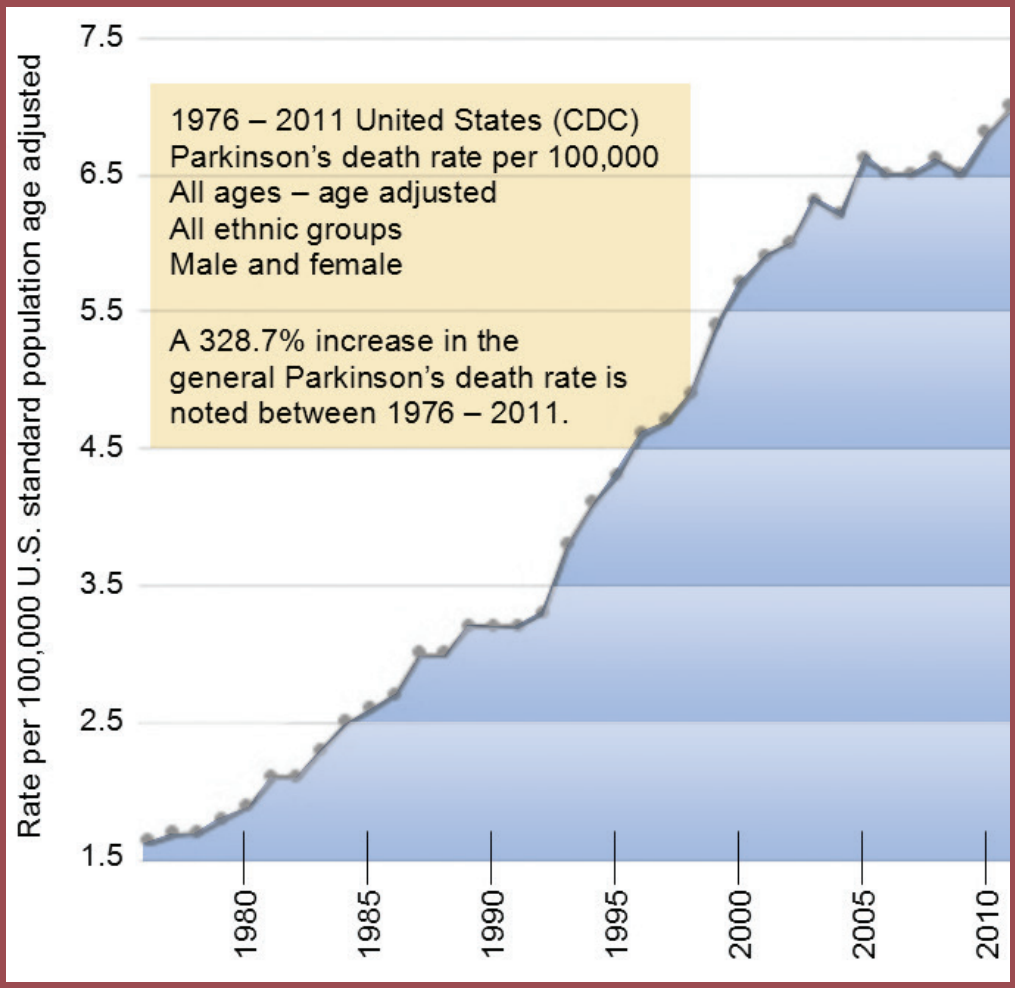
A BETTER WAY

Avoid treatment linked to the increasing Parkinson's disease death rate.™*

*Hinz, M. Stein, A. Cole, T., The Parkinson's disease death rate: carbidopa and vitamin B6 (PLP) Clin Pharmacol Sep 2014



THE APPROACH

Receive Parkinson's care developed by the medical doctors that discovered and published, the carbidopa death link.

The nutritional approach we invented replaces carbidopa while effectively addressing the nutritional deficiencies associated with Parkinson's disease and L-dopa.

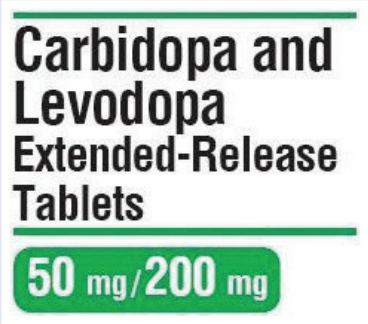
PARKINSON CLINICS OF EXCELLENCE

RND BASED PARKINSON'S CARE
Drugs interfere with system function
Nutrition restores normal function

CARBIDOPA: The drug that depletes vitamin B6 and accelerates Parkinson's disease symptoms

Levodopa (L-dopa) is the most effective Parkinson's disease treatment available. Carbidopa is only added to L-dopa to stop nausea caused by using L-dopa the wrong way. Use of this combined drug leads to progressive deterioration of the patient.

Carbidopa irreversibly binds to and permanently deactivates the active form of vitamin B6 where ever it is found in the body. With over 300 enzymes and proteins requiring B6 for normal function, there is no other vitamin or nutrient responsible for more vital chemical reactions.



Between 1960 and 1975, when only L-dopa was being used, the Parkinson's death rate was decreasing. The FDA approved carbidopa for administration with L-dopa in 1975. One year later, in 1976, the Parkinson's death rate started increasing as noted in the chart on the cover of this brochure.

Is this a new form of Parkinson's disease treatment?

No! L-dopa is the most effective Parkinson's treatment available and has been over 50 years. L-dopa is usually the last drug started due to what was thought to be the inevitable side effects and adverse reactions associated with it.

Isn't L-dopa a prescription drug?

L-dopa is available as a drug or a nutrient. It is classified as a non-essential amino acid. With Parkinson's disease patients additional L-dopa it is essential since dietary intake can not be established high enough to meet dopamine needs even with an optimal diet.

If this is not a new treatment what is it?

This approach is the first real advancement in the L-dopa and Parkinson's disease treatment in over 50 years. After 17 years of clinical research, the medical doctors who invented and refined this approach published their findings in 2014. Parkinson's disease, L-dopa, and carbidopa are all associated with numerous relative nutritional deficiencies (RND). The management of these deficiencies is not simply going to the health food store and getting some nutrients. Various techniques along with lab tests have been developed and refined by these medical doctors who learned to manage the side effects associated with L-dopa. This provides highly beneficial treatment with L-dopa as soon as possible without carbidopa.

Why is early treatment with L-dopa important?

Parkinson's disease patients do not have enough dopamine in their brains. This causes the symptoms of Parkinson's disease. The only way for the brain to make enough dopamine is by taking L-dopa. In all Parkinson's disease patients a relative nutritional deficiency exists since high enough levels of the nutrient L-dopa can not be obtained from even an optimal diet. Treatment with L-dopa as soon as possible is important to keep brain function optimal and prevent brain deterioration from nutritional deficiencies. Drugs do nothing to increase the body's ability to make dopamine. The effectiveness of drugs in the treatment of Parkinson's disease is a distant second to the nutrient L-dopa.

Can I get these nutrients on my own?

Everything being prescribed is non-prescription nutrients since all of the problems associated with Parkinson's disease represent relative nutritional deficiencies. The components of treatment are available in health food stores or over the internet. If you buy these things for self-treatment you will be up against the exact same problems medicine has been dealing with for over 50 years: the side effects and adverse reactions associated with the nutrient L-dopa along with the multiple nutritional collapses of Parkinson's disease. Management of L-dopa induced nausea, on/off effect, dyskinesias, long-term stability, and all of the relative nutritional deficiencies listed to the right, need to be skillfully and professionally managed. This is not a self-treatment disease.

What are the expected outcomes of treatment?

For Parkinson's disease patients who are early in the course of the disease expectations should be complete restoration of function with few or no symptoms with a marked slowing in the progression of the disease. For patients who have had the diagnosis for several years, time, the disease, and drugs may have taken their toll. While complete restoration of normal function may not be possible, the expectation should still be to achieve the highest level of function possible without unmanageable L-dopa side effects interfering.

A nutrient is any substance that facilitates normal system function.

A drug is any substance that induces abnormal system function.

A nutrient may become a drug.

A drug may not become a nutrient.

With misuse, the nutrient L-dopa turns into a drug with side effects.

Parkinson's disease is associated with depletion of:

- Serotonin
- Dopamine
- Norepinephrine
- Epinephrine
- Thiols (homocysteine, L-methionine, S-adenosyl-L-methionine, S-adenosyl-homocysteine, cystathione, L-cysteine, and glutathione)
- L-tyrosine
- L- tryptophan

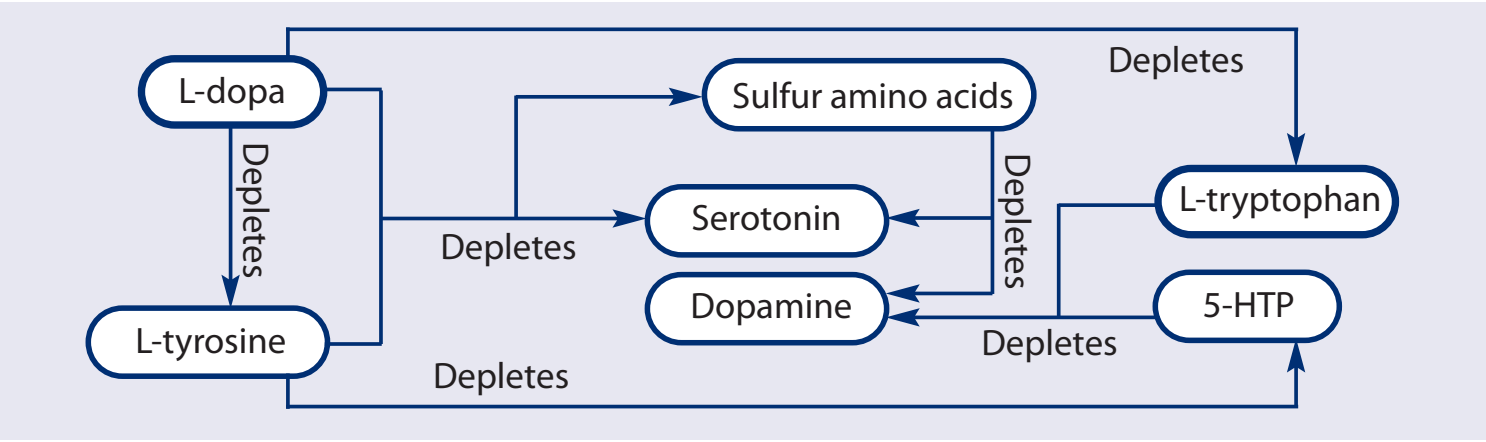
L-dopa has the ability to induce nutritional deficiency of

- Serotonin
- Thiols
- L-tyrosine
- L-tryptophan

Carbidopa depletes vitamin B6

These depletions represent relative nutritional deficiencies (RND) where system nutrition based synthesis requirements cannot be achieved on a normal or optimal diet.

Improper administration of nutrients turns them into a drug.



How does L-dopa deplete other nutrients?

Study the illustration above. When only L-dopa is given it excludes serotonin the making of serotonin. For over 50 years doctors have given their patients L-dopa while not recognizing or making any effort to correct the nutritionally driven collapse problems they were creating. L-dopa depletes L-tyrosine, Thiols (homocysteine, glutathione, S-adenosylmethionine, L-cysteine, cystathione, and L-methionine), serotonin, and L-tryptophan. These things are critical for functions in the body. These nutritionally driven depletions cause Parkinson's disease to spiral out of control. The leading cause of Parkinson's disease is brain damage from toxins. This requires more dopamine to compensate for the damage and restore normal brain function. L-dopa depletes glutathione concentrations, the body's most powerful detoxifying agent. When this happens ongoing exposure to toxins accelerates progression of disease if proper levels of the nutrients required by the body to make glutathione are not administered.

Is this alternative medicine?

This is cutting-edge main stream medical research. At the heart of this approach is the nutrient L-dopa which has hundreds of published Parkinson's disease studies and has been recognized as the most effective treatment for over 50 years. L-dopa is so important that the doctors who discovered then synthesized it received two Nobel Prizes. In 1975 things took a negative turn for L-dopa; it was combined with carbidopa and the death rate started increasing. The difference with this approach is that L-dopa builds the system up while all other approaches tear the system down.

Do not keep treating as before.

Everyday that a Parkinson's patients live with improperly treated nutritional deficiencies is another day the system deteriorates. While things might not seem to be too bad for the first year or two of standard medical care, the day will come where nutritionally driven forces spiral out of control into a world of symptoms worsening. This nutritional worsening is caused by the improper nutritional treatment, the disease, and the drugs. This approach is superior to any previous treatment in restoring optimal function and preventing deterioration of the disease. Patients should not be allowed to persist in a nutritional deficiency state for one day. Under the current approach to Parkinson's disease they are in nutritional deficiency for years. The earlier nutritional stabilization is performed the better the long-term disease outcomes will be. Ignoring the problem leads to system collapse. Many symptoms of nutritional collapse are wrongly diagnosed as deterioration from Parkinson's disease and not treated properly.

What is telemedicine?

Telemedicine is a formally recognized method for doctors (MD and DO) to provide medical care remotely. The University of Minnesota Duluth Medical School has 80% of the state of Minnesota geographically set up telemedicine. Insurance companies recognize telemedicine consults as a valid form of medical care and most reimburse for telemedicine care as long as the patient is in a clinic while the consultant is remote. Private telemedicine, where the physician cares for the patient in the home, is usually not covered by insurance but is a valid option for self-pay patients.

World-wide telemedicine care for Parkinson's disease and other neurotransmitter related illnesses

For a virtual clinic telemedicine appointment or information contact:

Alvin Stein, MD
6710 West Sunrise Blvd. Suite 110
Plantation, FL 33313
954-581-8585
Email: Nobones@aol.com
www.neurosciencemyths.com

PARKINSON CLINICS OF EXCELLENCE

RND BASED PARKINSON'S CARE

Drugs interfere with system function
Nutrition restores normal function

Not just Parkinson's disease

- Adrenal fatigue or burnout
- Alzheimer's disease
- Anorexia
- Anxiety
- Asperger's Syndrome
- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism
- Bulimia
- Serotonin driven coronary artery disease
- Chronic pain
- Chronic stress
- Cognitive deterioration
- Cortisol Dysfunction
- Crohn's disease
- DARPP-32
- Dementia
- Depersonalization disorder
- Depression
- Fibromyalgia
- GABA dysfunction
- Glutamte regulation
- Hormone dysfunction
- Hyperactivity
- Impulsivity
- Inappropriate Aggression
- Insomnia
- Irritable Bowel Syndrome
- Migraine Headaches
- Nocturnal myoclonus (Restless Leg Syndrome)
- Obesity
- Obsessionality
- Obsessive Compulsive Disorder
- Organ system dysfunction
- Panic Attacks
- Parkinson's disease
- Phobias
- Post-traumatic stress disorder (PTSD)
- Premenstrual Syndrome (PMS)
- Psychotic Illness
- Schizophrenia
- Seasonal Affective Disorder
- Social anxiety disorder
- Tension Headaches
- Tourette's Syndrome
- Traumatic brain injury
- Trichotillomania
- Ulcerative Colitis

How are these diseases like Parkinson's disease?

Patients with these diseases are suffering from inadequate levels of the neurotransmitters serotonin, dopamine, norepinephrine and epinephrine. The body requires adequate amounts of nutrients to make enough neurotransmitters.

With each of these diseases enough nutrients can not be obtained even from an optimal diet. This is a state known as relative nutritional deficiency.

Just as with Parkinson's disease nutrients need to be given in proper balance or they will not work and may cause more harm than good in the long run by depleting of other systems.

The medical doctors staffing this telemedicine clinic have published numerous papers documenting their research and findings with these diseases. Many new approaches to nutrient administration were developed along with the laboratory testing required to optimize results.

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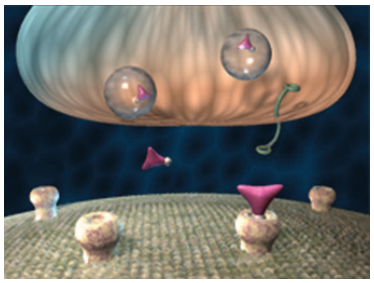
Within the body, drugs do not produce more of the things required to restore the system to optimal health. Drugs work by causing the system to function abnormally in hopes that the effect generated will be viewed as a positive outcome and the patients willingly continue taking the drug hoping for relief. Depression drugs, for example, are only 7% to 13% more effective than taking a sugar pill (placebo).

The goal needs to be the restoration normal system function something that only nutrients can do. Work by inducing abnormal system function.

Many of the same considerations required for addressing the nutritional deficiencies of Parkinson's disease are utilized in the treatment of the diseases listed above. We offer care for the most challenging and difficult cases. Refractory cases, situations where the drugs have stopped working, trouble getting off the drugs, and patients who do not want drug treatment are routinely cared for by our physicians.



The National Institute of Health Division of Drug Abuse illustration of neurotransmitters depleted by reuptake inhibitor drugs such as the ones used to treat the diseases listed on this page.

When antidepressants stop working it is because they have depleted neurotransmitters the levels that are required for the drug to continue working. Proper intake of nutrients is the only way to restore depleted neurotransmitter levels.

Certified to teach:

AMA Category 1 Continuing Medical Education

The doctors of this clinic teach 6 to 10 six-hour conferences a year around the United States.

www.NeuroSupport.com

Presenting peer-reviewed original research papers that were co-authored with faculty at the University of Minnesota Medical School in Duluth, MN

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