

PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

MESSAGE

PRESIDENT'S

If you have received this *Newsworthy Notes* by e-mail from PRO, we have your e-mail address, but do we have your friend's and relative's addresses? When you have a moment we would love to have you **CONFIRM** that you are receiving OUR E-MAILS and let us know how we're doing.

We appreciate those who are making 2011 **QUALITY OF LIFE (QOL) matching dollar campaign** donations as mentioned in our last issue. We are so very grateful to the anonymous donors with the \$25,000 gift. Please help us keep going with the **dollar for dollar** match of funds by making a donation through our secure PayPal account on the website.

We continually get raves about the DVDs of the Symposium (see page 4). Dentists, Chiropractors, Medical Doctors, Feldenkrais practitioners, other professionals as well as clients/patients/constituents are purchasing and sharing the information. A five DVD set that shows and helps one to understand that there is a science behind the TMJ/TMD work we are calling THE ULTIMATE QUALITY OF LIFE. The treatment works on co-morbid symptoms that have been thrown into the Parkinson's bag, but clearly, are not Parkinson's.

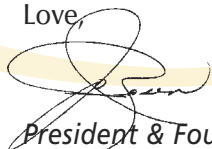
Talking about co-morbid symptoms, we submit **THE WELLNESS VILLAGE** on page 3. As promised, we present **Caring For Aging Parents: If I Only Knew Then What I Know Now! CAREGIVER CATCH 22** By **Jacqueline Marcell** on this page. And **LOW DOSE NALTREXONE (LDN)** appears on page 4.

We invite you to visit us at our website, www.ParkinsonsResource.org. The new revisions to the site will be unveiled shortly. It's being populated as I write. It is SO EXCITING!

Please continue using the **mailing address: 74-478 Highway 111, No. 102**, Palm Desert, CA 92260 when making snail mail donations. Keep in mind you can make donations on line through our secure website, www.ParkinsonsResource.org.

Until next month HAPPY MAY DAY, MOTHER'S DAY, ARMED FORCES DAY, MEMORIAL DAY and BIRTHDAY, if it's yours. Remember to CELEBRATE YOU and PRAY FOR OUR TROOPS!

Love,



President & Founder

Caring For Aging Parents: If I Only Knew Then What I Know Now!

CAREGIVER CATCH 22

By Jacqueline Marcell, Author, 'Elder Rage'

This educational article is valuable for all caregivers, even though it features Alzheimer's disease, one type of dementia which makes up 60-80% of all dementias. Other types of dementias include: Vascular, Mixed (usually AD & Vascular), Dementia with Lewy Bodies, Frontotemporal (Picks), Creutzfeldt-Jacob, Normal Pressure Hydrocephalus (NPH), Huntington's, Mild Cognitive Impairment (MCI), and Parkinson's. Not everyone with Parkinson's will develop dementia, but if so, dementia due to Parkinson's is a Lewy Body dementia. Symptoms include tremors, muscle stiffness, and often problems with speech, reasoning, memory, and judgment.

For eleven years I pleaded with my elderly father to allow a caregiver to help him with my ailing mother, but after 55 years of loving each other he adamantly insisted on taking care of her himself. Every caregiver I hired to help him sighed in exasperation, "Jacqueline, I just can't work with your father—his temper is impossible to handle. I don't think he'll accept help until he's on his knees himself."

My father had always been 90% great, but boy-oh-boy that temper was a doozy. He'd never turned it on me before, but then again I'd never gone against his wishes either. When my mother nearly died from an infection caused by his inability to continue to care for her, I flew from southern California to San Francisco to try to save her life—having no idea that in the process it would nearly cost me my own.

EARLY SIGNS OF DEMENTIA?

I spent three months nursing my 82-pound mother back to relative health, while my father said he loved me one minute, but then he'd get furious over some trivial little thing, call me nasty names and throw me out of the house the next. I was shocked to see him get so upset, even running the washing machine could cause a tizzy, and there was no way to reason with him. It was so heart wrenching to have my once-adoring father turn so much against me.

I immediately took my father to his doctor and was flabbergasted that he could act so darling and sane when he needed to. I could not believe it when the doctor looked at me as if I was the crazy one. She didn't even take me seriously when I reported that my father nearly electrocuted my mother, but luckily I walked in

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ALL MEETINGS BEGIN AT 7:00 PM. EXCEPT AS NOTED.

The current support group meeting locations are listed below. Contact the PRO Office.

PRO CALENDAR FOR MAY 2011

~ **Long Beach • Educational** • Meets May 4th ~ 1st Wednesday of the month ~ at Bixby Knolls Towers, 3737 Atlantic Avenue, Long Beach.

~ **West Los Angeles/Brentwood • Caregiver only/ Person with Parkinson's only (two in one)** • Meets 1st Thursday of the month ~ May 5th at OPICA Adult Day Care Center, 11759 Missouri Avenue, West Los Angeles.

~ **Palm Desert • Caregiver Only** • Meets 2nd Monday of the month 6:30 PM ~ May 9th at Portola Community Center, 45-480 Portola Avenue, Palm Desert.

~ **Glendora • Caregiver Only • (meetings alternate)** • Meets 2nd Wednesday of the month ~ May 11th at Foothill Nursing Center, 401 W. Ada Avenue, Glendora.

~ **Manhattan Beach • Caregiver Only** • Meets 2nd Thursday of the month ~ May 12th at the Keller Williams offices, 1601 Pacific Coast Highway, Suite 265, Hermosa Beach.

~ **Newport Beach • Caregiver Only • (meetings alternate) • Oasis Senior Center** • Meets 2nd Thursday of month ~ May 12th at 801 Narcissus, Corona Del Mar.

~ **Tarzana • Caregiver Only** • Meets 3rd Wednesday of the month ~ May 18th at the Providence Tarzana Outpatient Therapy Center, 5359 Balboa Blvd, Encino.

~ **West Los Angeles/Brentwood • Educational Only** • Meets 3rd Thursday of the month ~ May 19th at OPICA Adult Day Care Center, 11759 Missouri Avenue, West Los Angeles.

~ **Palm Desert • Educational Only** • Meets 4th Monday of the month 6:30 PM ~ May 23rd at Portola Community Center, 45-480 Portola Avenue, Palm Desert.

~ **Manhattan Beach • Educational Only** • Meets 4th Tuesday of the month ~ May 24th at the Keller Williams offices, 1601 Pacific Coast Highway, Suite 265, Hermosa Beach.

CAREGIVER MEETINGS (For Caregivers Only. No PWP's please) – Come share the ups and downs of living with Parkinson's. Together there are ways of finding solutions that, when alone, you might never consider. No need to continue with your frustrations because you are not alone. Give yourself a break. This is a confidential forum for sharing and caring.

EDUCATIONAL MEETING – We invite the community, especially the Person with Parkinson's and their family or friends, to attend. Please call contacts listed in each meeting description to make reservations so the coordinator knows how to set up the room. It's the proper and respectful thing to do.

PARKINSON'S MEETINGS "For People with Parkinson's only" – These meetings are for People with Parkinson's or Parkinsonisms ONLY. Come share the ups and downs of living with Parkinson's. Together there are ways of finding solutions that, when alone, might never be considered. No need to continue with your frustrations because you are not alone. Give yourself a break. This is a fabulous forum for sharing and caring.

PRO BUSINESS MEETING – Open Meeting – open to anyone wishing "To Make a Difference" while working with an all volunteer, nonprofit, tax exempt charitable organization. The Board/Business meetings are held on the 4th Thursday of the month. **The next scheduled meeting is May 26th.** Please call 310-476-7030 or 877-775-4111 (toll-free) for additional information.

     **WEAR A SILVER RIBBON!**     



- **To show you care about someone with Parkinson's disease or any other brain disease or disability.**
- **To help break the barriers to treatment and support.**
- **To help eliminate the stigma against those who suffer.**
- **To show you believe there's hope through education & research.**



If you would like to make a donation, please make checks payable to Parkinson's Resource Organization or via the website, ParkinsonsResource.org.
Toll Free: 877-775-4111

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THE WELLNESS VILLAGE

Over the past several months we've learned from the articles on TMJ, that there are symptoms or co-morbid symptoms that have been described as being "Parkinson's Symptoms" that quite possibly come from a malaligned jaw and/or bite.

In addition to TMJ or TMD treatments, there are other remedies that might be employed to reduce symptoms or better yet, to create ULTIMATE QUALITY OF LIFE. We will start addressing some of these remedies as we continue developing our WELLNESS VILLAGE.

Most Internet "Parkinson's" sites that one visits, and many Parkinson's books or manuals recite the following:

Signs and Symptoms of Parkinson's

Symptoms can start very gradually and not be noticed for years. Often they start on one side of the body.

- * Tremor, often beginning with a mild shaking in the hand
- * Loss of balance
- * Stiffness and rigid limbs
- * Walking problems
- * Slow movement (bradykinesia)
- * Not blinking

Secondary symptoms may include the following:

- * Memory loss
- * Constipation
- * Sleep disturbances
- * Dementia
- * Speech, breathing, and swallowing problems
- * Stooped posture

In individuals who have been keeping track of their symptoms before they started TMJ Therapy and while in their TMJ Treatment, we've seen many of the above-mentioned symptoms go away. It doesn't take a scientist to pronounce these symptoms gone. If the person getting the treatment and his or her caregiver identify that these symptoms are gone or diminished, that seems quantifiably a pretty good sign.

But TMJ Therapy alone may not be the answer to ULTIMATE QUALITY OF LIFE. There may need to be other modalities to employ or explore.

Parkinson's Resource Organization has not said that this work is a CURE for Parkinson's, but the quest for the last twenty-one years has been to find THE ULTIMATE QUALITY OF LIFE, and we think some non-traditional measures **MAY HELP**.

What Causes Parkinson's?

Researchers aren't sure why some people get Parkinson's. In people with Parkinson's, brain cells that produce the chemical messenger dopamine start to die. Dopamine sends signals to the areas of the brain that deal with muscle activity and movement. The brain starts to lose the ability to tell the body when and how to move. Risk factors include having a relative with Parkinson's, being exposed to certain pesticides and herbicides, getting older and lower levels of estrogen in women.

What if these symptoms were caused because the Trigeminal Nerve Canal was pinched between the Temporomandibular Jaw Joint and the Ear Bone, not allowing the conduction of instructions and activities to and from the brain to the rest of the body to flow fluidly along with the neuronal fluid so necessary for this conduction?

And...

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LOW DOSE NALTREXONE (LDN)

FDA-approved naltrexone, in a low dose, can boost the immune system — helping those with HIV/AIDS, cancer, autoimmune diseases, and **Central Nervous System Disorders**.

Anecdotal reports continue to be received concerning beneficial effects of LDN on the course of Parkinson's disease, Alzheimer's disease, amyotrophic lateral sclerosis (ALS—Lou Gehrig's disease), and primary lateral sclerosis. Dr. Jaquelyn McCandless has found a very positive effect of LDN, in appropriately reduced dosage and applied as a transdermal cream, in children with autism.

LDN Has Been Found To Be Useful For Parkinson's

Bernard Bihari, MD, as well as other physicians and researchers, have described beneficial effects of LDN on a variety of diseases, including Parkinson's.

How is it possible that one medication can impact such a wide range of disorders?

The disorders all share a particular feature: in all of them, the immune system plays a central role. Low blood levels of endorphins are generally present, contributing to the disease-associated immune deficiencies.

Research by others — on neuropeptide receptors expressed by various human tumors — has found opioid receptors in many types of cancer:

- * Brain tumors (both astrocytoma and glioblastoma)
- * Breast cancer
- * Endometrial cancer
- * Head and neck squamous cell carcinoma
- * Myeloid leukemia
- * Lung cancer (both small cell and non-small cell)
- * Neuroblastoma and others...

These findings suggest the possibility for a beneficial LDN effect in

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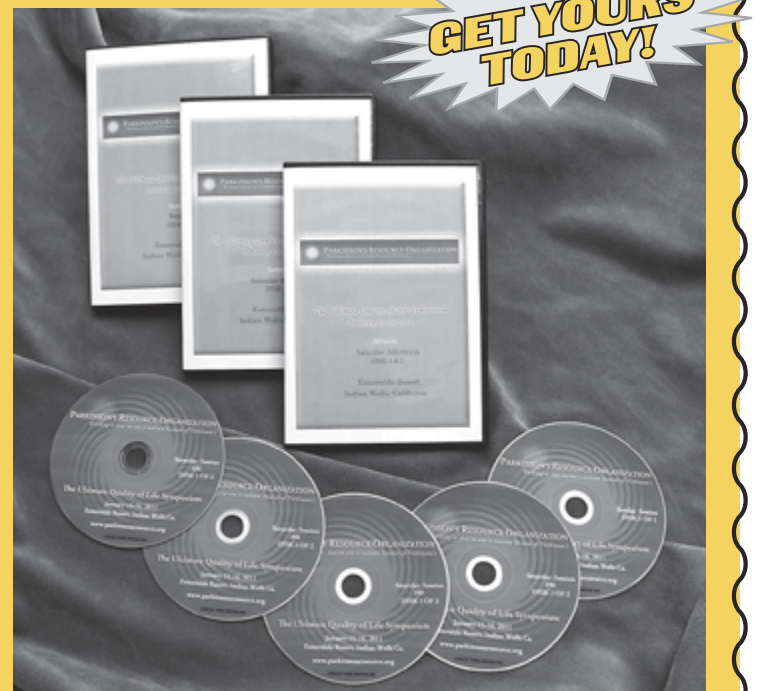
THE ULTIMATE QUALITY OF LIFE SYMPOSIUM!

The five DVD set of the January 15 & 16, 2011 *ULTIMATE QUALITY OF LIFE: Parkinson's: A Paradigm Shift SYMPOSIUM* is awesome and currently priced at only \$125.00, plus CA sales tax (when applicable) and postage of \$5.65 (U.S.), \$15 (outside of U.S.) Go to www.parkinsonsresource.org to make your order or call the PRO Office. On the website you can see other videos and listen to radio podcasts.

(Pre-paid PRO Members eligible for a 20% discount.

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WELLNESS VILLAGE – cont. from page 3

What if these symptoms were caused because the External Carotid Artery was pinched between the Temporomandibular Jaw Joint and the Ear Bone not allowing the flow of blood and oxygen to go to and from the brain?

Like a plant, would the cells die if they didn't get food, oxygen, light, liquid or activity?

And if these actions were going on for a long time – years – could it be that when they say that you probably had Parkinson's ten years before you were diagnosed that you were really suffering from an impingement of the Trigeminal Nerve Canal and the External Carotid Artery? Could it be that these symptoms that have been thrown into the Parkinson's bag were because of a jaw/bite malalignment and that the underlying Parkinson's disease – whatever that is – is caused by something like environment or genetics?

And if, through a non-invasive, non-surgical, non-pharmaceutical process the Trigeminal Nerve Canal and the External Carotid Artery were allowed to flow freely, and the symptoms referred to above were ameliorated or simply disappeared, wouldn't that be a good thing?

How does Your Health Care Provider know its Parkinson's?

Because no test can positively identify Parkinson's, your health care provider may rely mostly on interviews with you and your family. Your health care provider may order brain scans to rule out other maladies such as strokes, tumors or other conditions that cause similar symptoms and to measure dopamine activity.

Has your health care provider/medical doctor ever taken a scan of your Temporomandibular Joint and the related condyle? If not, is this because your neurologist/medical doctor is not allowed to treat teeth like the dentist is not allowed to treat the brain? Why has this area been neglected? And why do so many of the medical doctors say this is just a hoax or there is no basis to this information or no scientific proof, or this is just about people trying to take your money, rather than saying, "wow! Let me check into this? Perhaps we can learn something together." Isn't their job to uphold the Hippocratic Oath and "do no harm?" How many of your health care practitioners have Parkinson's? How many of them would take all of the medicines they prescribe to you? Would they consider the side effects if they were taking these meds? Would they suggest that the medicines are their best avenue to quality of life today without looking at the repercussions several years down the line? It is hard to believe that it's about living the longest regardless of the lack of quality the medicines might create down the line.

What Treatment Options are Available?

Exercise, especially intensive exercise, has been shown to improve symptoms and help maintain balance and mobility. Walking, swimming, jogging, or even dancing may help. Because people with Parkinson's disease have low levels of vitamin D, they are at risk of osteoporosis. Lifting weights can help reduce that risk. Your doctor may recommend an exercise program for you.

What we know from such people as John Ball, Dennis Phinney and others who are either marathon runners or bicyclists or major exercise enthusiasts who employ aerobic (**Aerobic** is an adjective that means "requiring air", where "air" usually means oxygen) exercising, their symptoms seem to have grown at a much slower pace than a person who is docile or sedentary. Perhaps this helps with understanding that

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Share your comments and return to the Pro Office: _____

Your signature below signifies your permission to publish your comments.

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CATCH-22 – cont. from page 1

three seconds before he plugged in a power strip that was soaking in a tub of water—along with my mother's feet! Much later I was furious to find out my father had instructed his doctor (and everyone) not to listen to me, because I was just a (bleep-bleep) liar and all I wanted was his money. (I wish he had some.)

Then things got serious. My father had never laid a hand on me my whole life, but one day nearly choked me to death for adding HBO to his television, even though he had eagerly consented to it just a few days before. Terrified, I dialed 911 and the police took him to the hospital for evaluation. I was so stunned when they released him right away, saying they couldn't find anything wrong with him. What is even more astonishing is that similar incidents occurred three more times.

CAREGIVER CATCH 22

I was trapped. I couldn't fly home and leave my mother alone with my father—she'd surely die from his inability to care for her. I couldn't get healthcare professionals to help—my father was always so normal in front of them. I couldn't get medication to calm him and even when I did—he refused to take it, threw it in my face or flushed it down the toilet. I couldn't get my father to accept a caregiver and even when I did—no one would put up with him very long. I couldn't place my mother in a nursing home—he'd just take her out. I couldn't put him in a home—he didn't qualify. They both refused Assisted Living and legally I couldn't force them. I became a prisoner

in my parents' home for nearly a year trying to solve crisis after crisis, crying daily, and infuriated with an unsympathetic medical system that wasn't helping me appropriately.

GERIATRIC DEMENTIA SPECIALIST MAKES DIAGNOSIS

You don't need a doctorate degree to know something is wrong, but you do need the right doctor who can diagnose and treat dementia properly. Finally, I was directed to a neurologist specialized in dementia who performed a battery of blood, neurological, memory tests and CT/P.E.T. scans. He reviewed my parents' many medications and ruled out numerous reversible dementias such as a B12 and thyroid deficiency. And then, you should have seen my face drop when he diagnosed Stage One Alzheimer's in both of my parents—something all their other doctors had missed entirely.

TRAPPED IN OLD HABITS

What I'd been coping with was the beginning of Alzheimer's (just one type of dementia), which begins very intermittently and appears to come and go. I didn't understand that my father was addicted and trapped in his own bad behavior of a lifetime and his habit of yelling to get his way was coming out over things that were illogical... at times. I also didn't understand that demented does not mean dumb (a concept which is not widely appreciated) and that he was still socially adjusted never to show his "Hyde" side to anyone outside the family. Even with the onset of dementia, it was amazing he could still be so manipulative and crafty. On the other hand, my mother was

as sweet and lovely as she'd always been.

BALANCING BRAIN CHEMISTRY

I learned that Alzheimer's makes up 65–70% of all dementias and there's no stopping the progression nor is there a cure. However, if identified early there are four FDA approved medications that in most people can mask/slow the symptoms of the disease, keeping a person in the early *independent* stage longer, delaying full-time supervision and care. The medications are Aricept, Exelon, Razadyne and Namenda—with many more in clinical trials.

After the neurologist treated the dementia, and the depression (often present with dementia) in both parents, he prescribed a small dose of anti-aggression medication for my father, which helped smooth his temper without making him sleep all day. (I wish we'd had that fifty years ago!) It wasn't easy to get the dosages right and not perfect, but at least we didn't need police intervention any longer!

CREATIVE BEHAVIORAL TECHNIQUES

Once my parents' brain chemistries were better balanced, I was able to optimize nutrition, fluids, medications and treatments with much less resistance. I was also able to implement techniques to cope with the bizarre behaviors. Instead of logic and reason—I used distraction, redirection and reminiscence. Instead of arguing the facts—I agreed, validated frustrated feelings and lived in their realities of the moment. I learned to just "go with the flow" and let unpleasant

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CATCH-22 – cont. from previous page

comments roll off. And if none of that worked, a bribe of ice cream worked to cajole my father into the shower, even as he swore a blue streak at me that he'd just taken one yesterday (over a week ago). I was also finally able to get my father to accept two caregivers (he'd only alienated 40 that year—most only there for about ten minutes), and with the benefit of Adult Day Care five days a week for my parents and a support group for me, everything started to fall into place.

IF WE ONLY HAD LONG TERM CARE INSURANCE!

Before long my parents' life savings was gone and we were well into mine. I was advised to apply for Medicaid for them and after months of paperwork they were approved for financial help from the government. I was so relieved, until I learned that it would only pay to put my parents in a nursing home, not keep them at home with 24/7 care. And, since my mother needed so much more care than my father they'd be separated, something they would never consent to--nor could I bear to do.

I could not believe it—I finally had *everything* figured out medically, behaviorally, socially, two wonderful caregivers in place, the house elder-proofed, and all I needed was some financial help to keep them at home. If I'd just made sure my parents bought Long Term Care Insurance when they were healthy and before the diagnosis of dementia, it would have covered the cost of their care at home. Now I tell everyone to look into LTC insurance early, so they aren't caught financially unprepared like we were.

ALZHEIMER'S / DEMENTIA OFTEN OVERLOOKED

What is even more upsetting is that no one ever discussed the possibility of the beginning of Alzheimer's disease (or any type of dementia) in my parents with me that first year, which happens far too often to families. Alzheimer's afflicts

more than 5.3 million Americans and 36 million worldwide, but millions go undiagnosed in the early stage because intermittent warning signs are chalked up to a normal part of aging. Since one out of every eight by age 65, and nearly half by age 85 get AD, healthcare professionals need to know the "Ten Warning Signs of Alzheimer's" and educate families to save them time, money, and a fortune in Kleenex!

TEN WARNING SIGNS OF ALZHEIMER'S

(Reprinted with permission of the Alzheimer's Association)

1. Memory loss
2. Difficulty performing familiar tasks
3. Problems with language
4. Disorientation of time and place
5. Poor or decreased judgment
6. Problems with abstract thinking
7. Misplacing things
8. Changes in mood or behavior
9. Changes in personality
10. Loss of initiative

NALTREXONE – cont. from page 4

a wide variety of common cancers.

Research on neurodegeneration suggests a protective Naltrexone role. J.S. Hong, Ph.D., head of the Neuropharmacology Section of the Laboratory of Pharmacology and Chemistry at the National Institute of Environmental Health Sciences (NIEHS), finds that "morphinan" drugs, including naltrexone and naloxone, are able to reduce inflammatory reactions in microglia brain cells in animal studies. Such inflammation is believed to be central to the progressive neurodegenerative effects seen in disorders such as Parkinson's disease and Alzheimer's disease. Hong's report, summarizing the role of microglia in inflammation-related neurodegeneration and the potential of therapy using morphinans, appears in *Nature Reviews Neuroscience*.

cont. next column

What is low-dose naltrexone and why is it important?

> Low-dose naltrexone (LDN) holds great promise for the millions of people worldwide with autoimmune diseases or central nervous system disorders or who face a deadly cancer.

> In the developing world, LDN could provide the first low-cost, easy to administer, and side-effect-free therapy

Naltrexone itself was approved by the FDA in 1984 in a 50mg dose for the purpose of helping heroin or opium addicts, by blocking the effect of such drugs. By blocking opioid receptors, naltrexone also blocks the reception of the opioid hormones that our brain and adrenal glands produce: beta-endorphin and metenkephalin. Many body tissues have receptors for these endorphins and enkephalins, including virtually every cell of the body's immune system.

In 1985, Bernard Bihari, MD, a physician with a clinical practice in New York City, discovered the effects of a much smaller dose of naltrexone (approximately 3mg once a day) on the body's immune system. He found that this low dose, taken at bedtime, was able to enhance a patient's response to infection by HIV, the virus that causes AIDS. [Note: Subsequently, the optimal adult dosage of LDN has been found to be 4.5mg.]

In the mid-1990's, Dr. Bihari found that patients in his practice with cancer (such as lymphoma or pancreatic cancer) could benefit, in some cases dramatically, from LDN. In addition, people who had an autoimmune disease (such as lupus) often showed prompt control of disease activity while taking LDN.

Dr. Jill Smith's original article, "Low-Dose Naltrexone Therapy Improves Active Crohn's Disease," in the January issue of the *American Journal of Gastroenterology* (2007;102:1-9), officially presents LDN to the world of scientific medicine. Smith, Professor of Gastroenterology at Pennsylvania State University's College of Medicine, found that two-thirds of the patients in her pilot study went into remission and fully 89% of the group responded

cont. on page 8



WELLNESS VILLAGE – cont. from page 5

by applying aerobic exercise they are forcing the blood and oxygen through the External Carotid Artery. Imagine if they structurally opened the area between their Temporomandibular Jaw Joint and their ear bone by employing an appropriate appliance until the condyle rehabilitated itself, and also continued their manual exertions of aerobic exercise what a HUGE improvement they might have in their Quality of Life.

Homeopathy

Consult a trained homeopath who can determine the right remedy for you and change it when your symptoms change.

Argentum nitricum – for ataxia (loss of muscle coordination), trembling, awkwardness, painless paralysis

Causticum – for Parkinson's with restless legs at night

Mercurius vivus – for Parkinson's that is worse at night, especially with panic attacks

Plumbum metallicum – especially with arteriosclerosis

Zincum metallicum – for great restlessness, and depression

Massage – May help with increasing circulation and decreasing muscle spasm. Cranio-sacral therapy, an osteopathic form of bodywork that focuses on the brain and spinal column, may decrease tremors and improve function.

Movement therapies – May help people with Parkinson's improve motor skills and balance, and help them walk better.

Music therapy – One study showed symptoms improved with music and dance therapy compared to physical therapy.

Alexander Technique – emphasizes posture and balance. May help improve mobility and gait.

Feldenkrais Method – aims to re-educate the body about movements that are difficult. May improve gait.

Mind-Body Therapies – Tai chi and yoga can improve balance, flexibility, and range of motion in people with Parkinson's disease. They may also improve emotional well-being.

Traditional Chinese Medicine and Acupuncture – Traditional Chinese Medicine views disease as caused by internal imbalances.

cont. next column

It has historically been used to treat Parkinson's with acupuncture and individually prepared herbal remedies. One study showed that acupuncture improved symptoms significantly in a small group of people with Parkinson's. In particular, scalp acupuncture and acupuncture with electrical stimulation have shown positive results in some cases. People with Parkinson's may also get sleep and rest benefits from acupuncture. If you consult a Traditional Chinese Medicine practitioner, make sure your doctor is aware of any suggested treatment before you begin any new regime.

We will continue to explore and report to you our findings on different modalities available toward finding your ULTIMATE QUALITY OF LIFE as we continue to grow our WELLNESS VILLAGE.

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Newsworthy Notes
September issue 218 Leonard J. Feld, DDS Temporomandibular Disorder The Great Imposter;
October issue 219 David Chrisman, DDS FAACP Temporomandibular Disorder; Is there a Link to Parkinson's?
January issue 222 Dwight Jennings, DDS, MICCMO Are your Parkinson's Symptoms Caused by Jaw Malalignment,
March issue 223 Risto E Hurme, DDS Typical TMD Patient Treatment Offers Hope

NALTREXONE – cont. from page 7

to treatment to some degree. She concluded that "LDN therapy appears effective and safe in subjects with active Crohn's disease."

How does LDN work?

LDN boosts the immune system, activating the body's own natural defenses.

Up to the present time, the question of "What controls the immune system?" has not been present in the curricula of medical colleges and the issue has not formed a part of the received wisdom of practicing physicians. Nonetheless, a body of research over the past two decades has pointed repeatedly to one's own endorphin secretions (our internal opioids) as playing the central role in the beneficial orchestration of the immune system, and recognition of the facts is growing.

In general, in people with diseases that are partially or largely triggered by a deficiency of endorphins (including cancer and autoimmune diseases), or are accelerated by a deficiency of endorphins, restoration of the body's normal production of endorphins is the major therapeutic action of LDN.

More information on LDN can be found on: <http://www.lowdosenaltrexone.org>

"THE SECRET OF GETTING AHEAD IS GETTING STARTED. THE SECRET OF GETTING STARTED IS BREAKING YOUR COMPLEX OVERWHELMING TASKS INTO SMALL MANAGEABLE TASKS, AND THEN STARTING ON THE FIRST ONE."

— MARK TWAIN



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NEWSWORTHY NOTES

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