

Parkinson's Disease

Patient Symptoms: At the time of the initial visit, the patient weighed 184 lbs at 5'10" and his blood pressure was 122/84.

- Tremors
- Heart Disease
- Dizziness and Balance Problems
- Chronic Fatigue
- Depression
- Developed Stutter/Stammer
- Eye Pain/Problems Focusing
- Depression
- Tongue Quivers

04-19-05 The 69-year old Patient presented with Parkinson's symptoms being diagnosed by a neurosurgeon in August of 2004. He walked with a slow guarded gait leaning on his wife for support due to dizziness and balance problems. According to family members, he has been nervous and agitated for about 6 months and his personality and character have started to change. A constant tongue quiver, which started about 3 months ago, made it difficult for the patient to speak rendering him unable to continue preaching. Tremors from Parkinson's made it impossible to shave using a regular razor and he appeared to have lost a sense of enjoyment in regular activities, spending most of his time sitting and staring. Doctors placed him on Atavan to manage the anxiety and Levodopa for Parkinson's disease.

Results of Initial Blood Test:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Uric Acid	04/21/2005	5.50	Opt			4.10 - 6.00	2.40 - 8.20
BUN (Blood Urea Nitrogen)		18.00	hi			13.10 - 18.00	5.00 - 26.00
Creatinine		1.00	hi			0.61 - 0.90	0.50 - 1.50
BUN / Creatinine Ratio		18.00	Opt			13.10 - 20.00	8.00 - 27.00
Calcium		9.20	lo			9.71 - 10.10	8.50 - 10.60
Phosphorus		3.30	lo			3.41 - 4.00	2.50 - 4.50
Calcium/Albumin Ratio		2.00	LO			2.10 - 2.50	2.03 - 2.71
Total Protein		7.10	lo			7.11 - 7.61	6.00 - 8.50
Albumin		4.60	hi			4.10 - 4.51	3.50 - 5.50
Globulin		2.50	lo			2.81 - 3.51	1.50 - 4.50
A/G Ratio		1.80	hi			1.22 - 1.60	1.10 - 2.50
Total Bilirubin		0.80	Opt			0.39 - 0.93	0.10 - 1.20
Alkaline Phosphatase 25-150		56.00	lo			65.00 - 108.00	25.00 - 150.00
T4 Thyroxine		3.40	LO			7.10 - 9.00	4.50 - 12.00
T3 Uptake		50.00	HI			29.10 - 35.10	24.00 - 39.00
T7 Free Thyroxine Index (FTI)		1.70	lo			2.61 - 3.60	1.20 - 4.90
White Blood Count		6.00	Opt			5.10 - 8.00	4.00 - 10.50
Red Blood Count		4.39	lo			4.51 - 5.50	3.80 - 5.60
Polys/Neutrophils (SEGS-PMNS)		75.00	HI			55.10 - 65.00	40.00 - 74.00
Lymphocytes		18.00	lo			25.10 - 40.00	14.00 - 46.00

Blue = clinically very high or clinically very low

Red = clinically high or clinically low

Yellow = a little high or a little low; this can be considered a warning sign that the value is not optimal.

04-21-05 Blood tests showed a few low essential elements and reduced protein. The high SGPT is an indicator of mild inflammation of the liver. No significant levels of toxic elements appeared in the patient's hair test which is bad and shows his body is unable to efficiently eliminate heavy metals. Several essential elements were also low, which could simply point to an overall deficiency, or indicate that high levels of hidden toxic elements are depleting the body of nutrients. A heavy metal test called a chelation challenge will be run to be sure.



Results of Initial Tissue Mineral Analysis:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy		Clinical	
Toxic Elements									
Aluminum	04/26/2005	1.70	hi			0-	0.50	0.51-	8.00
Antimony		0.01	Opt			0-	0.03	0.04-	0.07
Arsenic		0.03	hi			0-	0.00	0.01-	0.08
Beryllium		0.01	hi			0-	0.01	0.02-	0.02
Bismuth		0.01	Opt			0-	0.03	0.04-	0.06
Cadmium		0.05	hi			0-	0.00	0.01-	0.15
Lead		0.18	hi			0-	0.01	0.02-	2.00
Mercury		0.20	hi			0-	0.00	0.01-	1.10
Platinum		0.00	Opt			0-	0.00	0.01-	0.00
Thallium		0.00	Opt			0-	0.00	0.01-	0.01
Thorium		0.00	Opt			0-	0.00	0.01-	0.00
Uranium		0.01	Opt			0-	0.01	0.02-	0.06
Nickel		0.02	Opt			0-	0.20	0.21-	0.40
Silver		0.01	Opt			0-	0.06	0.07-	0.12
Tin		0.07	Opt			0-	0.15	0.16-	0.30
Titanium		0.48	Opt			0-	0.50	0.51-	1.00
Total Toxic Representation		1.00	Opt			0-	2.00	2.01-	3.00
Essential Elements									
Calcium		604.00	hi			362.00-	417.00	200.00-	750.00
Magnesium		19.00	LO			43.00-	48.00	25.00-	75.00
Sodium		14.00	lo			37.00-	45.00	12.00-	90.00
Potassium		6.00	LO			19.00-	22.00	9.00-	40.00
Copper		11.00	lo			12.00-	15.00	10.00-	28.00
Zinc		170.00	hi			150.00-	165.00	130.00-	200.00
Manganese		0.06	LO			0.22-	0.31	0.15-	0.65
Chromium		0.20	LO			0.25-	0.31	0.20-	0.40
Vanadium		0.01	LO			0.04-	0.05	0.02-	0.06
Molybdenum		0.02	LO			0.04-	0.05	0.03-	0.06

Blue = clinically very high or clinically very low
 Red = clinically high or clinically low
 Yellow = a little high or a little low; this can be considered a warning sign that the value is not optimal.

05-30-05 When toxins build up inside the body, they disrupt your ability to heal and depleting essential nutrients such as Calcium, Selenium, Zinc and Copper. These metals must be flushed from the system to allow the body to return to its healthiest state. By using the chelating agent DMSA, a test was performed that showed how many toxic elements were actually trapped within the patient’s body. The column labeled “Pre-Chall” is the level of toxins the body was able to remove on its own. The column labeled “DMSA” is toxins removed with a dose of chelating agent.

Results Of Chelation Challenge:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy		Clinical	
Agent		DMSA		Pre-Chall					
Dose		2000mg							
Interval		6		6					
Toxic Elements									
Lead (UA)		30.00	HI	0.80	⊗	0-	4.00	4.01-	5.00
Mercury (UA)		4.70	HI	0.00	⊗	0-	2.00	2.01-	3.00
Nickel (UA)		4.00	Opt	0.50		0-	5.00	5.01-	10.00

Blue = clinically very high or clinically very low
 Red = clinically high or clinically low
 Yellow = a little high or a little low; this can be considered a warning sign that the value is not optimal.



Just by completing this test, the patient noticed immediate improvement with his shaking, unsteadiness and speech. He was so impressed that he continued taking the chelating agent DMSA every day. Because DMSA at that level will also slowly begin to cause a depletion of other beneficial nutrients it was recommended he start bimonthly cycles of DMSA alternated by a vitamin and mineral regimen based on deficiencies seen in the test results.

08-13-05 In many cases four months is enough time for patient's to start feeling better, but in this case it completely altered his way of life. He noted a 40% improvement overall, stopped taking the Levodopa and was able to return to work! The shakiness disappeared, his emotions were in check, the stuttering significantly improved and best of all, whereas before he needed help even walking, he now jogs! All these changes mean a return to normalcy and a renewed independence.

11-17-05 Partially due to the intensity of his program, the patient began to experience some DMSA sensitivity and developed a mild skin rash. His dosage was lowered to combat the side effects and then asked him to give his system a break by taking a few months off. His hair and thyroid values were also retested. The hair test showed increased elimination of aluminum, arsenic and mercury which is good. There were so many deficiencies and imbalances before starting the program that his body could not eliminate these toxic elements. The levels of several essential elements also improved. The mercury and lead levels are coming down but the thyroid has not yet responded. It is possible that some thyroid medication such as Synthroid may be of benefit. It was recommended the patient consult his MD.

Results of 2nd Tissue Mineral Analysis:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Toxic Elements							
Aluminum	11/09/2005	4.10	hi	1.70	⊖	0- 2.20	2.21- 7.00
Antimony		0.02	Opt	0.01		0- 0.03	0.04- 0.07
Arsenic		0.05	hi	0.03	⊖	0- 0.05	0.06- 0.08
Lead		0.27	Opt	0.18		0- 0.99	1.00- 2.00
Mercury		0.65	hi	0.20	⊖	0- 0.50	0.51- 1.10
Essential Elements							
Calcium		309.00	lo	604.00	⊕	400.00- 417.00	200.00- 750.00
Magnesium		41.00	lo	19.00	⊕	43.00- 48.00	25.00- 75.00
Sodium		24.00	lo	14.00	⊕	37.00- 45.00	12.00- 90.00
Potassium		3.00	LO	6.00	⊖	21.00- 22.00	9.00- 40.00
Copper		20.00	hi	11.00	⊖	12.00- 15.00	10.00- 28.00
Zinc		160.00	Opt	170.00	⊕	150.00- 165.00	130.00- 200.00
Manganese		0.06	LO	0.06	⊖	0.22- 0.31	0.15- 0.65
Chromium		0.42	hi	0.20	⊖	0.25- 0.31	0.20- 0.45
Vanadium		0.03	lo	0.01	⊕	0.04- 0.05	0.02- 0.06
Molybdenum		0.03	lo	0.02	⊕	0.06- 0.06	0.03- 0.06

Blue = clinically very high or clinically very low

Red = clinically high or clinically low

Yellow = a little high or a little low; this can be considered a warning sign that the value is not optimal.



05-05-06 It's been about 11 months since the patient's first appointment and he notes 95% improvement. His tremor is completely gone and he has built up to walking 3 miles, 3 times a week. He is now able to write his name which is something he has not done in two years! The stuttering and tongue quiver were resolved with the help of a mother of pearl button in the mouth. This gives his tongue something to do and helps him keep his mouth closed so he doesn't drool. A neurologist confirmed Parkinson's again last month and recommended the patient start doses of Levodopa, but he does not wish to do this. He is also down to half the dose of Atavan that he used take and plans to completely eliminate this medication soon.

02-28-07 Due to some stress related issues, the patient began taking Atavan and Lexapro again. His shakiness, anxiety, depression, stuttering and writing skills have all gotten worse. A blood test and chelation challenge were performed to pinpoint what was going wrong. His vitamin and mineral regimen was adjusted based on the imbalances in the blood work, specifically to help the thyroid and liver function.

Results of 4th Blood Test:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Uric Acid	02/26/2007	4.60	Opt	6.20	⊖	4.10 - 6.00	2.40 - 8.20
BUN (Blood Urea Nitrogen)		15.00	Opt	22.00	⊖	13.10 - 18.00	5.00 - 26.00
Creatinine		0.90	hi	1.00	⊖	0.61 - 0.90	0.50 - 1.50
BUN / Creatinine Ratio		17.00	Opt	22.00	⊖	13.10 - 20.00	8.00 - 27.00
Calcium		9.80	Opt	9.50	⊖	9.71 - 10.10	8.50 - 10.60
Phosphorus		3.80	Opt	3.30	⊖	3.41 - 4.00	2.50 - 4.50
Calcium/Albumin Ratio		2.08	lo	2.20	⊕	2.10 - 2.50	2.03 - 2.71
Total Protein		7.10	lo	7.10	⊖	7.11 - 7.61	6.00 - 8.50
Albumin		4.70	hi	4.40	⊕	4.10 - 4.51	3.50 - 5.50
Globulin		2.40	lo	2.40	⊖	2.81 - 3.51	1.50 - 4.50
A/G Ratio		2.00	hi	1.60	⊕	1.22 - 1.60	1.10 - 2.50
Total Bilirubin		0.60	Opt	0.60	⊖	0.39 - 0.93	0.10 - 1.20
Alkaline Phosphatase 25-150		50.00	lo	54.00	⊕	65.00 - 108.00	25.00 - 160.00
T4 Thyroxine		2.50	LO	3.10	⊕	7.10 - 9.00	4.50 - 12.00
T3 Uptake		48.00	HI	49.00	⊖	29.10 - 35.10	24.00 - 39.00
T7 Free Thyroxine Index (FTI)		1.20	LO	1.50	⊕	2.61 - 3.60	1.20 - 4.90
White Blood Count		7.00	Opt	8.00	⊖	5.10 - 8.00	4.00 - 10.50
Red Blood Count		4.29	lo	4.52	⊕	4.51 - 5.50	3.80 - 5.60

Blue = clinically very high or clinically very low

Red = clinically high or clinically low

Yellow = a little high or a little low; this can be considered a warning sign that the value is not optimal.



The chelation challenge showed increased lead and mercury levels, which means there are still significant stores in his body. Since the patient had some difficulty with the DMSA, a milder chelating agent called PCA-Rx was used and increased a few elements essential to brain function. It was also recommended to the patient he play piano as exercise for his brain. Within a month, he was feeling better and was able to reduce the Lexapro and stop taking Atavan.

Results of 3rd Chelation Challenge:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy		Clinical	
Lead (UA)	02/28/2007	15.00	HI	7.60	⊕	0-	4.00	4.01-	5.00
Mercury (UA)		4.90	HI	4.10	⊕	0-	2.00	2.01-	3.00
Nickel (UA)		9.00	hi	0.00	⊕	0-	5.00	5.01-	10.00

Blue = clinically very high or clinically very low

Red = clinically high or clinically low

Yellow = a little high or a little low; this can be considered a warning sign that the value is not optimal.

Final Thoughts:

While there is no known cause for Parkinson's disease, several studies have found a correlation between symptoms and environmental exposures to toxins such as lead and pesticides. This research shows the disease has increased occurrence based on geographic location rather than genetics. For example, a study in "Neurotoxicology" found that Parkinson's is more common in rural areas where resident's main water source comes from wells. Another clue that factors may be environmental is that while main symptoms (tremors, balance problems, slowness of movement and rigidity) are easily recognizable, the disease was not medically remarked upon until beginning of the Industrial Revolution when many jobs required the constant presence of toxic chemicals. Elevated levels of lead and mercury have also been known to interfere with normal brain function, causing speech disturbances, poor memory, tremors, weakness and emotional instability. By clearing toxic elements out of his body, we can hopefully reduce future damage to the delicate nerve cells in the brain

