"LOWER LOW-DENSITY LIPOPROTEIN CHOLESTEROL LEVELS ARE ASSOCIATED WITH PARKINSON'S DISEASE,"

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Jonathan Wright News Letter

Every once in awhile, disease prevention can be a "one-step-forward, two-steps-back" proposition. Over the past several decades, there's been a heavy focus on heart disease prevention by way of lowering cholesterol levels -- particularly the low-density lipoprotein, or LDL, variety. This type of cholesterol is generally regarded as "bad" and is what builds up in damaged arteries, eventually being *involved in* clogs that can lead to heart attacks. We all “know” that cholesterol is blamed for heart disease, but that now appears not to be so true. And what if our best efforts to lower cholesterol have worked against us, and have inadvertently put us at increased risk for a different, but equally deadly disease?

According to a study published in the journal *Movement Disorders* in December, *low LDL cholesterol levels may actually increase your risk of Parkinson's disease.* The study involved 236 people-- 124 Parkinson's patients and 112 controls. The researchers measured all the participants' cholesterol levels and gathered information regarding their smoking habits and use of cholesterol-lowering drugs.

They found that the subjects with the lowest LDL levels (**less than 114 milligrams** per deciliter) had a **3.5-fold higher occurrence of Parkinson's** than the participants with higher LDL levels (more than 138 milligrams per deciliter). And in another interesting twist, the researchers also found that the patients battling Parkinson's were also less likely to have taken statin drugs than the patients in the control group who didn't have the disease.

There just doesn't seem to be much rhyme or reason to this situation. As the lead researcher of the study put it "Parkinson's is a disease full of paradoxes."

Paradoxical or not, these results certainly don't warrant a laissez-faire approach to cholesterol maintenance. But they also don't warrant a mad dash to your doctor for a statin drug prescription either. There's still a lot we don't know about Parkinson's disease, cholesterol, and why they interact the way they do. And until those questions have more definitive answers, your best bet is to keep on doing what you have been to keep both things under control.

The best way to protect yourself from Parkinson's disease is to increase your intake of a few key nutrients, particularly **vitamin E and riboflavin (vitamin B2).**

What is ...lipoprotein?

Lipoprotein is a combination of fat and protein in the blood. Low-density lipoprotein, or LDL, contains mostly fat and only a small amount of protein, and *carries cholesterol from the liver to other parts of the body*, which is why it is *generally considered* to be the "bad" type of cholesterol.

"'Intriguing' results link vitamin D and Parkinson's: Study,"
Nutraingredients (www.nutraingredients.com), 10/14/08 h

Having adequate levels of Vitamin D
may protect against Parkinson's disease.

Researchers from Emory University School of Medicine discovered that patients with Parkinson's disease were more likely to have insufficient levels of this nutrient than healthy people -- or even than people with other degenerative diseases such as Alzheimer's.

While the research team wasn't sure whether the low vitamin D levels contributed to the onset of the disease or if they occurred as the result of it, previous studies indicate that the area of the brain most affected by Parkinson's "contains high levels of the vitamin D receptor, which suggests vitamin D may be important for normal functions of these cells."

Either way, the link was strong enough to spark a follow-up study using vitamin D to possibly reduce the severity of Parkinson's in patients struggling with the disease.
While the results of that study aren't available yet, it's quite clear that getting -- and maintaining -- adequate levels of vitamin D should be a top priority for everyone, not just Parkinson's patients.

The Connection between Ovaries and Parkinson's Disease
Keeping your eggs in the basket

Most women wouldn't choose to have their ovaries removed if their doctor didn't deem it necessary. But now it seems there's even more reason to think twice about this major procedure. New research done at the Mayo Clinic College of Medicine shows that the *removal of ovaries could increase the risk of Parkinson's disease.* In fact, the **risk is *double if both ovaries are removed.*** This discovery was made after examining the medical records of 5,000 women in one Minnesota county over a 37-year period.

These new findings, presented at the annual meeting of the American Academy of Neurology, cast doubt on whether the elective removal of ovaries in women already undergoing a hysterectomy is the wisest choice, especially for patients with a family history of Parkinson's disease.

What is the connection between the ovaries and Parkinson's disease? It has to do with the *protective qualities of estrogen,* which is produced by the ovaries. Estrogen has been shown to *make certain nerve cells less susceptible to toxins, perhaps by triggering genes that make protective proteins*. The particular nerve cells that estrogen helps include those in an area of the brain that controls voluntary movement. In Parkinson's patients, that is the region of the brain that shows deterioration, causing the illness' characteristic symptoms of shaking and unsteady gait.

In the past, the relationship between estrogen and Parkinson's disease has been investigated only in animals. This latest study is seen as a step forward, as it is based on women and their care.

In the Mayo clinic investigation, researchers found that of the 2,485 women who had undergone the surgical removal of one or both ovaries, 43 developed Parkinson's symptoms and 25 developed the full-blown disease. Removal of both ovaries seemed to place patients at an even greater risk than those who had just one ovary removed.

Experts strongly caution that this information shouldn't be taken in isolation. For many women, surgical removal of the ovaries is necessary to combat ovarian cancer. But for those patients for whom removal of the ovaries is an elective procedure -- that is, when it is performed along with a hysterectomy to eliminate the future risk of ovarian cancer -- it may be a good idea to discuss this latest information with your surgeon to judge what is in your best interest.

SIX WEEKS TO PARKINSON'S IMPROVEMENT WITH A SINGLE VITAMIN

The latest news in Parkinson's disease research isn't some new, patented wonder drug. It's the disease's apparent link to riboflavin, or vitamin B2.

Researchers in Brazil examined a group of 31 Parkinson's patients and found that *every single one had a riboflavin deficiency-- even though their dietary sources (like liver, almonds, and spinach) were adequate*. To fully explore the link, the researchers asked the patients to **stop eating all red meat and to take 30 milligrams of riboflavin every eight hours.**

After six months, the patients' functional motor capacity increased nearly 30 percent-- from an average of 44 percent of normal to an average 71 percent of normal. Tests for riboflavin deficiency had also normalized in all the patients, and there were no side effects except the usual "bright yellow urine" effect of riboflavin.1

The researchers **didn't explain** why they felt it was necessary for the patients to eliminate red meat in addition to correcting the riboflavin deficiency. But I've found that nearly all individuals with Parkinson's ***have trouble digesting animal protein, especially red meat,*** so perhaps this has something to do with it. *{Dr. B.: also, most meat is laden with pesticide, especially in the fat. There is a pesticide connection to Parkinson's. See in this site: }*

Six months without a steak might sound like a lot. But given the possibility of very significant improvement in motor function, it's worth ***eliminating it for a six-month trial***. And keep in mind that the elimination is usually only temporary: If you do get positive results, you can probably add red meat back into your diet eventually and increase your riboflavin dosage to maintain the improvement. If you decide to try this approach, don't forget to **"back up"** the riboflavin-- or extra quantities of any individual B vitamin-- **with the entire B-complex.**

This is very recent research, so I haven't had time to evaluate it clinically yet. But since riboflavin is completely harmless, it's definitely worth a try if you have Parkinson's. You may have significantly improved mobility-- and the worst that can happen is a case of "bright yellow urine." JVW

A major Parkinson's prescription could be more of a gamble than you thought…
New research uncovers the disturbing side effects of common Parkinson's drugs

Gambling compulsively until your house is on the line… hypersexual behavior… sounds straight out of an episode of CSI, right? Certainly nothing that has any place in YOUR life…
Well…

"Parkinson's Disease Medication Triggers Destructive Behaviors."
Newswise (www.newswise.com), 4/8/09.

Therapeutic doses— the dose deemed to be at least minimally beneficial— of drugs are supposed to be …well, therapeutic. But a new study conducted at the Mayo Clinic reveals they could be anything but.

Researchers analyzing the medical records of patients with Parkinson's disease receiving care at the Mayo Clinic in Rochester between 2004 and 2006 were shocked at what they called "definitive findings." The dopamine agonists so commonly used for Parkinson's disease put patients at risk for developing destructive behaviors— including compulsive gambling and hypersexuality.

And in how many patients were these effects observed?

One in 1,000? Nope. One in 100? Give up? One in *almost five.* And that could be low-balling it. Because researchers were looking at charts, they only learned about the situations that the patients actually told their doctors about. Who knows how many people were too disturbed or embarrassed to let their doctors know about their new behaviors?

It turns out this isn't the first time this connection has come up. Reports from a 2005 case series alerted the Clinic "something bad was happening to some unfortunate people."

Of course, the recommendation that follows the news is almost laughable. In a video produced by the Mayo Clinic, we're reassured that this doesn't mean we have to stop taking the drugs. At least one person, we're told, has dropped the dose by about one-third and has "been okay." I wonder how much of his life savings he had to lose before he got to that "okay" point.

Reduce your risk of Parkinson's disease: Use natural (not synthetic!) Pesticides

You could be putting your own health in danger every time you step into your back yard. A recent study has shown that home exposure to synthetic, chemical pesticides is associated with increased Parkinson's

disease risk. 1 The study involved 496 individuals newly diagnosed with Parkinson's disease and 541 age- and sex-matched individuals with no signs of that illness. After "controlling" for known risk factors, including family history, occupational exposure to pesticides and herbicides, and cigarette smoking, the researchers concluded that individuals who had a high level of exposure (defined as an average of 160 exposure days) had a statistically significant *70 percent* increased risk.

Even the group with the lowest level of exposure, fewer than 30 exposure days, had a 40 percent increased risk. And this was judged as "not statistically significant"! Those who used synthetic insect-killing chemicals in the garden had a 50 percent increased risk.

The article in which this study was reported described this and prior research as "biologically plausible," reporting that "many pesticides are neurotoxic and may affect various aspects of central-nervous-system functioning, possibly even resulting in cell death." As is often the case, the researchers themselves stated that their findings were *only suggestive and that no firm conclusions could be drawn.*

I, however, am definitely willing to "draw conclusions," and even make a prediction: Based on extensive study of nature, creation, and evolution, it can be stated with great assurance that unnatural, synthetic, patentable molecules-molecules not "naturally designed" or evolved to be metabolized by human bodies-will always raise the risk of bodily malfunction. Sometimes, this malfunction is severe enough to be labeled a disease. Although not all natural molecules are perfectly safe, they are overwhelmingly more likely to be safer than patentable synthetic molecules.

Fortunately, there's an increasing number of safe, natural alternatives now available at every nursery, hardware, and "home-and-garden" store. These include "insecticidal soaps" (made up of fatty acids) that eliminate many houseplant pests, orange oil to repel and kill ants, and mint-oil sprays to chase away and kill hornets and bees. All the brands and uses are much too numerous to list here; check with your favorite store. *[Dr. B.: Do not think pyrethrum or pyrethroids are safe. They are neurotoxic, cardiotoxic and immunotoxic.]*

My fearless prediction: The use of natural pesticides will ultimately be found to lower your risk of Parkinson's disease when compared with the use of patentable, synthetic, chemical pesticides.

In one study of 80 people with Parkinson's, CoQ10 supplementation was shown to reduce the deterioration of function and the degree of disability. {see mitochondrial nutrients and other articles this site}

BUNDLE OF NERVES

Q **diabetic neuropathy.**
JVW RE the Neuropathy, or nerve damage: which is often a painful reality for many diabetics and is one of the hardest conditions to treat. Unfortunately, most conventional treatments don't work -- but there is hope in some alternatives.

Studies have shown that evening primrose oil (EPO) offers significant relief of neuropathy symptoms, including improvement of function in motor and sensory nerves, and muscle strength. Researchers think this is due to its high concentration of GLA (gamma-linolenic acid), which is produced in the body from certain foods. Diabetes interferes with the production of GLA so supplementing with EPO makes sense. It also has anti-inflammatory and anti-clotting properties so people on blood-thinning drugs or aspirin need to exercise caution when taking EPO.

There is also a **breakthrough therapy** that I covered extensively in the April 2004 issue of Nutrition & Healing. It's called **MME (Magnetic Molecular Energizer).** MME takes the technology of Magnetic Resonance Imaging (MRI) and turns it around to transmit rather than receive powerful electromagnetic energy. *This allows the body faster and previously unheard of healing. It is particularly effective with the nervous system, which is affected with both diabetic neuropathy and Parkinson's*.

For more information or to find an MME center contact the Advanced Magnetic Research Institute (AMRI) International at (800)265-1119 or visit www.amri-wa.com.