family. I also have extended family in various parts of the country.

When did symptoms of Parkinson's first appear?

BIANCA: I was diagnosed in 2008, but probably around 2000 the first symptoms appeared. I had no idea that they were Parkinson's-related because I thought Parkinson's just meant a tremor. The tremor did not appear until about two years before my diagnosis.

I would like to caution readers that that if you have the symptoms I am about to list, it does not mean you have Parkinson's disease. People sometimes want to know all the symptoms and then, upon hearing one, will go: "Oh, constipation, gee I have that. I wonder if I have Parkinson's." Parkinson's is a movement disorder where parts of the *body that you don't want to shake and move - like hands, arms or whatever – do move, and parts of the body that would like to see move - like the digestive system and the bowels - aren't moving very well.*

The first symptom that I was aware of – although at the time I wasn't aware that it was related to Parkinson's – was world class constipation which lasted for many, many years. Then other things started happening. My handwriting degenerated. Being an English teacher and constantly correcting papers and writing all kinds of editorial comments, I thought that I was just getting lazy and sloppy as I was getting older. I thought I was still in control. I wasn't in control. My handwriting was like chicken scratch because of the Parkinson's. I just kept telling myself that if I just took my time it would look better. That was not the case. It is better now by the way.

In addition to the challenges with my handwriting and constipation, I had aches and pains all over. As the Parkinson's progressed – I didn't know what was causing aches and pains. I could actually feel my muscles being squeezed internally. It felt like they were being pulled and stretched from all directions. It was very painful and very fatiguing.

I had some difficulty swallowing - not so much when I was upright eating as when I was lying down in bed. I would be swallowing in the middle of the night, or not swallowing and choking and waking up to that.

The worst tremor was in my left hand and I am left-handed. I also had tremor activity on the right side. My right leg was the leg that was most affected by Parkinson's. When walking my brain thought I was lifting my right foot but in reality that was not happening as my foot would drag along the ground. This did not happen all the time, just once in a while.

When I would go to "relax" at night in bed my fingertips would curl up toward my wrists. That was something that was difficult. When I was *getting a massage one time and the masseuse touched my wrist- my fingertips automatically shot up toward my wrist and curled in.*

Another symptom that I think other people may relate to is that there were times when I just had random arm movements. This was prior to my diagnosis because somebody said to me, "Oh that could have been from medication" but I wasn't on medication at the time it first happened. For instance, when sitting in the dentist chair the hygienist leaned over me and all of a sudden, my left arm just shot up and got her under the chin. I was not intending to punch her. I did not know how to explain it and I was so sorry. A month or two later I was diagnosed and wrote a note to her explaining what had happened.

I think because I was trying so hard to keep everything together on a simple physical level I did have some difficulty with cognitive functioning. I have worked with learning disabled students as part of my teaching career and now can really understand what is meant by the fact that learning is terribly difficult when you are trying so hard to keep everything together. I had gone from being somebody who was really a quick-study at a lot of things to somebody who was having a real slow learning curve–if existent at all.

To summarize, the most troublesome symptoms consisted of difficulty with my handwriting, constipation, pain, foot dragging, random arm movements, tremors, finger curling at night, swallowing difficulties and problems with cognitive functioning.

Did you notice a loss of the ability to smell?

BIANCA: Possibly, though it is hard to say. Sometimes people would smell things and I would not smell them but sometimes I would. But then, I get a stuffy nose due to allergies which shuts down my ability to smell. I really do not have a definitive answer.

When were you diagnosed?

BIANCA: I was diagnosed April 29th, 2008. At the time it was not a *surprise. The tremors had gotten worse and worse. I kept telling myself that I was maybe a Type A, or maybe that second cup of coffee I would drink some mornings was doing it, but when it got to the point where it interfered with eating soup - I really had difficulty getting the spoon up to my mouth without spilling - I made an appointment with the neurologist.*

How did your neurologist go about determining you had Parkinson's Disease

BIANCA: There was one very long appointment where he did a number of tests. He explained that there was no definitive diagnosis for Parkinson's. He was 99% sure from how my symptoms presented that I did have Parkinson's. Part of his diagnostic protocol was to prescribe a trial run on the dopamine drug Sinemet. If my symptoms started to abate, then that clinched the diagnosis.

I saw one neurologist several times, then I saw a movement disorder specialist who also confirmed the diagnosis, then I saw another neurologist. My diagnosis was actually confirmed by three different neurology professionals.

Did Sinemet offer symptom relief?

BIANCA: Yes, it did. Several months before seeing the neurologist and prior to my diagnosis, I had submitted my retirement papers for teaching. I just knew that I did not have the energy to endure another year in all the pain and everything that I was going through. There were going to be some banquets and awards, and this and that. I asked the neurologist if I could continue on the Sinemet –- which was originally supposed to only be taken for only a two-week trial – until the end of school which was mid-June. I wanted to go out on a high and did not want people knowing what was going on. The last thing I wanted was sympathy. The neurologist gave me permission to continue on the drug till the end of the school year.

I did continue taking the drug for a while longer and then went off it. I was surprised at how much worse I felt when I went off it. I didn't want *to return to the dopamine drug because it was very early in my situation with Parkinson's. I wanted to save that for later on because of potential side effects which I wanted to avoid for as long as possible.*

When I started having real difficulty without taking the drug, I asked if there were something else I could try. I was given another drug. I experienced such a terrible reaction to taking that drug that I went off it and started taking Sinemet again. I continued to take Sinemet for about another year until I discovered Qigong (chi kung).

It almost seemed like I didn't have Parkinson's as everything seemed pretty good when taking Sinemet during the course of that year. Then little by little I guess I started building up a tolerance or whatever happens. I was at the point when I was going to have to increase my medication if I wanted to have a more full and active life. I really did not want to do that.

What was your reaction to being diagnosed with Parkinson's?

BIANCA: I saw the tremor and so the diagnosis did not surprise me. What did surprise me was everything that came along with the package. I thought the package was just a tremor. I did not realize that it included pain and really being a prisoner in your own body. So, my reaction to the entire package of the Parkinson's syndrome was a little bit of surprise.

It was the first thing on my mind when I would wake up in the morning and it was the last thing on mind when I would go to bed. After three days or so after my diagnosis and after living with these thoughts, I had a conversation with myself in bed one night. It was funny. I had an executive board meeting with body, mind and spirit. We all got into the room and sat down and listened to each other.

I said basically, "I'm a teacher. I believe that everything is a learning experience. Parkinson's, teach me. Body, teach me. What am I supposed to learn?" It was about just a little over a year after that that I learned *how to heal myself. I feel very grateful for that.*

How did you find Qigong?

BIANCA: After being diagnosed I went on a search for information. I bought out all the books on Parkinson's at the Borders Book Store in Marin County, California. I did internet searches to find information about various Parkinson's organizations and support groups. I signed up for a DNA study through www.23andme.com.

Twice I came across quotes about Qigong. One was from Doctor Oz. I don't think he mentioned Parkinson's in particular, but the quote said [I am paraphrasing] "If you want to live to be 100 years old and feel good, do Qigong." There was another reference to Qigong that I found somewhere in the many readings that talked about how all movement was good for Parkinson's, but that Qigong in particular was the best.

I scratched my head because I wasn't even sure how to pronounce it. I thought, "I live in Marin County. If I haven't heard of this, where is it?" It was shortly after that that Qigong showed up in my life. I am very grateful to my friend Jean Adams who convinced me to go to the first "Healer Within" workshop led by Mingtong Gu in Marine County. That was my first introduction to Qigong.

Why did you decide to travel to China to learn more about Qigong?

BIANCA: In answering that question the first thing that I'd like to do is to express my gratitude to the teacher who lead me to China, who is Mingtong Gu of the Chi Center here in northern California and to his teacher, Dr. Pang Ming, who is still over there in China.

Mingtong studied under doctor Pang Ming who had set up a medicine-free hospital years ago in the Beijing area. The hospital has since closed down. When I went to my first "Healer Within" workshop on June 19, 2009, Mingtong was planning a retreat in China the following September. I saw a video presentation of where we would be staying. It was such a beautiful, peaceful, serene environment that I decided I really *needed to go there.*

I want to emphasize very strongly that you do not need to go anywhere. Your access to ultimate good health is inside of you.

The decision to make the trip was in itself in some ways the start of healing because I never did things like that for myself. When I first began thinking about traveling to China I thought to myself: "Only other people do things like that, I don't do things like that." Then I thought to myself: "Why can't I do things like other people? Why can't I step up to the plate and do that? This is my life."

It might be crazy to travel around the world with Parkinson's disease but that is what I did. I was off my medications, thanks to Qigong, at the time that I made to trip. I did not want meds to mask the symptoms that I was working on clearing. I wanted to go on the retreat to China and I wanted to practice Qigong 24/7. I just felt that by doing something that was so out of the ordinary that maybe some other things that were out of the ordinary would start to happen for me too. And, they did!

How long did it take to see sustained relief and then to become symptom-free?

BIANCA: Sustained relief started happening right away. I started feeling one layer of pain strip away the first time that I practiced Qigong at the Healer Within workshop. There were many layers beneath that so it was a gradual process. I knew all along that something was happening.

I started forgetting to take my medication. Prior to Qigong, as the meds began to wear off every few hours, the tremors would increase. The pain would increase. The tightness and stiffness would increase. When I first started forgetting to take my medications I was concerned. I was still operating on the western medical scale of, "I have to take my medication every so often." Then I realized, "Wait a minute. If my body is forgetting, maybe my body is telling me that I don't need to do that." As I did Qigong and continued to forget to take my medications, I started to feel *relief right away.*

The last thing to go was the tremor. The tremor was visible in China and for months after my return, but it became less and less evident. Sometimes tremoring would appear more when I was doing Qigong or when I was at a weekend retreat. This meant that the energy was moving through the blockages – a good outcome to have. The neurologist declared me to be free of any signs of Parkinson's in September of 2010.

Frankly, I think that I'm still healing. Whether I am still healing from Parkinson's or healing from life - I don't know. I just feel better and stronger every day.

Has your first name always been Bianca?

BIANCA: No. The story goes like this. My email for 30 years or more has been Bianca because I was named after my Italian grandmother whose name was Bianca. The name was anglicized to Blanche which is the name many people know me by.

When I got to China, Mingtong and my other four beloved Chinese teachers - Teacher Ma, Teacher Zhao, Teacher Zheng and Linling Xie - could not pronounce "Blanche". I would have accepted being called "Branch" but they could not even come close to pronouncing the name "Branch." Finally I just looked at them and said, "Can you say Bianca?" They all nodded their hands and went, "Bi-anca, Bi-anca." And I said, "Okay, we have a name."

As it turns out, my life changed the same time of my name change from Blanche to Bianca. I went from somebody who was sick and shrinking to somebody who is well and whose life is exploding in all kinds of good ways, much like beautiful fireworks. I like the name Bianca but will answer to either Bianca or Blanche. Just don't call me late to dinner.

What lessons have you learned on the road to your recovery?

BIANCA: The biggest lesson has been to celebrate small victories. So *often in our culture we set up long-term goals that we are not going to celebrate until we achieve them. I have learned the lesson of celebrating small victories from being a parent and a teacher. As a parent, I celebrated every little thing my children did. When teaching special education students, I would celebrate every small step forward a child would make.*

Do the same thing for yourself. Celebrate whatever progress you make no matter how small or inconsequential it may seem at the time.

I'm working with someone in London, England who has been practicing Qigong for a very brief period time. Her teacher told her that her movements are more fluid. That news is something for her to celebrate. You do not have to start celebrating when the tremors finally disappear. Mingtong, my Qigong master, has said, "A happy cell is a healthy cell." I really believe that.

Maybe it is not that the dopamine produces the happiness, but that happiness produces the dopamine. Think about that. Make yourself happy and you make yourself well.

In line with that I have learned gratitude. I first learned gratitude with the Parkinson's because I knew that my life as I was living it was going to get smaller and smaller according to the prognosis that I believed at the time. As a result, I really appreciated everything that I could yet do. I can do so much more now and as a result, I appreciate all that. I am so grateful that I can pour myself a cup of coffee in the morning and not have to worry about the mug shaking.

I never realized what a piece of work the body really is. It is amazing. Every night before I go to sleep, I try to think of three things that happened during the day that I can grateful for. Most days I find even more. Some days it is a stretch to find two, but most days three come up pretty easily, if not more. I think that being grateful at the end of every day is a wonderful way to make the practice of good health a habit.

I learned to have confidence in my inner-voice and to realize that there is good out there for me. I know I am on the right trail by staying positive.

Learning to love myself has been really important. I thought I was really good at loving other people and I knew I had some work to do with loving myself. I am learning that the more I love myself, the more that I open up to loving others. Bruce Lipton and some other scientists have measured chi energy and have been able to show the benefits of having unobstructed energy running through the body. Love is the best catalyst for making that happen. Love really is the answer.

Why has Qigong produced such amazing results for you?

BIANCA: I would say dedication to the practice. I do not make a secret of the fact that I practice Qigong two to three hours each day and more if I can. It is a dedicated practice, but also a playful practice. I just have fun and use my mind and my body creatively.

Sometimes people get concerned - particularly people with Parkinson's - about doing things the "right" way. They want to visualize everything exactly the right way and then do the movements perfectly. I have to say that I initially didn't do the movements very well. My balance was off. I had trouble following directions. But, my intent was there eight-million percent.

Intent is the most important thing. Set the intention to heal and begin to work diligently at healing yourself. Do not worry about getting it "right." Just keep doing it. Movements will get better and better with practice. I have told some people with Parkinson's – and I'll modify my language – that if somebody had come up to me when I had Parkinson's and said, "You can be rid of this if you jump into an ocean of feces and swim a mile," I would have dived in and said, "Which direction?" It is the intent that is so important. Do not worry about the rest. Everything else will fall into place.

Describe a typical day

BIANCA: I have some healing CDs made by my teacher Mingtong. I keep one in the CD player by my bed. As I go to sleep at night, when I get up to go to the bathroom in the middle of the night and when I wake up in the morning, I listen to a healing CD. Before I get out of bed in the morning, I will do ten or more minutes of a practice called La Chi which is a simple arm movement and chant which can be done lying down.

Depending on what the day is (because sometimes I'm called to substitute teach) I like to start the day with a meditation practice and then go into the physical practice. In the past I've started with the physical practice but right now I'm starting with a meditation. I generally complete the different meditation and physical segments in 2-3 hours. Most of the CDs and DVDs run about 40 to 50 minutes long. I fit any Qigong I do on my own (without using a CD or DVD) into my own time slot, but I generally try to practice for half-hour to 40 minutes at a time if I can.

I do shorter segments of Qigong practice if my day is fragmented. The important thing is to just get in the time. I did no less than a combined total of three hours per day during the first two years of recovery. My formal practice time is a bit shorter some days because of all the Qigong related communications I do. Basically, I like to get some practice in morning, afternoon and evening. If I am working in the classroom, I can always get in an afternoon to late afternoon practice. I modify my practice time as the day demands.

Has doing Qigong been successful in helping you deal with fears?

BIANCA: Yes. I did not realize that I was constantly holding my body in a tensed position until I started to relax. I did not know that there was any other way. I thought that was how my body was.

Health practitioners say that fear affects the kidneys and that the kidneys in turn have a great deal to do with Parkinson's. Fortunately, *Zhineng Qigong presents many ways to work with the organs, especially the kidneys. Little by little, the meditations (particularly the sound healing meditation), the slow movements of the "Lift Chi Up Pour Chi Down" practice and the Standing Meditation have been extremely helpful in calming me down and making me aware of the sensations of my body.*

When I first started healing from Parkinson's my hands continued to hook sometimes when I was in bed in the evening. I was getting better and didn't need to do that anymore, but my body memory was still there. I would catch my hands doing that posture. I would have to make a conscious effort to say to my body: "No, just relax the hands. This is not necessary." It was very interesting.

Do you take supplements?

BIANCA: Since I have been healing over the past few years I have done less and less with supplements. For a long time I did take 1200 milligrams of coenzyme Q-10 (CoQ-10) which is quite expensive. That was supposed to be the wonderful thing to do for PD. I understand that Michael J. Fox's group has come out with a study or is publishing the result of a study that says that there is nothing definitive about that. I still take 600 milligrams of coenzyme Q-10 a day just because it is supposed to be good for heart and other things, but I am not doing anything big with supplements right now.

What about your diet?

BIANCA: My diet tends to be healthy. For years I have been eating food that is wheat and gluten-free. I am not fanatic about anything. I'm not going to let anything get in the way of a good celebration. But for the most part, I am careful about processed foods and sugar and that kind of thing. I'm a lot less strict about my diet than I was ten years ago. I watch salt. I use herbs and organic fresh vegetables. But again, I am not fanatic about my diet.

Do you exercise outside of doing Qigong?

BIANCA: Not a whole lot right now. I am a walker and a hiker. Actually, once I healed from the Parkinson's, I realized that some of the pain and problem with my right leg was not Parkinson's-related. Some of it had been Parkinson's related – particularly the dragging of the foot – but I have some other leg issues that I've been working on that are healing beautifully. Part of the healing is that I'm not going out there and hiking the hills like I used to right now. Right now I'm working on healing my leg with Qigong and giving it a little bit of a rest otherwise. I did go out once this week and I will increase little by little.

What other therapies other than Qigong have been useful?

BIANCA: I'm basically what they call a one-trick pony. I investigated many alternatives and couldn't do some because of financial constraints. Some just didn't seem right for me. I still try and get a massage when I can - once a month if I can pamper myself that way. I think movement, any kind of movement, is great. But for me, "Wisdom Healing" Qigong was my salvation. I'm very fortunate that my healing came through Qigong because whatever we need - if we are really looking for it - comes to us. I would have probably had a difficult time managing a whole lot of different therapies so for me, putting all my eggs in the Qigong basket worked beautifully. It still does.

Of the many types of qigong available "Wisdom Healing" (Zhineng or Chi-lel Qigong - all three terms are synonymous) worked for me. I realize other types of Qigong are being used successfully by other people. If someone is interested in exploring my path give it a minimum of three months as the sole practice and monitor the results before trying other styles of Qigong or mixing and matching. Simple is best.

Why exactly does Qigong help?

BIANCA: There is an explanation of Qigong by my teacher at www.chicenter.com. I will paraphrase what I learned from him. The ancient Chinese believed that almost all disease was caused by a *blockage of energy. The theory is that illness will disappear by getting energy to move through the body freely. Ninety-six percent (96%) of the energy in the universe is unseen. We see only 4% from our contact with the physical world. Qigong practice invokes this unseen energy. The different movements of Qigong practice and the different meditations of the practice direct the energy to where it needs to go to heal the body. Chi energy also has its own intelligence. Sometimes it naturally goes to places on its own that need to be healed.*

Why do energetic blockages form in the body?

BIANCA: I think it probably comes from life patterns. Take for example the familiar "fight or flight" response that becomes a life style pattern. The body tenses up each time. It keeps repeating the same pattern over and over again. Muscles eventually become tense. Blockages in the physical body form. Muscles harden. Qigong is a gradual process which breaks down and dissolves those old, unhealthy patterns. People have been healed from cancer, diabetes, asthma, orthopedic conditions and addictions. It is amazing to look at the diseases Qigong has helped people to heal.

How has your life changed since recovering from Parkinson's?

BIANCA: I have so much more energy now. I just finished a year of volunteering in my granddaughter's kindergarten class and had a great time. I plan to go back next year and volunteer with her first-grade class. As an offshoot to my substitute teaching, I am often called into special education classes where I have started introducing Qigong. Teachers and staff are so pleased with what has been happening in the special education classes that two teachers are interested in having me introduce Qigong to their classes next year. This thing has just taken a life of its own. I am so grateful to have a message to share. I want to bring the message of hope to everyone.

What is on your bucket list?

BIANCA: I don't have a bucket list per se right now. I like watching things unfold and being very spontaneous. I started coaching people *overseas. Something that has been on my mind recently is travel overseas to visit the people I have been coaching. So who knows? All kinds of opportunities are presenting themselves.*

I am going to be 63 next month. For the first 60 years of my life, fear was the co-author. For the rest of my life, I would like confidence and joy and a spirit of adventure to be the co-authors. That is what is on my bucket list.

Do you offer coaching for people with Parkinson's?

BIANCA: Even prior to release of my You Tube video, people were somehow hearing about me. I started getting emails from across the United States. I talk about my recovery and Qigong in the video so I started getting emails worldwide. People from all over the world wanted to know what I did to recover. I started helping and coaching people who had contacted me and requested help.

I make available information about my recovery which is readily accessible. An article about my recovery was posted on the Parkinsons Recovery blog October 19, 2011. Many people regularly practice the first third of my Qigong routine along with me as they watch me doing it on the You Tube video. I post regular blogs about healing and Qigong on my website: www.biancaschichat.com. When requested I am happy to send people a free document that lists the different materials (DVDs, meditations, exercises, etc.) that I found useful during my recovery. I want to get the message of hope out, but I don't ever want it to become work that I don't enjoy.

I now offer free 20 minute mini-coaching sessions by telephone. Before getting the mini-coaching session from me, I invite people to read my story, watch the video and review the posts on my blog so they can get better acquainted with my approach and philosophy. It is best to have questions written down so you can get the most from my 20 minute mini-coaching sessions. I set up regular, paid coaching sessions for people who want to go beyond that.

What would you want to say to someone who has just been diagnosed with Parkinson's disease?

BIANCA: You have been given a box but you don't need to crawl into it. Jump out of the box and explore. It is possible to reverse symptoms. Work on the fear. Work on the confidence. Work on the joy.

Would you describe yourself as being symptoms free today?

BIANCA: Yes, I would.

What factors played a role in the success of your healing journey?

BIANCA: Everybody will have a different experience as they travel down the road to recovery. For me it was listening to the inner self and not shutting that down. There was a voice inside of me that was coming out very strongly, telling me what would be the right thing to do. I tried to stay positive even after I was diagnosed and before I found Qigong. When people asked how I was feeling, I wasn't going on and on with a long list of everything that was bothering me. I knew no one would want to hear that. To me, it was really important to try to stay socially connected. I did not want to turn people off.

Every once in a while I would get really honest with somebody in the family or someone who was close to me. My step-mother in New York asked me one day how I was doing. I replied, "Well, it's not getting any better. This thing only goes in one direction you know." Right after I heard my own answer to her question I was hit with a lightning bolt. Something inside my head said, "That's wrong. You know that's wrong."

I will never forgot the message that came from a place somewhere deep inside of me - a place that I didn't even know existed - telling me:"You don't have to keep getting worse." I don't know where that thought came from, but I can tell you that listening to my inner-voice was the key for me.

Did you tell friends and colleagues you had Parkinson's Disease?

BIANCA: I chose not to tell my co-workers until after retirement. I did not want the various banquets and award ceremonies to be a downer for anyone. I did confidentially tell my principal about the diagnosis because some of the side effects of the Sinemet drug I was taking included responses like hallucinations.

I wanted to substitute teach after my retirement and knew that my tremor had been noticeable to others. I did not want people getting the wrong impression about the reason for my tremor. After all the dust had settled and the celebrations were over, I called everybody that I thought might be asking me to substitute teach and let them know that I had been diagnosed with Parkinson's. I thought they would be more likely to ask me to substitute teach if they knew the tremor was Parkinson's related rather than alcohol-related.

When I told friends about my diagnosis they probably thought I was an idiot because I said, "Oh, this is a gift. I get to do whatever I want to do now. I can be as lazy as I want. I've worked hard all my life, now I can be lazy." That was how I put it out there.

When friends asked what they could do to help I said, "What you can do to help is to treat me as though I don't have Parkinson's disease." If you're going to go on a hike or do something you think I might be interested in and you are thinking - "Oh no, she has Parkinson's now. She won't want to come along" - call me anyway. Let me make the decision as to whether or not I feel like going that day. I gave them the guidelines so there wasn't a whole lot of difference in how most people treated me. Some people fell by the sidelines a little bit and that was certainly okay.

Did you recover on your own or did you get help along the way?

BIANCA: Help is out there because of the practice. As my teacher Mingtong says, "In a Chi field, one plus one equals three." It is a *cumulative effect. I had the motivation and determination to access the chi field of every Qigong practitioner. I now had the key to recovery and unlocked the door on my own. When I got inside this beautiful universe, there was help everywhere.*

What would you say to someone who is thinking all this sounds too intimidating?

BIANCA: I came to this whole field of energy work and Qigong a total bonehead. The message that "The universe will take care of you" to me just used to be, "Blah-de-blah-de-blah." It didn't mean anything. Now I know so differently.

Perhaps what I have been talking about sounds a little woo-woo and a little intimidating, but if you are at all intrigued and curious, take a look. I stumbled onto this path and I am so grateful that I did. It is a path well worth exploring.

How to Hear Bianca Molle on Parkinsons Recovery Radio

Visit http://www.blogtalkradio.com/parkinsons-recovery and scroll back to find the show that aired June 15, 2011 featuring Bianca Molle as my guest.

About Bianca

I am a native of Long Island, New York, and remained on the East Coast until age twenty-three. Upon graduation from Hofstra University and a year of teaching high school English, I ventured to the San Francisco area. After several years in Northern California, I moved to LA. I was married and had two small sons when we moved to the Midwest and spent some time in both the Upper Peninsula of Michigan and in Cincinnati, Ohio. I returned to the SF area, Marin County, specifically, in the early 1980's, and have remained in this lovely locale.

Along with my move to Marin came single parenthood and a full-time teaching career. After acquiring a Masters in Education with a focus on Special Education, I spent a number of years teaching both learning challenged and developmentally delayed students. I may have done that anyway, but received some intense motivation and inspiration from our family situation: My younger son is autistic.

I think that advocating for Justin’s autism advanced my learning curve for handling my own management of Parkinson’s disease. I was not traumatized by my own diagnosis- it couldn’t compare to how I felt as the parent of a beautiful infant diagnosed over thirty years ago with what was then considered a hopeless condition. My relatively smooth sail through Parkinson’s I greatly attribute to the “School of Hard Knocks” degree bestowed upon me by life as Justin’s mother. (His own progress within the autism spectrum through auditory integration training could be material for another story sometime.) So after receiving my PD diagnosis, I just skipped the shock, sorrow, self-condemnation and self-pity this time, and went straight into self-activism.

Much of the self-advocacy was research, where I first learned of Qigong and that it had been reputed to help Parkinson's. In June, 2009, a little over a year since my PD diagnosis, Mingtong Gu of the Chi Center brought Zhineng Qigong to Marin County. Within my first few minutes of my first practice, I began to feel relief. Symptoms gradually abated. In September of 2010 I was declared symptom-free of the disease by the neurologist. Over a year later, I just keep feeling better and stronger in all aspects.

I had retired at age 60, in 2008, due to my worsening condition. Now I not only frequently substitute teach; I volunteer at three different schools each week, bringing qigong to two of them. I babysit for my two precious grandchildren presented me by the gifted couple of Aaron and Kathy, my dear son and daughter-in-

law.

Most recently, I have begun Qigong wellness coaching with a focus on PD. I ask people who may entertain the notion of my coaching them to follow a few steps prior to contacting me. First, read or listen to my interview, of course. Next, read my blog at: http://www.biancaschichat.com. Finally, go to http://www.chicenter.com and watch my interview with Lilou Mace, located under the "Healing Stories" tab. If you haven't tired of me by then, my email address is: mailto:bianca1738@aol.com.

Many blessings to the reader. Haola!

TAI CHI: DANIEL LONEY

You have been a guest on the Parkinsons Recovery radio show and even offered Tai Chi workshops on the Parkinsons Recovery Cruise to Alaska. Now you are one of the Pioneers of Recovery. How did all of this come about?

> DANIEL LONEY: *Arieh Breslow who teaches tai chi was a guest on your radio show last year. Arieh has a lot of experience working with people who have movement disorders and several of his clients are people with Parkinson's. During that interview he mentioned a person by the name of Danny who had been doing Tai Chi before he developed the Parkinson's symptoms. He said that this particular person had been successful in slowing down the progression of Parkinson's and almost doing away with most of the symptoms all together. That person happens to be me. I contacted you and the rest is history.*

Can you share with us your fascinating personal story?

> DANIEL LONEY: *Yes, of course. There are two areas that I want to cover. Firstly my own personal story about how I cope with Parkinson's and how I use Tai Chi to accomplish that. And secondly, I want to discuss the Tai Chi classes that I teach for people with Parkinson's.*

First, I will share a little about myself. I was born and raised in Oregon and at the age of 25, I immigrated to Israel with my family and three small children. Later I had one more child born here. I've been in Israel for 28 years now. I've worked in the computer industry for 35 years and I have been practicing Tai Chi for 19 years.

I had my first Parkinson's symptoms at the age of 49, about eight years after I started Tai Chi. But, Parkinson's isn't the first neurological disease that I've had. When I was 33 years old, about a year before I immigrated to Israel, I had an autoimmune disease called Guillain-Barré which affects one out of every 100,000 people. This disease is a result of a virus. Your body builds up antibodies to fight the virus and once the virus is gone, these antibodies begin to attack the peripheral nervous system. Within a period of a few days, a person can lose the ability to walk. It is not uncommon to have difficulty swallowing. As the nervous system deteriorates, you may even have to be put on a respiratory machine.

I didn't deteriorate to that point, but I did begin having problems with swallowing, so the doctors decided to try an experimental treatment on me. This treatment consisted of taking blood out of one arm, putting it through a machine which replaced the plasma and then pumping it back into the other arm. The entire procedure takes about five hours.

After the third treatment I started to respond and began getting better. However, part of my peripheral nervous was damaged. I was unable to walk when I was released from the hospital. As my nerves started slowly growing back, I had to teach myself to walk all over again. I used a walker and started by walking from one side of the room to the other. Then, eventually I could walk down the block and back. I kept working at it and over a period of about a year and a half I recovered with the exception of a few small symptoms that are still with me to this day.

For example, when I get tired I tend to have a little numbness in my fingers and my toes. Also I tend to have a little bit of a balance problem that is still due to the Guillain-Barré. I usually tell people I'm a neurological wreck. The Guillain-Barre took care of my peripheral nervous system. Now, Parkinson's seems to be doing a job on my central nervous system.

Most people do recover eventually but usually there is some sort of permanent damage. After recovering from Cuillain-Barre, I went back to work and pretty much led a normal life. Several years later, I started studying with Arieh, who has been my first and my only Tai Chi teacher for over 18 years now. I'll always be indebted to him for what he has taught me. He not only has been my Tai Chi instructor, but he has showed me how to live and how to balance my life.

I started doing Tai Chi because Tai Chi really addresses the area of stability, balance and coordination which were some of the problems that I retained as a result of the Gillain-Barre.

Tell us about your experience with Parkinson's

DANIEL LONEY: *I noticed my first Parkinson's symptoms twelve years ago. However, I was experiencing symptoms for about two years before I was diagnosed. There were some early symptoms which I ignored because I didn't know they were symptoms of Parkinson's. For example, when I was doing the Tai Chi sword form, my left arm wasn't always quite in the right place during certain moves. My brain was telling me it was but when I looked my arm just wasn't where it was supposed to be. I also noticed that when I was walking my arm didn't quite swing freely; there was stiffness in it.*

I complained to my general practitioner. He thought that it might be from the fact that I work with computers all the time and I'm on a keyboard a lot. So, we never really went into it very deeply. About two years later I started developing a small tremor in one of my fingers and then at that point I knew that something was probably wrong. I knew *that I needed to see a neurologist.*

So, I made an appointment with a neurologist. I remember walking into his office and before I even opened my mouth, he took one look at me and said, "You have Parkinson's. Your face is expressionless, you're stooped when you walk and you have a tremor…" At that time I just went into shock. I really didn't know exactly what Parkinson's was. I didn't understand the full implications of what he had said. He started writing out a prescription of pills; all different kinds of pills. My head was in a total haze after he said that I had Parkinson's.

After I finished with the doctor I went to meet my wife at a restaurant for dinner. I didn't say anything to her right at the beginning. We went ahead and ordered our food and after the food arrived she asked, "Well how did your exam go?" "The doctor said that I have Parkinson's." I began to explain to her what I could comprehend from the doctor's visit. One of the things the doctor did say was that the medication works well for about three years. They call this the honeymoon period. During those three years when you're on the medication you feel as if you don't have Parkinson's at all. After three years as you get worse the medication starts to lose its effectiveness and then you start to feel like you're going downhill. This I explained to my wife.

The way we interpreted the whole story was that I had about three years left. That's how I felt. I had three good years left and after that it was going to be all downhill. So of course by the time our food arrived we weren't very hungry.

I came home and looked up Parkinson's on the Internet and found a list of all the Parkinson's symptoms. There were about 20 major symptoms listed and I started going through them one by one. I had almost every single symptom. That was very, very depressing. Of course, I didn't want to believe what the doctor said on a simple walk in the door, look at me, you have Parkinson's type of thing. So of course we got a second opinion and they ran all kinds of tests, MRIs and blood tests and through the *process of elimination they basically said well: you don't have this and you don't have that, you don't have this other thing, so you must have Parkinson's.*

I was pretty depressed because based on the doctor's prognosis I didn't have a very bright future. I had those three good years left and that was about it.

Unfortunately, about two weeks later my mother passed away. She had an extended battle with cancer and so I had to fly back from Israel to Oregon in order to help arrange the funeral. By that time my symptoms were bad enough that I wasn't even sure that I'd be able to make the trip. However, I did make the trip and of course losing a parent is something very hard to go through and it aggravated the symptoms that much more.

On top of that, in Jewish tradition we have a seven-day mourning period that is a very heavy type of mourning where we sit in the house of the deceased and let people bring us food and serve and comfort us. But right in the middle of the seven-day mourning period was the famous 9/11 Twin Towers attack. I had planned on staying in Oregon just for the seven days then flying back to Israel and slipping back into my normal way of life. Unfortunately, all the airports were closed down and I wasn't able to get a flight for another two weeks. By the time I finally did make it back to Israel I was a real basket case. I was really in bad shape.

Needless to say, I went into a period of depression. I wouldn't say it was a severe depression but it was a period of depression. During that year of mourning for my mother I wasn't mourning just for her. I actually found that I was mourning for myself as well. I felt that I had been given a death sentence. I had these three years hanging over my head and then my life would be going downhill. So I was mourning for my mother and I was mourning for myself at the same time.

I began to go downhill very rapidly. My condition deteriorated till I got quite bad. I almost quit doing Tai Chi all together. In fact I wasn't able to do it. I tried doing the Tai Chi form which consists of very slow movements and I was shaking so badly that I couldn't even get through it. I stopped going to classes. I stopped taking lessons from Arieh because I was very embarrassed that the other students would see my shaking.

I also was having difficulty doing my job because I began to suffer from confusion, anxiety, and panic attacks. When I was in meetings, I would come out of the meeting many times unable to remember what was discussed. I remember going to one meeting with my partner. Our boss spent a half hour explaining to us everything that he wanted us to do. When I came out of the meeting, I said, "Abraham I think I'm losing it, I didn't understand a thing that he said in that meeting." And Abraham turned to me and said, "That's okay, I didn't understand a thing either." That incident was a pleasant reality check that I had not lost my sanity completely. Also, part of my job working with computers entails hauling around cables and plugging the cables into the back of computers and test equipment. Many times I was shaking so bad that I couldn't even plug a cable into a computer without the aid of some else. So I was in very bad shape. My self-confidence in my body was just totally destroyed. My mind was willing, but my body wouldn't do what my brain was telling it to do.

I went through a period of time, about a year, where I was seeking out various alternative treatments. I tried Ayurvedic medicine with herbs and was taking yoga lessons. I went to a Tibetan monk and received massage treatments along the various energy meridians and also acupuncture. I tried Chinese herbology; all of these helped to some extent, but not really a lot. I wasn't taking western medication at that time.

I went about three years without taking the medications. I was looking for an alternative treatment instead. Finally something happened that *changed my whole approach. I'm not the type of person who takes a lot of stock in dreams; I wasn't then, but now I do. One night I had a very vivid dream of my mother. She was crying and she was rubbing my cheek and she was saying it's going to be okay, it's going to be okay. I didn't really understand what that meant. I found various sites on the internet for dream interpretations. So I went to one of the sites and I found that a crying parent usually has something to do with a chronic illness. The fact that she was saying it's going to be okay, it's going to be okay, meant it really was going to be okay. Over a period of several weeks I had several other vivid dreams and when I looked at the interpretations of them they all said that my subconscious was trying to communicate with my conscious that it was about time to make some very drastic changes in my life; changing directions completely. So I knew that something big was going to be happening.*

At that point I decided that I could spend the rest of my life running around, traveling around the world seeking out all types of alternative treatments, spending a lot of money but nothing was going to help unless I was willing to take responsibility for myself. Western medicine wasn't going to be able to cure me or help me or relieve my symptoms. And likewise, alternative medicine wasn't going to be able to help me or cure my symptoms. It was going to be basically up to me. I could rely on western medicine and I could rely on various alternative things as well, but all in all what was really going to save me and help me was taking responsibility for my own health. Everything else would be in conjunction with that. I reached the conclusion that I had the tools all along to help myself and what I had to do was get back to Tai Chi because that's what I know, that's what I'd been studying all these years and that's what was going to be the key for dealing with my Parkinson's symptoms. And based on the dreams I knew I had to do some very serious reprioritization of my life and there was going to be a lot of changes coming.

I began by writing a list of items summarizing how I wanted to spend the rest of my life. What would make me happy and be rewarding? There *were three things on my list. The first was family. I wanted to enjoy my family and to help them realize their goals and aspirations and just be with them.*

The second item on my list was to build clocks. Clocks are a hobby of mine. I build six foot tall grandfather clocks. After I had been initially diagnosed with Parkinson's, I was looking for a hobby in order to help maintain my fine motor skills. I decided I would do what my father did - I would build a grandfather clock for each of my kids. So that's what I'm doing, I have one clock built now and I have just started on the second clock. I have four clocks to do all together. The first one was built from a kit but the rest of them will probably be built from scratch. When I have completed making those four clocks I will probably build a clock my wife and myself and who knows who else.

The third item on my list was to help others through Tai Chi. An item that was not on that list was work. Several days after I made my list, I went into work and I assembled my bosses. They knew that I had Parkinson's. I'd been open from the very beginning when I was initially diagnosed with Parkinson's. So I told them that it was becoming increasingly difficult for me to do my job and I was going on sick leave. I had about 6 months of sick leave accrued because I had taken very little sick leave during the years that I had worked at this company. I told them that I was going on extended sick leave and during that period of time I intended to apply for disability pension. If I did not get disability pension then I might come back. But, if I did get it they would not see me again. I haven't been back to work since.

Shortly after I "retired" or stopped working I entered the stage of life that I call Tai Chi, Tai Chi, Tai Chi. I put extreme emphasis on Tai Chi. I began taking Tai Chi very, very seriously in order to reduce my symptoms and improve my quality of life. The depression and mental symptoms disappeared almost immediately as I gained self-confidence doing the Tai Chi movements. And as I began to gain my strength back, my tremor disappeared almost completely. If you see me on the street *you will not see me shaking. I'm very relaxed. I've reduced the stress in my life. Retiring from my job has been the main reason for that. My walking has improved. I no longer stoop when I walk. I walk upright. I have improved stability and coordination and much better over-all body strength. So, I was able to reduce many of my symptoms through serious involvement in Tai Chi over a period of about six months to a year.*

Today my daily exercise routine consists of about 40 minutes of Tai Chi in the morning, walking almost every day between 30 and 40 minutes and lifting light weights two or three times a week. I don't believe in over- exercising and in running myself down. I believe that after a workout you should feel energized. You shouldn't feel overly tired. So usually an hour to an hour and a half max is my exercise routine for the day.

Do you attend a Parkinson's support group?

DANIEL LONEY: *Yes, I do. I am involved in the Israel Parkinson's Association. They have branches in all the major population centers in the country; there are 12 branches altogether and each branch has a support group. I'm very involved in a support group and we meet once every two weeks. There are about 26,000 people with Parkinson's in Israel out of a population of 7 million. I think that if you work that out statistically it comes out to about the same proportion of people who have Parkinson's in the United States.*

Tell us about your affiliation with the Israel Parkinson's Association

DANIEL LONEY: *When I was initially diagnosed with Parkinson's I had signed up with the Israel Parkinson's Association. However, because of my depression, I did not attend very many meetings. One day I got a phone call, or I should say my wife got a phone call, from the Israel Parkinson's Association. They mentioned to my wife that they were looking for a sports teacher, someone who was willing to work with Parkinson's people on some sort of exercise program. My wife told them that her husband isn't a sports teacher but he is a Tai Chi instructor, and* *so of course they were very interested in that.*

I explained to the head of the Jerusalem Branch over a cup of tea that I had stopped teaching Tai Chi altogether because of my Parkinson's. I was very self-conscious of my tremors and of my symptoms and I didn't feel comfortable teaching even though I was in the process of recuperating from many of my severe symptoms. Anyway, she insisted on arranging a demonstration at the next Parkinson's meeting and I agreed.

When I arrived that evening there were 40 people there sitting around in a large circle and I was in the middle. Using my notes, I began explaining what Tai Chi is and after five minutes I kept getting these blank looks. People didn't understand. I probably wasn't explaining it correctly or it probably wasn't interesting. Maybe I was boring. I don't know. So I decided that it was time to ad-lib.

I invited my wife to join me in the middle of the circle and I said, "Okay, I want you throw a punch. This is your opportunity!!" When she threw the punch, rather than block it, I merged with her energy and as she punched, I yielded. I yielded back and drew her in so that she lost her balance. And when she came off balance, I was able to push her very lightly causing her to almost fall. Those watching thought, hey, that's really cool.

Afterwards, I went around the circle so that everyone could see and some people were getting out of their seats saying, "Do that again. Do that again." She was trying to give me a punch and I was yielding with it and coming back and pushing her very lightly, knocking her off balance. If I really would have pushed her, I could have actually pushed her up against the wall and really hurt her.

I explained to them that Tai Chi is a series of self-defense moves strung together and executed in a predefined form. Then I slowly began to do the form. I was very nervous. I was solo in front of 40 people in the *middle of a circle and I had never done that before in my life. I noticed a tremor in my right hand and I was thinking to myself that they were going to notice the shaking. But then I said to myself, "Everyone in this room is shaking, what does it matter?" So I went through the first third of the form and when I finished… complete silence, nothing. You could hear a pin drop. I looked around and I said to myself, "Oh no, was I that bad?'*

So then I started doing the form again and as I was doing the form the second time I started to explain the application of each position. People began to get up out of their seats and crowd around me. They were looking very closely and I started hearing remarks of, "Wow isn't that beautiful?" "The posture is unbelievable," or, "isn't that amazing." Of course, with all of the positive comments I was getting better and better at doing the movements.

When I finished doing the form the second time, I started going through it a third time explaining some of the principles; softness, relaxing, movement originating from the hips and separation of weight. I looked up and all around the room everyone was trying to copy me. People were out of their wheelchairs, people had their walkers against the wall, and even the hired care-givers were trying to do it.

It was like one big party. People were laughing and smiling. That was a high point in my life. People could really identify with what I was doing.

I then began to explain the importance of proper rooting. When you go to a neurologist, one of the first things he does is check your stability. He stands in back of you and he tells you to stand straight and he puts both hands on your shoulder and he gives you a flick and tries to pull you backwards to see if he can knock you off balance and determine whether you can regain your balance. If you stand stiff as a board you are just going to go right over.

How can you pass the neurologist's test? Pretend you are a tree with roots going deep into the ground. Your body is like the trunk softly swaying in the wind. Now when the doctor pulls you back, it will be a lot harder to pull you off balance. He still may succeed in pulling you off balance but it's going to be a lot harder. The group was amazed at this and so everyone wanted to try it. By the end of the evening, I had fourteen people who had already signed up for my first Tai Chi group.

Now that I had a group I had to decide what I was going to teach. I had never taught people with movement disorders before or people with Parkinson's. Since Parkinson's in a progressive disease, I felt that a reasonable goal would be after six months to a year of doing Tai Chi my students could come to me and say they didn't get worse. If they could at least say that they hadn't gotten worse that was already positive. I also felt that I wanted to be true to the masters, by teaching pure Tai Chi. I wasn't out to make a name for myself or to come out with a new methodology. I wanted to teach pure Tai Chi as passed down to me by the masters.

What Tai Chi exercises do you introduce in your Parkinson's classes?

DANIEL LONEY: *Well first of all, many of the exercises that I do are taken from various movements of the Tai Chi the form. I constantly create new exercises and look at new ideas. As I began to talk to Parkinson's people about other exercise classes they attended, two major complaints kept surfacing.*

First, the exercises were too difficult. Second, the instructors were not familiar enough with their needs. I knew that I had to develop exercises simple enough so that people could do them and enjoy them. If you don't have fun doing them, you are not going to do them on a daily basis. As far as understanding their needs, who better could understand their needs than someone who has Parkinson's, someone who lives their symptoms? I knew what worked for me and I was willing to share with them what I believed would work for them as well. So as I said before, I'm constantly adding new exercises. It is very creative and exciting to *develop new exercises based on Tai Chi principles.*

Second, many times I try to use every day experiences when I develop new exercises. For example, I developed an exercise to aid moving in crowds. One evening, my wife wanted to go to a crafts fair at a park. We got there and it was mobbed. The booths and exhibits were on grass, the ground was uneven, little kids were running around, people were jostling each other and pushing each other. I looked at the crowd from a distance and thought as a Parkinson's person that it would be suicide to go in there. But, I had promised my wife and she really wanted to go.

So as we began to walk, I said to myself that the only way I'm going to get through this is to be flexible, to pretend once again like I'm a tree, that I have my roots deep into the ground and my body is a swaying trunk. Normally, if I'm walking along and someone is walking in the opposite direction and their shoulder hits my shoulder and I remain stiff, he is going to knock me over. When I am hit or jostled I want to remain soft so that the on comer turns me like a revolving door. I turn with their hit and they glide right by me. So, that's one of the exercises that I teach - to be sensitive not only to your own body but when you are touched by other bodies, to be sensitive to their feel and their touch and their strength. You learn to yield to them and that keeps you from being pushed over.

When I started teaching my first session I did some general warm-up exercises and various coordination exercises to gauge where people were at and see what kind of shape they were in. After about ten minutes I said to myself, "Oy vey! These guys are unbelievable. There is a hand here and a foot there and a leg there and an arm there–everything is all over the place." There was no integration of the body parts whatsoever. We could not start at the beginning. We would have to go back before the beginning. We would not be able to start at zero, but would start at minus 10.

So I concentrated on doing very basic strengthening exercises and after about three months I was able to start where I would start with a normal class. Six months later when I looked at the class, and I saw how they moved, it was unbelievable. It made me cry to see the improvement that they had made. They were fluid and flexible. It is hard to believe.

I have received some really good compliments from my students. I had one lady come up to me say that before taking Tai Chi lessons, her husband refused to go out of the house because he was too self-conscious in public. But now he goes out of the house on his own for walks. In another instance, the wife of another student came up to me while we were on a walking tour with them in Jerusalem. She said, "My husband would have never gone on a tour like this before. He would not have been able to stand long enough or walk such distances, but look at him, he's out here and he's walking and he's having a good time." So Tai Chi works. It works. If you dedicate yourself to it and you practice it and you do it every day, it works. I'm convinced of that. It works for me and it works for my students.

What are the benefits of Tai Chi?

DANIEL LONEY: *I think that Tai Chi is expressly built to help people with Parkinson's. It's an all encompassing workout. It strengthens the body – by that I mean the muscles, the joints, the bones and internal organs as well. It increases your flexibility and opens your joints. Many of the exercises work on stability and balance. The exercises also work on coordination and teach your body to function as one integrated unit that moves together as a whole. In other words, when you move your arm it won't go one place and your leg another place. Everything moves as one integrated whole. It improves your posture. Tai Chi employs deep breathing so you're breathing much deeper and much more freely.*

One of the main things it does is that it increases your bodily awareness through meditation. When you are doing the form slowly, you are meditating on your body. You become very aware of your body and where each part is. Where's my hand? Where's my foot? Where are my *hips? Are they in line? Is my head directly over my shoulders? Are my shoulders directly over my hips? Working on minute points of bodily alignment is very, very important. Also because it is meditative you reduce stress by going deep into yourself, allowing you to know yourself better. You become familiar with your strengths as well as your limitations.*

Another important factor for people with Parkinson's is that it helps restore self-confidence. You are able to see that you can still do things you did not even think you could do. You can do certain things that normal people cannot do. This gives a great boost to your confidence. With a chronic illness like Parkinson's, your confidence in your body is destroyed completely. But, once that confidence begins to return you become so much happier. You are much more involved in life. You are more exuberant. You are a much more caring person willing to give of yourself.

Describe the lessons you offer in a Tai Chi class

DANIEL LONEY: *In many cases, my classes are structured as a mini-support group. I encourage everyone to talk freely. We discuss each other's symptoms, medications and ways for dealing with the symptoms. My students are not just students to me. They are personal friends. Another main ingredient of the class is that it should be fun. If the class isn't fun, people aren't going to practice the exercises at home.*

My typical class lesson consists of several components. We start out with stretching and strength exercises. These exercises are based on Tai Chi principles. Next, we do Qigong, which are Chinese medical exercises intended for various parts of the body and specific organs. These exercises tend to stress deep breathing, reducing stress and flexibility. Then we work a lot on walking. In fact, I have several walking exercises where I have people walk forward, then sideways, and then backwards. I even have a cross-step exercise using a sword. Walking is a very, very important part of the whole routine.

With the walking exercises there are also hand movements that accompany them so that we are developing coordination as well. For example, in walking forward, we pretend that we are softly weaving silk, gently pulling the silk from a cocoon. When walking sideways we become a cloud in the sky gently floating across the sky. All of the exercises have specific names usually tailored after things in nature or animals. We also work with partners. We gently push each other so that we can become sensitive to another person's energy. This assists in preventing falls and helps when moving in crowds.

Who sponsors your classes?

DANIEL LONEY: *Most of my activities are sponsored by the Morton Apfeldorf Parkinson's Support Foundation* ***(http://www.apfeldorffoundation.org).*** *This is a non-profit organization set up for the express purpose of enhancing the quality of life of people with Parkinson's.*

Most of my Tai Chi classes are offered through the Israel Parkinson's Association. I'm well known in Israel among the Parkinson's circles and I do workshops at their national conferences. I also speak to other non-profit organizations about my experiences because we've found that what works for our group often works for other support groups as well. If I had to sum it up, I would have to say that I'm extremely satisfied with what I am doing now. It is exactly what I'm supposed to be doing at this point in my life. I've learned that my life is not over because of the Parkinson's. Those three honeymoon years are long past and my life is so rewarding and fulfilling. I've never been happier than I am right now.

What services can you offer to readers of Pioneers of Recovery?

DANIEL LONEY: I*f you want to know more about me and my services, I have a web site at www.taichiparkinsons.com. For anyone that is a Tai Chi instructor who either currently teaches people with Parkinson's or would like to teach people with Parkinson's, I would be willing to meet with them or have a telephone conversation with them. They can* *contact me at mailto:loney.daniel@gmail.com. I can share my experiences with them, advise or help out in any way possible.*

In addition, if you are part of a Parkinson's support group and you are interested in organizing a Tai Chi class for your support group, I can make suggestions about choosing a competent Tai Chi teacher. I am willing to share with the teacher and the class the types of exercises that I do and give any advice that can help you be successful.

I also usually make a trip to the States and Europe about once a year. If anyone is interested in a workshop, I'd be willing to conduct workshops for them. They can contact mailto:me loney.daniel@gmail.com. I have already conducted workshops for a Parkinson's Recovery cruise to Alaska and for a series of support groups through the Northwest Parkinson's Association. I was also a presenter at the World Parkinson's Congress 2010 in Glasgow.

What would you say to a person who has just been diagnosed with Parkinson's disease?

DANIEL LONEY: *There are several things you can do. First, get involved in a support group. Support groups are extremely important for receiving feedback from other people. You can see what others are going through and what they have experienced. Plus, they have a lot of advice to share. I always tell people that my heroes in life are other people with Parkinson's. I have met incredible people who are just normal people, but how they deal with their Parkinson's simply blows me away.*

The other thing I would recommend is to get involved in an exercise program, whether it is Tai Chi or something else that turns you on. Whatever it is, get involved and make it a regular part of your life because exercise and keeping your body moving is one of the things that keeps you healthy. The Chinese have a saying that you are only as healthy as your legs. In other words, when you lose your legs, you lose your mobility. When you lose your mobility, stagnation starts to set in and that is when you become susceptible to all kinds of diseases and *conditions.*

Finally, and most importantly, take responsibility for yourself. ***You*** *need to reduce your Parkinson's symptoms yourself and you can use Tai Chi, dance, yoga, etc. to do that. Take responsibility for your health and for your future. So get moving, stay optimistic and keep a positive attitude!*

How to Hear Daniel Loney on Parkinsons Recovery Radio

Visit http://www.blogtalkradio.com/parkinsons-recovery and scroll back to find the show that aired December 3, 2009 featuring Daniel Loney as my guest.

About Daniel Loney

Daniel Loney, a certified Tai Chi instructor, has been doing Tai Chi for over eighteen years. He was diagnosed with Parkinson's disease when he was 49. After several years of physical deterioration, he was forced to retire from his job as a computer science engineer. During this time, Daniel treated his Parkinson's symptoms using western medicine and various alternative techniques. After having only limited success in relieving his symptoms, he finally decided to take full responsibility for his health and immersed himself in Tai Chi. As a result, Tai Chi has brought Daniel sustained relief from his Parkinson's symptoms.

Today, twelve years later, Daniel does extensive volunteer work for the Israel Parkinson's Association, teaching Tai Chi classes to Parkinson's people and conducting workshops in Israel, the United States, and Europe. He was a presenter at the World Parkinson's Congress 2010 in Glasgow. He has developed an extensive repertoire of exercises based on Tai Chi principles and his unique approach has benefited many people with movement disorders.

Road to Recovery from Parkinsons Disease *by Robert Rodgers, Ph.D. provides a comprehensive review of the causes of Parkinsons and the various treatments people have found to be useful in reversing symptoms: www.parkinsonsdisease.me*

Five Steps to Recovery from Parkinsons Disease *provides a comprehensive foundation for transforming the negative thought forms that sustain and nourish the symptoms of Parkinson's disease: www.fivestepstorecovery*

Support for recovery is provided via the Parkinsons Recovery member website: http://www.parkinsonsrecovery.org

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