

One-Two Punch: Glutathione and HBOT

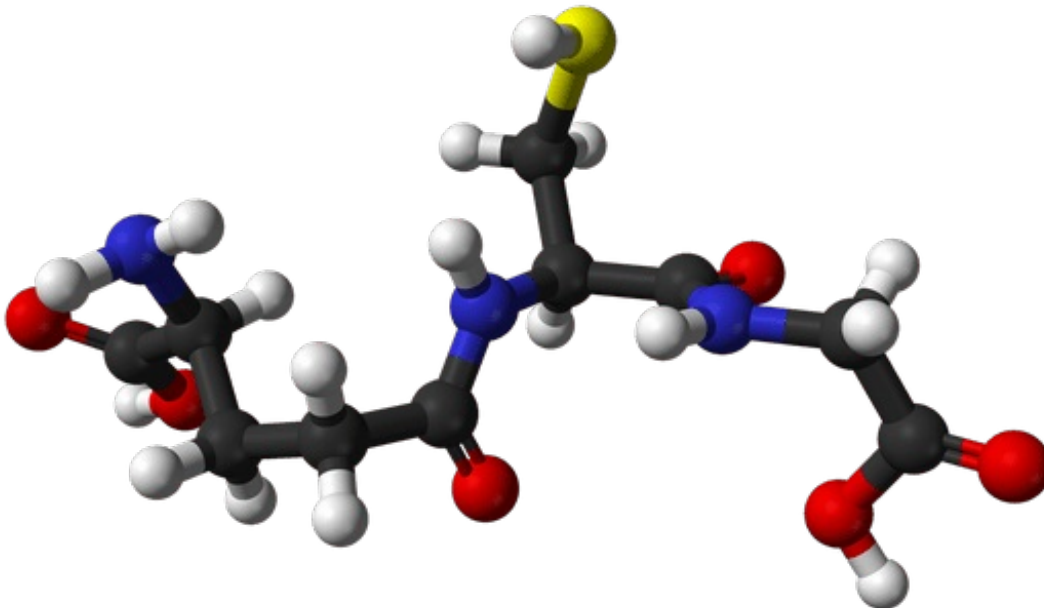
hyperbaricstudies.com/glutathione-hyperbaric-parkinsons/

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By Julian Whitaker, MD

Parkinson's disease is caused by the degeneration of neurons in the area of the brain that manufactures dopamine, a neurotransmitter that affects movement. As dopamine production drops, characteristic tremors and speech, balance, and motor problems develop. The primary treatment for Parkinson's is drugs that replace or mimic dopamine, and though these meds improve symptoms, they do not slow disease progression and their side effects increase with long-term use.

Although there's a lot that medical science does not know about Parkinson's, we do know that free-radical damage contributes to its progressive nature. That's why we use glutathione.



Glutathione/HBOT to the Rescue

Glutathione is a powerful natural antioxidant, and patients with Parkinson's have dangerously low levels of glutathione in the affected area of the brain. Boosting stores of this protective antioxidant not only guards against further damage, it also enhances the function of surviving neurons. Unfortunately, oral glutathione has a hard time crossing the blood-brain barrier, so

supplements aren't very helpful. When glutathione is infused intravenously, however, it hits its target. Most patients see dramatic improvements after just a handful of treatments—and many perk up after their first infusion. Even better, studies suggest that benefits last for two to four months after a treatment course.

Our patients with Parkinson's disease are also treated with hyperbaric oxygen therapy. HBOT is highly beneficial for stroke, multiple sclerosis, and brain injuries. It floods the brain with oxygen, slows neuronal degeneration, mobilizes rejuvenating stem cells, and enhances angiogenesis (the growth of new blood vessels that nurture damaged areas). It is the combination of these two treatments, working synergistically, that provides such remarkable results.

Serious Condition, Serious Intervention

Parkinson's is a serious condition that requires serious intervention. Coenzyme Q10, vitamin E, fish oil, curcumin, creatine, and vitamin D, along with N-acetyl-cysteine and vitamin C (both of which boost glutathione levels), show promise in improving symptoms and even slowing progression. I certainly recommend taking them. However, these supplements do not come close to approaching the therapeutic power of IV glutathione and HBOT.

Sadly, very few medical facilities offer these therapies. In fact, many physicians don't know a thing about them! Furthermore, although benefits are enduring, they don't last forever, and maintenance treatments are required for optimal function.

I don't know what it's going to take to get conventional physicians to embrace IV glutathione and HBOT, but don't hold your breath waiting for your doc to come around. I strongly urge you to find a treatment center near you, and if you can't, consider coming to the Whitaker Wellness Institute.

Recommendations

The suggested daily doses of supplements for Parkinson's disease are coenzyme Q10, a minimum of 1,200 IU; vitamin E, 400–800 IU; fish oil, 6–8 g; curcumin, 1,000–2,000 mg; creatine 10 g; vitamin D 2,000–4,000 IU; N-acetyl-cysteine 1,200–1,800 mg; and vitamin C, 1,000–2,000 mg. Look for them in your health food store or call (800) 810-6655 to order. Take in divided doses.

References

Hoggard M, et al. Hyperbaric oxygen treatment on a Parkinson's disease patient: a case study. Proceedings of the 14th International Congress of Hyperbaric Medicine, San Francisco, CA, 2002.

Sechi G, et al. Reduced intravenous glutathione in the treatment of early Parkinson's disease. Prog Neuropsychopharmacol Biol Psychiatry. 1996 Oct;20(7):1159–1170.

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