

Case Study—Nutritional Deficiency Identification System

PARKINSON'S SYNDROME AND THE PARATHYROID GLAND

By James Henry DC

Patient Profile

The Patient is a 51 year old male of Caucasian decent 6 foot tall; weight 220 lbs.; Pulse 78; left brachial blood pressure was 124/85; and temperature measured at 98.6. The patient was divorced and his occupation was a scientist. With low and upper pain, he stated that he had been treated by a chiropractor on and off for several years with good results, but that he seemed to be experiencing more frequent back problems & muscle spasms.

Physical Examination

On examination a tremor was observed on both hands and general muscle stiffness was also noted. When questioned he explained that after an adjustment the tremor would improve temporally, he also stated that his grandfather and his father had the same problem. On passive and active range of motion testing in the cervical region left and right rotation were markedly decreased with pain. On passive and active range of motion in the thoracic-lumber region, flexion was markedly with pain and muscle spasms. All other active thoracic-lumber range of motion were moderately decreased with tenderness. The Romberg sign was negative, Babinski reflex was shown to be negative bilaterally; Faber-Patrick was observed to be negative bilaterally; and Kemp was shown to be positive on the right. Bragards test negative. Both Lasegue test and rebound testing was negative bilaterally and Minor's sign was negative. Biceps Triceps and Patella reflexes were all negative. Spinal segmental joint dysfunction was noticed at C-1-C-2 C-3 C-4, T11 and T12, L-1 L-2 and L-4 L-5.

X-RAYS

Lumbar spine revealed severe degenerative changes from L-1 thru L-5 with osteoarthritis changes, lipping, spurring, and bridging. GI study revealed a diagnosis of diverticulitis

MRI

Moderate diffuse degenerative disc disease with multiple disc protrusion and canal stenosis.

LABORATORY

Blood test were normal including potassium.

NDIS (Nutritional Deficiency Identification System)

An NDIS Test was performed and the results of the report follows with a brief description of each nutrient product recommended. The possible uses for each supplement are provided based on material published by Dr. Royal Lee, Dr. George Goodheart and selected nutritional books. All of the following listed supplements have multiple applications and are provided because of the relevancy to this particular patient and case study:

ANTRONEX (SP) Possible Uses: Food and environmental hypersensitivity, drug toxicity, a natural anti-histamine for allergies possibly related to thyroid toxicity.

THYMUS TISSUE (AT) Possible Uses: To improve and support the lymphatic immune system and also possibly related to the thyroid and parathyroid gland.

PARATHYROID TISSUE (SP) Possible Uses: To regulate blood calcium and phosphate levels, a chemical sensitivity gland, parathyroid regulates and protects.

DERMATROPHIN PMG (SP) Possible Uses: Digestive inflammation, skin conditions, interstitial cystitis for stress and emotion.

LUNG TISSUE (AT) Possible Uses: To improve, protect and increase lung energy.

Disclaimer: *NDIS is not intended to be a diagnostic tool or to treat, diagnose, cure or prevent any disease.*

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YARROW (E C) Possible Uses: Helps stop bleeding such as GI tract anti-inflammatory.

CRUCIFEROUS COMPLETE (SP) Possible Uses: (Source of Kale, Brussel sprouts and Vitamin K) contains phytonutrients that protect against free radicals, stimulates the body cleansing system and supports healthy eye function.

B COMPLEX BIO -3B-G (BI) Possible Uses (Source of natural multiple B vitamins) Neural- muscular disorders, Beriberi, Pellagra.

EYE TISSUE (SP) Possible uses: To protect and improve the eye from strain, injury or irritation.

BRAIN TISSUE (AT) Possible Uses: Neural-muscular disorders, mental fatigue dementia.

DUODENUM TISSUE (AT) Possible Uses: To protect and improve the GI tract, ulcers, gastritis, colitis.

POTASSIUM OROTATE (AT) Possible Uses: Ticks, spasms and tremors, neural-muscular conditions.

SUPER PHOSPHOZYME LIQUID (BI) Possible Uses: Joint and muscle stiffness, kidney stones

SUPPLEMENT COMPANIES USED FOR TESTING

(SP) Standard process (EB) Eclectic Institute (AT) Atrium (BI) Biotics

CHIROPRACTIC TREATMENT

The patient was treated with chiropractic adjustments, decompression traction, Cox's flexion distraction and nutrition. The patient said that muscle stretching in his swimming pool seemed to help

NEW DEFINITION

PARKINSON'S DISEASE (known as P D) is a chronic neurological condition named after Dr. James Parkinson a London physician who first described the syndrome in 1817. PD is a slowly progressive disease that affects the brain, especially a small area of called the substantia nigra. Gradual degeneration of these cells causes a reduction in a vital chemical known as dopamine. Parkinson's disease belongs to a group of conditions called motor system disorders. PD and other related disorders are the result of the loss of dopamine-producing brain cells Dopamine is a chemical messenger responsible for the transmitting signals within the brain . Parkinson's disease occurs when certain nerve cells or neurons die, or become impaired. Normally these neurons produce dopamine. The loss of dopamine causes the nerve cells to fire out of control, leaving patients unable to direct or control their movements in a normal manner.

OLD DEFINITION

PARKINSONISM (PARKINSON'S SYNDROME) is a chronic disorder of the C. N .S. characterized by slowness and poverty of movement, weakness, muscular rigidity and tremor. The syndrome may be caused by a variety of agents, but in the majority of cases the cause is unknown (idiopathic parkinsonism). Post Encephalitic Parkinsonism may occur as a sequel in a large percentage of epidemic encephalitis cases. Toxic Parkinsonism may result from poisoning with carbon monoxide or manganese. In older patients the disorder may occur on an arteriosclerotic basis. Occasionally, trauma to the head and cerebrovascular accidents are causative factors. Symptoms typical of parkinsonism may develop in patients who are given large doses of tranquilizers for a extended period of time.

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DISCUSSION

I prefer the old definition of (PD) as it seems to be more accurate and clinical even with a copyright of 1961. In the majority of cases the cause of Parkinson's Disease is still unknown (idiopathic) however, most researchers feel that environmental factors such as the exposure to PCP, insecticides and fungicides like agent orange can precipitate the condition. Blood cholesterol lowering drugs may also cause PD. At the end of World War I there were many veterans that developed Parkinson's Disease which was thought to be the result of mustard gas exposure affecting the parathyroid gland. I remember hearing Dr. Goodheart state many times that the parathyroid gland was very chemical sensitive. Not knowing the source of his information I just have to take him at his word.

We know that there is a relationship between the parathyroid and the basal ganglia. It is also known that people with parathyroid gland conditions and PD are prone to having GI problems which are sometimes severe. As with most diseases, genetics certainly seem to play a roll which leads me to believe we inherit nutritional weaknesses as well. If indeed we do inherit nutritional weaknesses by finding the deficiencies and supplying the proper nutrients we have the opportunity to avoid challenging and expensive health problems long before severe symptoms arrive.

OUTCOME

After reviewing the NDIS test with the patient I advised him that the recommended nutritional support program would most likely take some time simply because the nervous system is generally a slow healer. However, much to our surprise his tremor totally went away in 3 weeks after living with the condition for some time. The patients low back keeps improving and that's all good news. The down side has been the patient doesn't always fully comply with his prescribed nutritional program, after receiving the results he wanted.

REFERENCES

Merck Manual tenth edition copyright 1961 Parkinsonism pages 1059-62

National Institute of Health [www. NIH](http://www.nih.gov) Parkinson's Disease

National Institute of Neurological Disorders and Stroke

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Dr. James D. Henry is a 1965 graduate of the National College of Chiropractic, the inventor of NDIS and President of Wellspring Technology, Inc., a company involved in nutritional research located in Mobile, Alabama. Dr. Henry mentored & worked from-time-to-time with Dr. Goodheart developing a strong interest in the use of nutrition in his still active practice spanning over 44 years. For more information or questions please call Dr. Henry at 205-304-9581 or send an email to: drndis@gmail.com