



Holladay Physical Medicine

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This Information is about this condition in general. Every individual has a unique presentation. Once you understand this information, consult the doctor on any specific questions about your condition.

Suggestions for Additional Symptom Management in Multiple Sclerosis and other Demyelinating Disorders

This information is provided as a service to help patients understand what has worked for some other patients. This disorder does not have a specific cure in any form known at this time but management of the symptoms can be a reasonable goal if these recommendations are considered and followed. These recommendations should be tried in addition to other forms of specific treatment and not instead of other treatments.

A **demyelinating disease** is any [disease](#) of the [nervous system](#) in which the [myelin](#) sheath of [neurons](#) is damaged.^[1] This impairs the conduction of signals in the affected nerves, causing impairment in sensation, movement, cognition, or other functions depending on which nerves are involved.

The term describes the effect of the disease, rather than its cause; some demyelinating diseases are caused by [genetics](#), some by [infectious](#) agents, some by [autoimmune](#) reactions, and some by unknown factors. [Organophosphates](#), a class of chemicals which are the active ingredients in commercial insecticides such as [sheep dip](#), [weed-killers](#), and flea treatment preparations for pets, etc., will also demyelinate nerves.

From [NINDS Multiple Sclerosis Information Page](#)

What is Multiple Sclerosis?

An unpredictable disease of the central nervous system, multiple sclerosis (MS) can range from relatively benign to somewhat disabling to devastating, as communication between the brain and other parts of the body is disrupted. Many investigators believe MS to be an autoimmune disease -- one in which the body, through its immune system, launches a defensive attack against its own tissues. In the case of MS, it is the nerve-insulating myelin that comes under assault. Such assaults may be linked to an unknown environmental trigger, perhaps a virus.

Most people experience their first symptoms of MS between the ages of 20 and 40; the initial symptom of MS is often blurred or double vision, red-green color distortion, or even blindness in one eye. Most MS patients experience muscle weakness in their extremities and difficulty with coordination and balance. These symptoms may be severe enough to impair walking or even standing. In the worst cases, MS can produce partial or complete paralysis. Most people with MS also exhibit paresthesias, transitory abnormal sensory feelings such as numbness, prickling, or "pins and needles" sensations. Some may also experience pain. Speech impediments, tremors, and dizziness are other frequent complaints. Occasionally, people with MS have hearing loss. Approximately half of all people with MS experience cognitive impairments such as difficulties with concentration, attention, memory, and poor judgment, but such symptoms are usually mild and are frequently overlooked. Depression is another common feature of MS.

Is there any treatment?

There is as yet no cure for MS. Many patients do well with no therapy at all, especially since many medications have serious side effects and some carry significant risks. However, three forms of beta interferon (Avonex, Betaseron, and Rebif) have now been approved by the Food and Drug Administration for treatment of relapsing-remitting MS. Beta interferon has been shown to reduce the number of exacerbations and may slow the progression of physical disability. When attacks do occur, they tend to be shorter and less severe. The FDA also has approved a synthetic form of myelin basic protein, called copolymer I (Copaxone), for the treatment of relapsing-remitting MS. Copolymer I has few side effects, and studies indicate that the agent can reduce the relapse rate by almost one third. An immunosuppressant treatment, Novantrone (mitoxantrone), is approved by the FDA for the treatment of advanced or chronic MS. The FDA has also approved dalfampridine (Ampyra) to improve walking in individuals with MS.

One monoclonal antibody, natalizumab (Tysabri), was shown in clinical trials to significantly reduce the frequency of attacks in people with relapsing forms of MS and was approved for marketing by the U.S. Food and Drug Administration (FDA) in 2004. However, in 2005 the drug's manufacturer voluntarily suspended marketing of the drug after several reports of significant adverse events. In 2006, the FDA again approved sale of the drug for MS but under strict treatment guidelines involving infusion centers where patients can be monitored by specially trained physicians.

While steroids do not affect the course of MS over time, they can reduce the duration and severity of attacks in some patients. Spasticity, which can occur either as a sustained stiffness caused by increased muscle tone or as spasms that come and go, is usually treated with muscle relaxants and tranquilizers such as baclofen, tizanidine, diazepam, clonazepam, and dantrolene. Physical therapy and exercise can help preserve remaining function, and patients may find that various aids -- such as foot braces, canes, and walkers -- can help them remain independent and mobile. Avoiding excessive activity and avoiding heat are probably the most important measures patients can take to counter physiological fatigue. If psychological symptoms of fatigue such as depression or apathy are evident, antidepressant medications may help. Other drugs that may reduce fatigue in some, but not all, patients include amantadine (Symmetrel), pemoline (Cylert), and the still-experimental drug aminopyridine. Although improvement of optic symptoms usually occurs even without treatment, a short course of treatment with intravenous methylprednisolone (Solu-Medrol) followed by treatment with oral steroids is sometimes used.

What is the prognosis?

A physician may diagnose MS in some patients soon after the onset of the illness. In others, however, doctors may not be able to readily identify the cause of the symptoms, leading to years of uncertainty and multiple diagnoses punctuated by baffling symptoms that mysteriously wax and wane. The vast majority of patients are mildly affected, but in the worst cases, MS can render a person unable to write, speak, or walk. MS is a disease with a natural tendency to remit spontaneously, for which there is no universally effective treatment.

What research is being done?

The National Institute of Neurological Disorders and Stroke (NINDS) and other institutes of the National Institutes of Health (NIH) conduct research in laboratories at the NIH and also support additional research through grants to major medical institutions across the country. Scientists continue their extensive efforts to create new and better therapies for MS. One of the most promising MS research areas involves naturally occurring antiviral proteins known as interferons. Beta interferon has been shown to reduce the number of exacerbations and may slow the progression of physical disability. When attacks do occur, they tend to be shorter and less severe. In addition, there are a number of treatments under investigation that may curtail attacks or improve function. Over a dozen clinical trials testing potential therapies are underway, and additional new treatments are being devised and tested in animal models. (end of NINDS)

Current traditional treatments usually include oral or injected steroids to help manage the symptoms of acute episodes. Here is a quote from Andrew Weil M.D. regarding some natural additional management items:

"Although considered an autoimmune disease, it is not clear what causes the immune system to attack nerve sheaths. Researchers have been studying a possible viral trigger, but this would not explain why MS is more common among those who live in northern latitudes and uncommon in those near the equator. Additionally, scientists are unable to explain why there are so many different forms of MS, why some people have transient symptoms that never return, while others experience cycles of exacerbation and remission. In some people MS is relentless, leading to complete disability and death.

A drug called beta-interferon has become the conventional treatment for MS patients, especially those with the remitting variety. It can slow the progression of the disease, but is expensive and produces unpleasant side effects. Really effective medical treatment is still not available for most patients. I like to work with patients who have MS because of its variability and potential to go into remission, as well as its responsiveness to stress reduction, mind/body treatments and changes in lifestyle.

These are a list of suggestions I recommend for my new patients to experiment with, so give it a try and see what works best for you.

- Decrease protein toward 10 percent of daily caloric intake.
- Replace animal protein as much as possible with plant protein.
- Eliminate milk and milk products, substituting other calcium sources.
- Eat organically grown fruits and vegetables as much as possible as well as organic products made from wheat and soy.
- Eliminate polyunsaturated vegetable oils, margarine, vegetable shortening, all partially hydrogenated oils, all foods (such as deep-fried foods) that might contain trans-fatty acids. Use extra-virgin olive oil as your main fat.
- Increase intake of omega-3 fatty acids from fish, walnuts, or flax and hemp seeds.
- Eat more fruits and vegetables.
- Eat ginger and turmeric regularly.
- Take acidophilus culture and psyllium if constipation is a problem, or use the ayurvedic herbal bowel regulator, triphala.
- Take my antioxidant and daily multivitamin formula and a B-50 complex vitamin, and a multi-mineral supplement daily.
- Take 5 grams of soy lecithin granules daily (store this in the refrigerator).
- Take 30 milligrams of coenzyme Q10 (CoQ10) two or three times a day.
- Do some kind of light aerobic exercise on a regular basis. Choose something you enjoy but do not push your self to the point of exhaustion.
- Visualization, meditation, and hypnotherapy can redirect your mental energies in positive directions.
- Experiment with [traditional Chinese medicine](#) and [Ayurvedic medicine](#) from qualified practitioners." Andrew Weil, M.D.

If you are currently taking treatment for this disorder, we recommend you be compliant with that just as you must with this. The degree to which you comply with these suggestions will be the degree to which you achieve symptom remission.

PREMISE

In order to recover from many of today's chronic health disorders, a basic premise must be understood on which all other treatments and remedies depend. The body must be fed the proper ingredients to heal and it must not be fed or exposed to harmful or toxic elements. Go to our web page www.holladayphysicalmedicine.com

Scroll down to the Absolute Health Clinic on the right and click on Learn More. Review each of the following completely: Things to Avoid or Eliminate, Things to Do, Detoxification, Preferred Foods, Forbidden Foods, and Cleaning Products Substitutes.

Each of these items is necessary for you to overcome this disorder. It is not likely that a cure is readily achievable and management is our initial goal. Depending on how long your body has suffered from this disorder, it may take at least half that long to gain control of the condition and manage it in such a way as to not completely interfere with your daily routine. Expectations should be largely based on your individual history with this condition.

USE OF PRESCRIPTION DRUGS

We do not prescribe drugs nor recommend their use if harmful side-effects are associated with your complaints. We also do not, in any case, recommend changes in the use of prescription drugs that a licensed physician has given you. If you believe alterations in those prescriptions are in the best interest of your health, always consult with the prescribing physician before making any changes.

SUPPLEMENTATION:

The ideal situation for nutrition in any injury or disease is first to eat whole foods, and to avoid processed foods, fast foods preservatives, refined carbohydrates and sugar. We have much information on our web page under Absolute Health Clinic. The physical medicine modalities we will provide you will help reduce the symptoms in the time we have projected. If you want to heal, this step is something you will need to take.

Nowadays, even if you do all of those things, you need to realize that our food supply has been gradually depleted. The pure ingredients needed to maintain body function, metabolism and immunity have been drastically reduced. We recommend only whole food supplements. Studies are clear that synthetic vitamins and mineral supplements are not only not helpful to the body in most cases, but can be toxic. Don't expect them to take the place of what we recommend here. They will not help you sufficiently to heal properly. The following list has been prioritized to help you gradually begin to supplement your improved diet and provide your body with the ingredients it needs to restore or improve your immune response and then provide the raw materials in usable form to repair the damaged or diseased tissue. The degree to which you can implement these items will largely determine how fast you recover and more importantly whether or not you have a recurrence or relapse of the symptoms again soon.

These products are all produced by Standard Process. You may obtain them on line from Amazon or other distributors if you like or we can order them for you and save you an average of \$5 per bottle plus you can avoid shipping charges.

GENERAL DAILY SUPPLEMENTS

- Catalyn
- Tuna Omega-3 oil
- Calcium Lactate
- Trace Minerals B12
- Cataplex D
- Prolamine Iodine

SPECIFIC FOR THIS CONDITION

- Livaplex 3 x 3/day
- Myo-Plus 3 x 3/day
- Immuplex 3 x 2/day
- Super Eff 3 x 1/day
- Cataplex B 3 x 2/day

Organic Minerals 3 x 1/day
Neurotrophin 3 x1/day
St John's Wort 3 tabs or 5mL
Ginkgo 4 tabs or 4mL
Echinacea Premium 3 tabs or 8 mL
Vitanox 1 x 2/day
Rehmannia 3 x 1/day

Specific dosages will be provided by the doctor.

We have many other specific items for a variety of health deficient conditions. Consult our web page or ask the doctor.

Other Critical Items

Sublingual B12 or B12 injections

General Dietary Recommendations

- Predominately KEATO using the modified Atkins plan
- Drink Distilled water only
- Eliminate processed meats and cheese totally
- Eliminate Refined Carbohydrates totally
- Eliminate carbonated drinks completely

Detoxification

- Night Patches 4 days per week for 9 weeks or until clear
- 3 week break
- Night Patches 3 days per week for 9 weeks
- Cleanses per doctor's advices

Life Style Modification

- Exercise - Aerobic at least 10-20 minutes 3-4 times per day
- Yoga/Stretching - at least 10-20 minutes per day
- Meditation - 10 min twice each day
- Massage - Deep tissue 30-60 min 1-2 per week

Stress Reduction

HOW TO COPE WITH STRESS

Look at how you currently cope with stress

A. Unhealthy ways of coping with stress

- Smoking
- Drinking too much
- Overeating or under eating
- Using pills or drugs to relax
- Sleeping too much
- Procrastinating

- Zoning out for hours in front of the TV or computer
- Withdrawing from friends, family, and activities
- Filling up every minute of the day to avoid facing problems
- Taking out your stress on others (lashing out, angry outbursts, physical violence)

B. Learning healthier ways to manage stress

Dealing with Stressful Situations: The Four A's:

Change the situation:

- Avoid the stressor.
- Alter the stressor.
 - Make time for fun and relaxation
 - Adopt a healthy lifestyle

Change your reaction:

- Adapt to the stressor.
- Accept the stressor.

1. Stress management strategy #1: AVOID the stressor

- Learn how to say “no”
- Avoid people who stress you out
- Take control of your environment
- Avoid hot-button topics
- Pare down your to-do list

2. Stress management strategy #2: ALTER the situation/stressor

- Express your feelings instead of bottling them up
- Be willing to compromise
- Be more assertive
- Manage your time better

3. Stress management strategy #3: ADAPT to the stressor

- Reframe problems
- Look at the big picture
- Adjust your standards
- Focus on the positive
- Adjusting Your Attitude

4. Stress management strategy #4: ACCEPT the stressor

- Accept the things you can't change
- Don't try to control the uncontrollable
- Look for the upside
- Share your feelings
- Learn to forgive

5. Make time for fun and relaxation

- Healthy ways to relax and recharge

- Go for a walk.
- Spend time in nature.
- Call a good friend.
- Sweat out tension with a good workout.
- Write in your journal.
- Take a long bath.
- Light scented candles
- Savor a warm cup of hot chocolate or herbal tea.
- Play with a pet.
- Work in your garden.
- Get a massage.
- Curl up with a good book.
- Listen to music.
- Watch a comedy

Adopt a healthy lifestyle

- Exercise regularly
- Eat a healthy diet
- Reduce caffeine & sugar
- Avoid alcohol, cigarettes and drugs
- Get enough sleep
- Develop a healthy sexual relationship with a partner 2-3 times per week

EXERCISE

Begin a daily walking routine of 1 minute on the first day. Add 1 minute each day until you are at 45 minutes of continuous walking. Make this a specific time and walking around stores, work or home does not count.

MAINTENANCE:

Regular spinal adjustments and mild forms of physical therapy are important to reduce the symptoms on a regular basis. Patients who receive monthly spinal manipulation and therapy report fewer complications and improved life style. It is important that you follow your chiropractic physician's advice about the frequency of treatment for your particular condition.

OTHER INFORMATION:

We offer a wide variety of health information at our web site. www.holladayphysicalmedicine.com All patients are welcome to use our information to improve your life and maintain your spinal health.

This information is provided to you as a health service by Dr. Bruce Gundersen, DC, DIANM. He is board certified by the International Academy of Neuromusculoskeletal Medicine and currently serves as chairman of the examination board for the Academy. He is also the President of the Utah College of Chiropractic Orthopedists and clinical director and chief clinician at Holladay Physical Medicine. He has practiced physical and regenerative medicine for over 40 years.