

The Parkinson's dilemma

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Parkinson's disease is considered, by conservative Western science, to be a progressive, degenerative disorder with no known cause or cure. Despite many millions of dollars spent on reductionist and dopamine-centred research, there has been little advance in understanding the process of development or ways to reverse symptoms of the disorder over the last 60 years. Those of us who have displayed health experience at variance with the accepted 'wisdom' of conservative Western medicine have been ignored, belittled or vilified.

I used to have Parkinson's disease!

This bold statement attracts either excitement from those looking for some hope, or denial from those who choose to believe that 'incurable' diseases mean that people cannot 'recover'.

During 1995, I was diagnosed, by three expert Western medical professionals and three skilled complementary therapy practitioners, with advanced Parkinson's disease. By mid 1998, I was free from all symptoms, and have continued to improve in health since.

Parkinson's disease is difficult to diagnose because there is no definite blood test or scan that indicates a positive finding of the disease. If we display certain patterns of symptoms, and there is no other explanation for those symptoms found with testing and examination, then we are diagnosed with Parkinson's disease. In 1995, my symptoms were unmistakably Parkinsonian, and there was no other explanation for those symptoms; therefore, I have no doubt that the diagnosis was correct.

It was not my intention to 'specialise' as a naturopath, but a small story in a Melbourne paper in early 1999 brought many enquiries from those diagnosed with Parkinson's disease. Later came enquiries from people diagnosed with multiple sclerosis, motor neurone

disease and a variety of other neurological disorders and autoimmune diseases.

Soon I began to notice a pattern in those who displayed symptoms of degenerative disorders: all had lived through traumatic times in their early life, but had not had the opportunity to fully express their response to these events. This intrigued me, so I compiled as much detail as possible to make sure of my observations. By late 2000, I had formed an hypothesis concerning the development of neurological disorders, later extended to cover all degenerative disorders. This hypothesis has been supported by research published by Dr. Jeff Victoroff (neurologist and neuropsychiatrist), Professor Bruce McEwen (neuroendocrinologist) and Dr. Gabor Mate (General Practitioner).

After working with hundreds of people displaying symptoms of degenerative disorders, I can conclude that neurological disorders begin somewhere between conception and late teenage during circumstances in which our natural fight/flight response cannot be resolved by violent physical action (fighting or running away). Many other circumstances during our lives may exacerbate the degenerative process. For instance, we know that many chemicals in our environment are neurotoxic, we know that aspartame (in all artificial sweeteners, 'diet' drinks and 'low calorie' foods) is extremely neurotoxic, many work places are toxic, and a poor diet can lead to all kinds of illness. Our genetic programming undoubtedly plays a part in determining what types of symptoms we display and, therefore, what disorder will be diagnosed.

At the core of my exploration was the effect of unresolved flight/fight responses on the hypothalamus of our brain. Over many years, certain areas of our body become deprived of sufficient nutrients for normal function, so produce less of their designated chemical (e.g. dopamine, serotonin, glutamine or myelin); they become fragile and more vulnerable to assault by free radicals, toxic chemicals or further traumatic events. Our response to stressful events is controlled by the hypothalamus, and it is here that we can intervene by persuading our body to 'change programmes' and slowly return to more robust health.

Trauma need not be physically damaging if it is treated and resolved healthily and holistically. But this is rare in the sorts of trauma we often encounter in this society. Prolonged stress and unresolved trauma trigger our body into continuous stress reactions that, over a long time, become damaging.

The initial physiological reaction to any type of significant stress or trauma is the 'flight/fight' response. Simply put, we produce huge quantities of stress hormones (adrenaline, aldosterone, cortisol and testosterone) under the control of our hypothalamus. These chemicals adjust the balance of water, nutrition and energy towards those areas required for fighting and running, and away from those parts of our body not required in an emergency.

We have negative feedback systems to adjust levels of adrenal hormones so they do not become damaging. However, stress can override these negative feedback systems so that we go on over-producing these chemicals. Evolution decided that all stress was good or bad, so our body was the best judge of whether we needed adrenal hormones or not. Evolution didn't bargain on the long-term stresses of Western society. Further, Western society has developed so quickly that our evolutionary processes can't keep up. Our physiological ability to cope with modern stresses has lagged way behind the development of those stressors.

The need for reassurance

The centre of our consideration, when we wish to recover from degenerative diseases such as Parkinson's, is the action of the hypothalamus, and cell fragility. All treatments we seek, and suggested self-help activities, must be based on the aim of changing our hypothalamic response, and a philosophy of great gentleness to avoid aggravating symptoms.

My personal experience is that assertive therapies, no matter how well intentioned, will aggravate some of our symptoms and may dissuade us from moving toward wellness. Gentle and loving therapies, delivered by a 'heart-based' practitioner, will help us move towards better health.

Our first aim is to persuade our hypothalamus that we are no longer in danger, and we can resume a normal fluctuation in stress hormones consistent with a state of safety. This is best achieved by cautious and gentle use of homeopathic/herbal remedies. While these remedies were originally developed for endurance athletes, very cautious use can and will change hypothalamic programming over time in those challenged with neurological disorder. I have not yet found another remedy that will truly do this.

It is often possible to discover the period in which it is most likely that degeneration began. Where we can, it is important to work with that knowledge, and change our body's response. We can do this with many forms of counselling, psychotherapy or hypnotherapy; kinesiology and various regression therapies are helpful, as are many recently re-emerging 'energy' therapies such as spiritual healing, reiki, pranic healing and so on.

Where the initiating circumstances are not apparent, homeopathic remedies such as Medicine Tree's Trauma/Post Trauma or appropriate flower essences may assist with gentle repair (again used very cautiously). In all cases, we need gentle and loving guidance rather than confrontation. Many people diagnosed with Parkinson's disease have never moved beyond conservative Western medicine before this, and must be led gently toward self-responsibility and understanding of their own power.

Practitioners have responsibility to try to alleviate distressing symptoms wherever possible. Some symptoms will persist until recovery is sufficiently advanced to allow increased production of dopamine, serotonin, glutamine and a number of other neurotransmitters deficient in those with Parkinson's disease.

This is not such a frightening task since we lose at least 80% of our neurotransmitter production before we display physical symptoms. Therefore, we need only restore 10% or 15% in order to live as if we are fully well again.

Some symptoms may be alleviated with appropriate use of herbs, homeopathics or gentle bodywork. Urinary frequency and urgency is common, and responds well to particular homeopathics and Bowen Therapy. Fatigue is a constant battle, and may diminish our will to recover, so the use of tonic remedies can be useful. Pain and stiffness responds well to ingestible and bodywork treatments, as do cramps and muscle spasms. Pilates and similar 'conscious mind' exercises may help with mobility and balance. A colleague and I have developed stretches suitable for those confined to chairs or wheelchairs that can relieve pain and improve mobility.

Bodywork is an important aspect of the recovery process. Many therapists see rigid muscles as a challenge to be tackled aggressively and 'made to behave'. In my experience, this is counter-productive. Very gentle bodywork helps to 'encourage' muscles to resume more normal motion and flexibility.

During 1999 and 2000, I conducted an informal trial of aqua hydration formulas and bodywork combinations. Therapies included craniosacral therapy, remedial massage, Feldenkrais, reflexology and Bowen therapy. Over a period of 18 months, I observed that those using Bowen therapy made better progress. Later research revealed that Bowen therapy, in fact, assists in the rehydration process by changing the viscosity of the fascia. However, not all Bowen therapy is the same. There are many Bowen therapists who believe that firm or hard touch is required. These therapists may diminish our chances of recovery from Parkinson's disease. On the other hand, numbers of dedicated Bowen therapists are learning as much as they can about the process of degeneration and recovery, and working with loving gentleness to assist their patients on a healing journey.

Many people with Parkinson's disease utilise Bowen therapy in combination with other gentle bodywork on alternate weeks, with very good results. The most important aspect of the work is gentleness of touch and empathy for the long and arduous journey we are undertaking.

Many theories have been proposed and treatment programmes initiated by complementary therapists to help those with Parkinson's disease. These include various 'detoxing' regimes, mega-doses of amino acids and supplements, intravenous chelation and glutathione therapies, and even such doubtful practices as injecting foetal stem cells from sheep. Few, if any, practitioners take any note of hypothalamic function, cell fragility or the initiating trauma. Occasionally, some of these therapies bring some measure of relief for a short time, but are largely as unsuccessful as the 'band aid' approach taken by Western science. Force-feeding supplements, replacing neurotransmitters with synthetic analogues, or being aggressive with any therapy cannot be helpful to people who have been in a state of low-grade trauma since childhood, and have lacked true gentleness in their life. Medical treatments may be helpful for a moderate period of time if used gently and wisely. I find the levodopa drugs (sinemet, madopar, kinson) to be the most useful when used at very low doses and supported with folic acid and vitamin C to prevent hyperhomocysteinemia. Unfortunately, most neurologists seek to mask most or all symptoms and, therefore, tend to over-prescribe drugs, thus reducing their useful life. I know of only one neurologist who prescribes folic acid and none who even talk about vitamin C. Used sensibly, levodopa drugs can assist us for a number of years by reducing functional disability, with few side effects, and help us focus on getting well. Again, gentleness is the

key.

We can recover from Parkinson's disease, even though there is no 'cure'. We 'cure' bacon, ham and leather. We 'recover' treasure and our health. At least four Australians are now free from Parkinson's disease symptoms after being appropriately diagnosed and treated by conservative Western practitioners for some years. Many more have reversed, or are reversing their symptoms very significantly, reducing their medication and leading a brighter, more joyful life. Many with multiple sclerosis are following suit, as well as those with a variety of neurological disorders and autoimmune diseases.

By seeking practitioners who display gentleness, patience and love, we can find skilled and supportive companions on our journey to wellness.

John Coleman completed his Naturopathic studies in 1998 in Melbourne. His book, "Stop Parkin' and Start Livin' – Reversing The Symptoms of Parkinson's disease", was published by Michelle Anderson in 2005.

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