

## LIONEL

Lionel (not his real name) was eighty three years old when he first came to see me. He had been diagnosed with idiopathic Parkinson's disease about a year earlier, but was also troubled with Emphysema, Hiatus Hernia, Reflux, Hypertension and Hypoglycaemia.

His list of prescribed medications included one levodopa drug, one anti-nausea drug, a drug for reflux, two drugs for hypertension, one antidepressant and two drugs to control the symptoms of emphysema.

Lionel's symptoms were dramatic and debilitating: he was unable to walk without support from a walking frame, but often fell even using the frame; he had significant tremor, paucity of movement and frequent freezing; his hypertension was not fully controlled in spite of the two drugs prescribed; he was nauseous most of the time and, so, lacked appetite; he experienced gastric reflux frequently despite drug prescriptions; he was chronically depressed despite his antidepressant drug.

After investigating his history and current circumstances, we commenced on a basic "improving health program" including changing his food choices (my views on this are well known), increasing water intake, regular moderate exercise, meditation, Aqua Hydration Formulas daily and Bowen therapy weekly.

Regular follow up appointments, each 8-10 weeks apart, showed some improvements in strength and appetite, but there seemed to be little or no progress in mobility, balance, tremor, paucity of movement or persistent nausea. Despite this, Lionel continued with his program in the hope of improving his quality of life. I was disappointed that there was not more improvement, but supported Lionel in his choice to continue with the "standard" protocol.

Exactly one year eleven months and two weeks after our first consult, Lionel's wife called me in tears. She said, "Lionel is outside walking around the back yard!"

"Why?" I asked, feeling rather puzzled and quite worried at this start to our conversation.

Her reply was simply, "Because he can!"

On that day, Lionel had suddenly felt confident in his ability to stand and walk, had left his walking frame in the living room, and started walking a circuit around his yard. This was the first time in nearly three years that he had been able to walk without support.

From then on, Lionel started to make good progress. His strength improved, balance and mobility continued to improve, his tremor slowly reduced (although it took another 3 years to disappear), his general outlook on life improvised dramatically (he had gained hope of a better quality of life) and his appetite increased. We were able to reduce his antidepressant medication (remember, most antidepressants have the possibility of exacerbating Parkinson's disease symptoms) and he increased his social activity, which brought joy to both Lionel and his wife.

However, a persistent problem was daily nausea. This did not seem to be influenced by any particular foods, so we were puzzled. Lionel found this persistent symptom distressing as it reduced his enjoyment of life. We tried herbal remedies and homeopathics without success.

After becoming frustrated with this nausea puzzle, I produced a chart of Lionel's medication including the most common adverse effects noted by each manufacturer (therefore real, not imagined by a biased investigator). Here is how it looked:

RELUX DRUG	nausea	weakness	depression	rash	
NAUSEA DRUG	nausea	weakness	nervousness	rash	reflux
LEVODOPA DRUG	nausea	weakness	anxiety		
BLOOD PRESSURE	nausea	weakness			
BLOOD PRESSURE	nausea	weakness	anxiety	rash	infection
ANTIDEPRESSANT	nausea	weakness	anxiety	rash	
EMPHYSEMA DRUG	nausea				
EMPHYSEMA DRUG	nausea				

All his drugs had the possibility of nausea, five had the possibility of anxiety/nervousness/depression, while his nausea drug could cause reflux for which he was taking a drug that could cause nausea.

The "polypharmacy" prescription seemed illogical to me so I wrote a letter with the above chart for Lionel to take to his doctor. I had little hope that the doctor would take notice, but felt I had to try.

Lionel's doctor was attentive and understanding, read the letter, and immediately stopped everything except levodopa (which Lionel still needed) and one blood pressure drug. The nausea reduced rapidly and, with some very low-dose herbs, disappeared entirely within three months. Most of his challenge had been drugs that had been prescribed to offset the adverse effects of other drugs. His GP was smart enough, and adventurous enough, to reduce Lionel's unnecessary drug intake (without any ill effect) and resolved a major quality of life challenge. Eventually we were able to wean Lionel off his levodopa drug with no return of Parkinson's disease symptoms.

Over the next couple of year, I kept in touch with Lionel as his health continued to improve. My last contact was some time ago when he was 93 years old, enjoying life, active in the community, and living without any Parkinson's disease symptoms.

There are some clear lessons from Lionel's story:

- If he had not persisted against all odds for two years, he would not have made progress, and would have spent his remaining years miserable, incapacitated and nauseous. Persistence is key if we want to recover.

- Drugs are usually prescribed with our best interests in mind. However, sometimes doctors and specialists prescribe drugs without thoroughly investigating the possibility of interactions and/or accumulative adverse effects. Therefore, it is worth checking regularly with your GP to make sure your symptoms are not drug related.
- Age is no barrier to wellness. Lionel was 83 when he started the process of recovery, and succeeded.
- Recovery needs our full attention and dedication. We cannot “play” at getting well. We must be fully engaged with the process and be willing to make all the changes needed to reach our goal of living without symptoms.

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