

CHAPTER FORTY-SEVEN

FREQUENTLY ASKED QUESTIONS

This chapter is currently being updated. However, a few of this chapter's questions and answers are still posted here.

If you are reading this chapter as part of the book, please enjoy the material, unfinished though it may be.

If you arrived at this page via a link from the website and have not read the preceding chapters of this book, know that many of the terms and hypothesis referred to in this chapter were introduced, and sometimes discussed in great depth, in previous chapters of the book. To fully understand some of the answers in this chapter, reading the preceding chapters may be very helpful.

How long will it take to recover?

Some people have recovered from Parkinson's in two months, and others in five years. Rate of recovery depends on a large range of factors including age, age at which dissociation began, degree of dissociation, ability to understand the idea of heart dissociation, and willingness to learn how to re-associate.

Even those people who recover very slowly usually experience, within a few months, small tangible improvements such as improved facial expression, a return of sense of taste and/or smell, and better circulation in the extremities. Nearly everyone who has stuck with the program for at least six months has noticed some lasting recovery symptoms.

On the other hand, one patient, for a period of three years, was treated every evening by his wife and also received, every three months, about four hours per day for a span of five day, treatment from the Parkinson's Treatment Team – with *no* significant recovery symptoms other than slightly improved facial expression: three years with no significant improvement. But then, during his quarterly visit to the Parkinson's Team, he experienced, over a period of a few days, a complete relaxation in his rock-hard feet. His ultra rigid feet, which could not flex at the ankle, instep, or toes, changed over a period of three days. After three days, all the joints in his feet became able to move perfectly normally. After that, his arms could swing, he could once again golf and walk normally. His case was highly unusual. It is more common for people to notice recovery symptoms within a few months.

Age: In general, we've seen that some people over seventy-five years old often do not have the mental vigor to try the "personality remake" that can be required for terminating the dissociation. If a person is over eighty years old when the Parkinson's appears, the Parkinson's tend to be developing slowly. Such a person might do best to follow his neurologist's suggestions for medications.

On the other hand, younger people, people in their thirties, tend to have cases that are developing rapidly. These people tend to be handicapped by fears that they will not

recover quickly enough, and their loved ones, their work, or their financial interests will suffer. It can be very hard for these people to let go of the drive and adrenaline that has kept them going – and which very probably accounts for the fact that their Parkinson's is developing at such a rapid clip.

And then again, two of the patients who've recovered in less than two months were in their late twenties.

The only hard and fast rules that we can propose, based on our very limited experience of a few hundred cases, is that a person will recover more easily if he doesn't know that he has Parkinson's disease, or if he is a professional musician.

It is impossible to predict a time frame for recovery for any given person.

Who is a good candidate for this program?

The best candidate for this program is a person who is intelligent enough to read and understand the material, mature enough to want to improve himself, and young enough to still make changes in his mental attitude.

Severity of Parkinson's symptoms does not determine good or poor candidacy, and has nothing to do with recovery being easy or difficult. A professional music composer with severe symptoms recovered *very* quickly, within two months, as soon as her foot injury and head injury were treated.

Also, the degree of *injury* does not seem to matter. A grotesquely distorted foot might yield to treatment more quickly than a barely blocked foot – the release needed to begin the healing of the foot injury can be related to the degree of dissociation more than the amount of bone and tissue damage and/or displacement.

The degree of heart dissociation is very significant – the degree to which a person can easily choose to feel joy despite difficult circumstances can be a strong indicator of how easily he will be able to re-associate with his injuries. A person who feels justified in being negative or worried because life's drama is not unfolding in a manner to his liking, or who feels that it's "not his fault" that he's negative, will have an extremely hard time recovering from Parkinson's disease.

A person who understands that the universe is, ultimately, perfectly balanced and perfectly fair, despite appearances to the contrary, and who therefore maintains a heart-posture of gratitude and calm, or even joy, despite all difficulties, will likely recover very, very quickly, based on what we've seen in the clinic. Even if the person cannot *maintain* gratitude and calm, if he is willing to constantly ask for help in learning how to be grateful and calm, he may recover quickly.

Who has the best chance at recovering in a relatively short time frame (several months to one year)?

In our limited experience, we've seen that professional musicians recover most quickly. People who are determined to feel justified in being bitter, cynical, angry or afraid do not recover easily. Even so, when they finally are able to admit that their negativity was a choice, and therefore can be changed, they can reconnect with their hearts.

Curiously, we have seen that our PD patients whose lives are primarily oriented towards engineering or other highly technical, “logic” based mindsets have had a more difficult time figuring out “how” to feel their own hearts. Many of these people have been very kind and sweet: very feeling towards the needs of others. And yet, the highly logical people with Parkinson’s, including those who pride themselves on their logical, analytical minds we’ve worked with, those who insist that they understand the *semantics* of the recovery program, nevertheless have had a very difficult time learning to actually experience heart-feeling. Our analytical, technically inclined patients have been caring, intelligent, loving people, for the most part, but they have had the hardest time in learning to feel their heart responses.

In our experience, a patient who shows up for our treatment program saying “You’ve got to cure me right away so that no one will ever know I’ve had Parkinson’s” is not going to make the quick progress that he is demanding, and he will probably drop out of the project very soon *whether or not* he experiences some symptoms of recovery. Likewise for a person who shows up saying, “It isn’t fair that I have Parkinson’s. I’m an innocent victim!” or the person who says, “I’m a real hard worker, I’m smart, and I’m determined to recover. Just tell me what to do and I’ll be the fastest recoverer you ever saw.” These people do not recover easily.

At the opposite end of the spectrum, those recovered most quickly who said (I paraphrase), “I’ve known all my life that there’s something wrong with my basic attitude, the way I approach life. I’m so grateful that I finally have a sense of what the problem is, so that I can work on it,” or “Whether *I recover or not* in this lifetime, I know that the heart work you talk about in your book is something that I am supposed to do,” and even, “I think I’ve had Parkinson’s before [in other incarnations]. Maybe I’ve had it more than once. I’m ready to *get over myself*: I’m ready to not have Parkinson’s any more.”

Ironically, those who are most determined to blast their way through to recovery, in the manner that they’ve approached everything else in life, do not understand that they will not recover until they get over this attitude. On the other hand, those who surrender their ego, use their will power to trust the universe *whether or not* they recover, and go fearlessly into the program, understanding that they must confront pain and fear – with no guarantee or even expectation of recovery but with a desire to live more correctly – those people do very well.

This is very often the exact opposite attitude from the one that has served the PDer very well his whole life: grim determination and a stoic, even self-sacrificing, numbing level of self-control. However, if he can realize that this very attitude is the thing that has caused him to be unable to heal from physical and emotional injury, then he might understand that his “success-via-feeling no pain” attitude is the thing that, ultimately, is causing the symptoms of Parkinson’s.

What evidence do we have to support our claims?

Parkinson’s disease is currently defined as incurable. Anyone who recovers from Parkinson’s is considered by the medical establishment to have been misdiagnosed. Therefore, we do not have any cases of recovery from Parkinson’s that have been verified

by MDs, even though we have doctor statements that recovered patients must have been misdiagnosed or had “pretended” to have had Parkinson’s.

Ignoring this issue, our best evidence is that we have worked with Parkinson’s patients whose symptoms are now completely gone. More importantly, patients who we have never met have recovered from Parkinson’s by using the material provided in our literature.

We have other patients who are partially recovered.

Can you introduce me to someone who has recovered?

Although many people, understandably, wish to meet with patients who have recovered, we do not give out names of patients. Besides, there is nothing remarkable to see in a person who recovers from Parkinson’s disease. A recovered Parkinson’s patient appears perfectly healthy, as if he never had Parkinson’s disease. A common response from people who meet recovered patients is something like, “That person’s case must have been very mild: he looks perfectly normal,” or “That person could not have had Parkinson’s disease.” In other words, disbelief. The myth of “incurability” is strong.

Lacking the funding and the time to make before-and-after videos, and lacking the personnel to treat the thousands of patients that must be treated in order for us to generate meaningful statistics, we must, in these early stages, consider another form of “proof”: possibly the best evidence we have that we are on the right track is the response of people with Parkinson’s when they read our material.

I will paraphrase the most frequent sentiment: “When I was diagnosed with Parkinson’s disease, I read up on it. What I read from the perspective of western medicine didn’t seem to match up with how I felt. But when I discovered and read the Recovery Project’s material, I felt as if you were describing *me*. It was uncanny. I never thought anyone could understand how I think and feel (or can’t feel), both physically and emotionally. But not only does your hypothesis as to the cause of Parkinson’s make perfect sense; it describes *me*. And I do have the type of injury you describe. And at the time I hurt my foot, I was terrified that anyone should know about it. I got chills reading parts of your book.” Or, “I read your book and I cried, for the first time in years. I felt as if someone out there knew *me*.”

At this early stage in our research, barely one decade into the Parkinson’s Recovery Project, we are still trying to figure out how to best support our claims. Until such time as we can present indisputable evidence, we encourage people to read through our findings and see for themselves whether or not they make sense. If our findings resonate with a person with Parkinson’s, he can then experiment with the recovery techniques and see for himself whether or not they work. The information is offered for free. A person with Parkinson’s has nothing to lose by testing our hypotheses.

We are currently in the very early stages of arranging a possible research project with the Heartmath Institute. They have a hand-held device that measures heart-brain wave coherence. Our research design would have at least fifty PDers use the devices (without knowing the results of the data) for several days. We will also have fifty healthy control subjects use the devices for several days. We anticipate, based on a pilot test, that PDers will spend almost no time in a heart-brain wave coherent state. This will help to begin the verification of our heart-dissociation premise.

Also, in a pilot test, we have seen that a PDer has a much more difficult time than the healthy control subject in using the device as a biofeedback tool for learning how to maximize heart-brain wave coherence. Most interesting, even though our pilot PDer was able to steadily increase his very small moments of heart-brain wave coherence, he was constantly dismayed by his conviction that his progress wasn't fast enough. Even as he got better at being able to feel good (what he called the "happiness from new green leaves feeling") and to move his body more easily during those times, the times when he was unable to attain that feeling caused him to be more despondent than usual. Even as his recovery symptoms, including a desire and ability for deep sleep came on stronger, he was increasingly convinced, during these tired times, that he could not possibly recover. It almost seemed that his anxieties were punishing him for learning to feel content on command. In combination with the published research about the Parkinson's Heart, we hope that this study will provide a demonstrable example of the role that heart dissociation is playing in people with Parkinson's disease.

How can I contact you?

We are pleased to receive correspondences from patients and health practitioners who have read the material and who have contributions or questions. The contact email address is pd-treatment@cruzio.com. Please allow several weeks for a response. Emails are answered by unpaid volunteers – please be patient. If a query is not answered after several weeks, please write again. Please use a subject line that includes the word Parkinson's, or your email may be deleted. Unfortunately, we receive an enormous amount of spam emails. Our spam filter sometimes prevents legitimate emails from getting through. Also, we automatically delete, without reading, the hundreds of daily emails that arrive with a subject line that is spammish or even slightly ambiguous.

If repeated attempts to contact us via email do not elicit a response, consider writing a letter to Parkinson's Recovery Project, 343 Soquel Ave, Box 413, Santa Cruz, CA, 95062. This is *not* an office address. The Recovery Project does not have an office. This address is only a mailbox center. We answer written letters approximately once a month.

Has anyone ever recovered from Parkinson's who didn't do your program?

Yes. Many people have recovered from Parkinson's disease, including many people who did not participate in our program. If their cases are examined carefully, one will see that they have, usually unwittingly, performed the very specific physical and/or emotional changes that we have found to be necessary to recover from Parkinson's disease. Very often, they performed these techniques along with a welter of other techniques. When they recovered, they were unable to say with certainty which of their methods was responsible for their recovery, or why.

For example, one person who has written about his recovery from Parkinson's used many methods: Bowen therapy (a light-touch massage-type therapy for his feet), special types of water, strong psychological counseling during which he was able to get over his negative attitudes, special diet, special exercise, and so on. He did dozens of processes, and somewhere along the line, he realized he had recovered from Parkinson's. He was not able to differentiate between which techniques had been crucial, and which

had not. Therefore, he now promotes the idea that, in order to recover, a person should do all the things that he did.

But when we look carefully at his case, we see that he did the two crucial things that we do with our patients: he had very gentle, light-touch therapy on his feet, and he worked out his negative psychological kinks. As for all the other things he did, such as changing his diet or using special homeopathic products, we have not seen anyone recover as a result of those processes, nor is there any logic to the use of all his processes. For example, he touts the importance of certain nutritionals. But, for the most part, our Parkinson's patients are practically obsessively healthy in terms of nutrition. We have never seen anyone exhibit lasting recovery symptoms in response to changes in diet. Then again, the inner calm that can come about when a person re-associates with his heart may sometimes allow a person to be more circumspect in his eating habits. But in these cases, the heart change comes first, not the food change. And the Parkinson's will go away whether or not he changes his eating habits. We have seen a few people with very poor eating habits who have recovered from Parkinson's.

Yes, people have recovered from Parkinson's disease.

Why is Parkinson's considered incurable?

Parkinson's disease is *defined* as "incurable." This is not because no one has ever recovered from Parkinson's; it is because doctors do not know how to initiate the cure. Therefore, when a person recovers from Parkinson's, the most common response from the medical community is: "That person must have been misdiagnosed."

As an aside, other medical conditions that are deemed incurable are known to "spontaneously cure" in a significant percent of cases. For example, schizophrenia is considered incurable. However, *long-term* (decades) follow-up studies of patients with schizophrenia show a significant recovery rate. Depending on the study, the recovery rate ranges from eight to twenty five percent. Even so, because the mechanism behind schizophrenia or recovery from schizophrenia is not known, and because recovery cannot be activated by a known medical technique or drug, schizophrenia is officially, medically, considered "incurable."

Who in my area is familiar with your work?

We do not give out names of health practitioners. Because our work is based on principles of Asian medicine, many people assume that acupuncture must be involved in the treatment plan. However, although long study of Asian medicine allowed us to unravel the mystery of Parkinson's, there is *no need* for a person with Parkinson's to work with a person who practices Asian medicine in order to benefit from our findings. The following bit of history may help to explain.

Due to Chinese politics that, in the twentieth century, outlawed many of the non-western concepts of Asian medicine, most practitioners of Asian medicine today are not even familiar with the channel theory that explains Parkinson's disease. The Chinese government has gone so far as to declare that channels do not actually exist. Today, except for a superficial review of the *location* of the channels, most practitioners of Asian medicine have not studied even basic channel *theory*.

Today, most students of Asian medicine have *not* learned how to feel the easily detectable (by hand) flow of channels, nor have they studied the variations of channel-Qi flow patterns that occur during various physiological states such as the sympathetic, parasympathetic, sleep, and dissociative modes.

Therefore, a person who wishes to recover from Parkinson's disease should not assume that most practitioners of Asian medicine will be familiar with the principles that are expounded in this book: the channel variation principles that explain the cause and effective treatment for Parkinson's disease. Also, the treatments that most quickly and most simply reverse the aberrant currents do *not* involve acupuncture, herbs, or other highly technical methods of Asian medicine.

The very gentle form of massage – an archaic, “Yin” style of Asian massage that is no longer (or only rarely) taught – is the primary technique that we use in treating people with Parkinson's. The secondary techniques, in which a person with Parkinson's who also happens to have become stuck in the dissociative or sympathetic neurological mode (a common occurrence) are used to help a person with Parkinson's learn how to switch his mindset towards a less wary, more relaxed set of thoughtwaves. These secondary techniques do not require any technical medicine at all: they require developing new mental habits. The formation of new, healthier mental habits is similar to the formation of the healthy attitudes required of a person who is going to study meditation and higher techniques of spiritual growth – another form of Asian medicine that has is now discouraged by the current Chinese government.

But politics aside, we have developed exercises that a person with Parkinson's can do on his own in order to relearn how to keep his mind in the dopamine-releasing, “normal” (relaxed, parasympathetic) mode. (This is the opposite of the sympathetic, “fight, flight, or freeze” mode, a short-term neurological mode that uses predominantly adrenaline instead of dopamine. Some people with Parkinson's have been primarily in sympathetic mode, or even dissociative mode – which inhibits both dopamine *and* adrenaline – almost constantly, since their childhood.)

Despite our free publication of all of our findings, and extremely detailed descriptions of the simple techniques that can permanently eliminate the symptoms of Parkinson's disease, many people with Parkinson's wish to work with a health professional. We suggest that these people find someone in their community who has an interest in Parkinson's and who is willing to read the material that we provide.

There is no need to find an “experienced” Parkinson's practitioner, one who is familiar with our research. Besides, there are very few such people.

Also, many people with Parkinson's incorrectly assume that an acupuncturist will be best able to learn the techniques that we teach. However, most acupuncturists, in addition to not being familiar with channel theory, are accustomed to being able to treat several people at a time (insert the needles into one patient, and go on to the next patient while the first person relaxes in a quiet setting, then insert the needles in the second patient and go on to a third, and so on). The simple techniques we use for treating Parkinson's require a one-on-one session – a slow and financially punishing treatment style for a busy acupuncturist.

Therefore, although we receive many requests for names of acupuncturists, or any health professionals who are familiar with our work, we do not provide names.

People with Parkinson's tend to be *highly* intelligent, and able to understand the material we provide. Our idea is this: if the written material makes sense, if it resonates with a person with Parkinson's, he might consider seeking out someone – a friend, a spouse, a neighbor or a light-touch therapist to help him with the Yin Tui Na, light-touch massage techniques that we describe in our writing. More importantly, he will work *on his own* to retrain his thoughts back to the dopamine-releasing parasympathetic mode.

