

“O Captain! my Captain! our fearful trip is done; The ship has weathered every rack, the prize we sought is won;

But O heart! heart! heart! O the bleeding drops of red, Where on the deck my Captain lies...”

“O Captain! My Captain!,” Walt Whitman

19. A TWO-YEAR STRUGGLE

A STUDY IN FIRST SLOW, THEN FAST REDUCTION

Coach and levodopa

Coach was mentioned briefly in chapter 12 because he nearly died when he reduced his drugs too quickly. Here is a little more detail on that case study. These details help support our hypothesis that the drugs are more addictive if recovery symptoms have appeared.

Coach was 75 years old when I met him. He had been diagnosed six years earlier during his exam for angina (heart pain). His wife was a doctor and had preferred that he take as little levodopa as possible. That’s why he was still taking his prescription of 400 mg levodopa per day (two 50/200 Sinemet CR) six years later.

When he started levodopa, it helped him walk more easily, but within six months that benefit went away, and neither he nor his wife wanted to make a further increase of these dangerous drugs since the benefit seemed to ebb so quickly.

When I started working with him, he moved stiffly, his weak voice was a monotone, he had no facial expression, his arms were bent at the elbows and his posture had the classic stoop. He had a slight tremor in his right hand, excess saliva once in a while, and cold hands and feet.

Coach was a wonderful patient. He had studied massage and Process Acupressure, and he was keenly aware of his own repressed emotions and his responsibility in letting go of them. His symptoms responded quickly to treatment. Four months after we started working together, his charts show the following changes: longer stride, head more jaunty, speech is more fluent, more facial expression, and in his words, “My hands are warm and my voice is back! It’s deep and resonant.” The only remaining problem was the weakness in his hands causing lack of dexterity: handwriting and using silverware were only slightly improved.

So far, so good

He had decreased his medication by half over the four months that we’d been working together, and although each small, evenly spaced decrease caused him a noticeable drop in energy, he dealt with it by taking long naps.¹

¹ He started with two pills per day. He made a decrease of half a pill two times per week, making a new reduction each week. Example: 1st and 2nd week, reduce by half a pill on Monday and Thursday (only 1.5 pills on these days, 2.0 pills on all other days). 3rd and 4th week, decrease by half a pill on Tuesday and

After each dose decrease, he felt weaker for a while and needed much, much more sleep, but he never experienced anything approaching what you could describe as drug withdrawal symptoms. As soon as he felt his energy resuming even in the slightest amount, he would reduce again.

In this way, he was down from two pills a day to one pill a day within four months, without ever suffering from drug withdrawal symptoms. He was doing beautifully!

After another month, he reported having days of “torpor,” but that despite the extreme lassitude, he noticed that he could rotate his head for the first time in years.

After seven months, he was having difficulty sleeping due to frequent urination and restlessness, and although his stride was returning to normal length, he only had enough vigor to walk the dog once around the block before he wanted to collapse. He continued to reduce his medication, and at month seven reported that he was down to half a pill per day, a mere 100 mg of levodopa – an amount considered to be not worth mentioning, according to the literature. He was increasingly flexible and fluid, but utterly limp and fatigued.

Ominous words

He also reported a curious new symptom that should have caused my ears to prick up and my blood to run cold, but I was still unaware of the addiction danger.

“I’m starting to have moments lasting 5 to 10 minutes, about every third day, when good energy and balance seem to well up within me, emerging naturally from inside of me.” While this sort of statement fills me with gratitude when I hear it from an unmedicated patient, I have now learned that, in a patient who is still taking the drugs, this type of “natural feeling of energy welling up from within” is a harbinger of doom.

Over the next month, he noticed that the deep fatigue was, at times, overwhelming. Sometimes he would take a whole pill rather than half a pill but it didn’t help. He noticed that if he forgot to take his pill, he did not feel any more draggy than if he did take it. His body’s indifference to the drugs showed that his main problems were now due to recovery, not Parkinson’s, and therefore were not helped especially by these small amounts of L-dopa.

This also should have set alarms ringing in my head, but it did not. What I might say now, in light of experience, is that, since the fatigue did not seem to be influenced by the medication, the fatigue was coming from the recovery process. This deep fatigue is felt by medicated and unmedicated patients alike, right around the time when they start having more use of their limbs and a return of circulation and sensitivity. Most often, the medication is useless to combat this deep fatigue. The deep fatigue is not caused by a lack of dopamine; it is the result of a body finally shutting off the sympathetic system and initiating tissue healing on a grand scale.

This is NOT a dopamine deficiency problem and therefore is not remedied by dopamine. In fact, very often, the deep fatigue may be accompanied by indications that dopamine levels are rising. It is returning health, not dopamine deficiency, that is causing

Friday, as well as Monday and Thursday. 5th and 6th week, reduce by half a pill on Wednesday and Saturday, plus previous reductions. 7th and 8th week, every day of the week he only had 1.5 pills per day. He repeated the process the third and fourth month; at the end of the fourth month he was taking only one pill a day.

the recovery fatigue. At this point, one is sleeping because it is the best possible thing for the recovering body.

Therefore, shoving extra dopamine into a system that has dopamine, or that has no use for it because it intends to nap, is a waste of dopamine pills. Worse, because the dopamine will accumulate in the limbic system whether it is needed or not, this extra dopamine will contribute to addiction. In other words, when the pills don't seem to be doing much good because a person is recovering and no longer needs the pills, the pills make the switch from benign to dangerous.

Coach sometimes felt a lift, albeit a mild one, from his medication. Whereas before he had not noticed abrupt changes when the drugs started to work or when they wore off, he started feeling an abrupt drop off in energy, now and then, in the afternoon. Curiously, if he forgot his pill, he did not feel draggy at all during the day. It was not so much that the pills prevented dragginess, but if he did take a pill, he felt a heaviness when the pill wore off.

At nine months into the program, he got the flu. This hit him very hard; he had to start wearing diapers in bed because he was too weak to control his urination. He increased his medication to one and a half pills a day.

A month later, he was feeling better in general. He was no longer waking up at night to urinate, and two nights in a row he had slept 9 hours. His movement tempo depended very much on the quality of sleep the night before. He was able to roll over in bed finally instead of slowly inching over or asking for help, and he was dressing himself more quickly. If sleep was poor, however, he felt draggy all day and didn't want to exercise, which caused him to feel even more draggy. Whether or not the improvement was due to the resumption of the higher dose of medication was unclear, but he felt he needed the higher dose.

At the end of this month, he said, "Had the best week I've had since I've been in the program. Suddenly, there's 2 or 3 times more body energy than I've been having. It's still cyclic, and sometimes the bottom falls out, but overall, I'm getting better!"

Missed cues

Two months later, almost exactly a year after we started working together, there was trouble. He reported, "My center of gravity is lower; I move youthfully, from the hips, not the waist. No more accidents at night, no more constipation. All movements are faster, more agile. Something has changed. The restlessness is gone, sleep is so deep, I'm no longer right on the edge of the abyss of weakness. This gives me more energy for coordination. My voice is wonderful and rich. I can breathe more deeply down into the gut. The tremors are greatly reduced: I'm quieter inside, there's a much deeper stillness. Everything is better than it's been in years!"

He bounded across my office to show me how well he was moving, and then he did something so uncharacteristic that his wife squeaked. He stuck his arms out to the left side at shoulder level and started wiggling his hips. He fluttered his arms to the right and tried out some side steps. He winked at her and said, "Have you ever seen me do the hula?" Evidently, based on her "Oh mein Gott!" she had not. We all laughed and hugged. These good feelings continued to improve over the next three weeks.

In retrospect, all of the above was good, except for one thing: he did not make a corresponding reduction in his medication.

Three weeks after reporting that “Something has changed!” he started having dyskinesia. Both arms started shaking and flapping, and the insomnia returned, but it was different somehow. He recalled the Robert Frost poem, “Acquainted with the Night”¹ as a way to describe what he was experiencing. He reduced his medication by half a pill a day, so that he was only taking one pill per day (half pill doses twice a day).

The next week was his worst week ever. He reported, “I really look like I have Parkinson’s. Can’t sleep at night, need help to move.” He considered increasing his drugs back up, but decided to try another week with just one pill per day.

Heart pain

The following week his old angina (heart pain) problem resurfaced – with a new twist. He noticed that 45 minutes after taking either dose, he had severe pains in his heart, followed by dyskinetic shaking in his right arm and paralysis and pain shooting down his left arm. It was very painful and very frightening. When he took his nitroglycerin medication, the heart pain would ease up. At the same time, he felt better than ever. In his words, “I am very happy inside. I feel as if I’ve passed a milestone. Something is different.”

He did not associate the “different” feeling with the appearance of dyskinesia in his arm and heart. He only knew that he was much more gleeful and that the heart problem was more frightening than ever. Considering that he had always been very analytical prior to this time, and a body worker to boot, his new inability to form a connection between the strange happiness and the dyskinesia can be considered solid proof, in retrospect, that he was mentally discombobulated by the drugs. Prior to this time, he had been keenly aware of his body and the mind/body/attitude relationship. Now, suddenly, he could not make the connection, and as soon as each heart pain episode passed, he didn’t give it another moment’s thought.

However, his caregiver was concerned enough that they decided to reduce his medication.² I had never met the caregiver, but she started calling me twice a day, each time the severe heart pain started up. I told her that heart arrhythmias and angina could be adverse effects from the medication. She decided to reduce his medication. He took only half a pill a day for two days. This decrease in medication from one pill a day to half a pill may have contributed to his extreme sleepiness and weakness during the next week.

However, he still had increasingly severe heart pain 45 minutes after each dose. The caregiver shifted the pill time to afternoon, thinking that he was usually more tired after lunch, and the boost from the pill would not be so detrimental if his natural energy was depleted. However, no matter when the pill was taken, he would have heart pain, complete with arm pain, paralysis, and a feeling of impending doom, within 45 minutes of taking the pill. They cut the pills into quarters, rather than half, but the reaction was the same. Coach had become “sensitized” to levodopa. It appeared as if his body had learned

¹ “I have been acquainted with the night. I have walked out in rain – and back in rain. I have outwalked the furthest city light. . .”

² There was a caregiver in the house because his wife had to leave for Europe to help her dying father. There were two high school aged children in the home, from the wife’s first marriage. The caregiver, a live-in, was hired to help run the house, do the driving, and help Coach with bedtime weakness, if any. She became more deeply involved in caring for Coach than anyone had planned, as you will see.

to get rid of the levodopa by instituting powerful dyskinesia in his right arm and his heart, and it would do so no matter how small the amount of medication.

Cold turkey

By the end of the week, he stopped taking the pills altogether, and he felt much more in control of his body. We weren't sure at the time if it was the relief of not needing to worry about the heart pain or whether it was recovery from PD. Most likely it was a drug vacation occurring, but for whatever reason, after two days without any pills, Coach reported that he was sleeping wonderfully, and that he felt high and energetic all day.

I was deeply concerned about his abrupt decrease in medication. He had gone from one and a half pills of 50/200 Sinemet per day (300 mg of levodopa) down to none, over the course of three weeks. The first reduction was just starting to appear, in the form of the increased sleepiness. As for the rest of the reduction, we simply had to sit back and wait to find out what was in store. Taking levodopa was no longer an option; his heart could not handle it.

Coach's wife (his preferred doctor) was still in Europe, attending her father on his deathbed. Coach did not want to work with his neurologist, a doctor who liked patients to find their own comfort level with the drugs and dose accordingly.

I knew from past experience with Becky that a decrease from 400 mg/day to none – in a patient who no longer had PD – could bring on terrors and hallucinations. I had also seen patients who still had Parkinson's who had decreased from the 200 mg/day level down to nothing and survived it quite easily, fatigue, pain, and insomnia notwithstanding. My big question was whether or not it mattered that Coach had been showing signs of recovery for nearly a year. It mattered.

Fighting the Germans

The night terrors began the next week. They first took the form of a repeating hallucination. Coach was in the trenches of the Alsace-Lorraine in 1944. He and his fellow soldiers were under fire from the Germans. Coach's best buddy was hit and was dying in Coach's arms. All night long Coach would scream out for the commander to bring an assist or scream for someone to help him staunch the spurting blood.

Coach's caregiver, and then his wife, recently returned from her father's death, would stand by the bedside, trying to talk Coach down. "You are seventy six years old, you live in California, you are home in bed, I am your wife, my name is Heidi, hold my hand, we're right here," was the sort of soothing chant that they would repeat for hours at a time. Coach never heard a word they said. He would stare at them, eyes wide open in horror, shaking in primal fear, holding onto his dying chum and screaming at them to "Help! Do something! Oh God, please, please help!"

The hallucinations became nearly constant and lasted for over three weeks. He was in a war zone, oblivious to the other reality around him, living in a hellish world of shrapnel, blood, air attacks, and panicked retreats.

They tried giving him sleeping pills with no result. Through the fog of his hallucinations, he would need help getting to the bathroom every two hours, around the clock. His right arm shook violently, shaking the rest of his body like a cat shakes a rat, especially during his times of greatest fears. His wife found that the only non-dopamine

altering medication that appeared to ease the terrors and allow him briefly to sleep was marijuana. She baked it into cookies and fed it to him, a bite at a time.

Post-traumatic stress

After three weeks he began to come out of his darkest confusion. He still had night terrors, but during the day he seemed to know who he was and where. However, he was no longer the same person. It was as if he truly had experienced those three weeks of horror. Whether or not his body had been in the Alsace or in bed, his mind had been shattered by the monstrous, unending experiences of the previous three weeks of torture.

He had no interest in feeding himself, and no ability to dress himself or even move. He was morose, hypersensitive to every sound, and for over two months his chief remark to me was, “The kids are so noisy. They don’t understand. I can’t tolerate the noise.”

They lived away from town, out in the country, and I knew that the kids were moving around on tiptoe, in a house that had good separation between the kids’ rooms and his, but he was fixated on how the sounds from the kids were like torture.

He would be brought to my office every week, but I was uncertain what to do for him, or even how to begin. It was as if, aside from the whispered complaints about the noise, he was not actually present, but was floating around in some horrible dream world that no one could behold except himself.

Poetry from the past

Staring at him lying there on my office treatment table, acupuncture needles for drug withdrawal in his ears and forehead, I clobbered my brain looking for some way to get through. I suddenly remembered that he had been a professor of English literature and poetry. I ran into the next room and grabbed a book of American verse. I turned to Walt Whitman and started very softly to read: “O Captain! My Captain! Our fearful trip is done...”¹

As I read the measured words, slowly and as rhythmically as possible, a smile spread over his face. He turned his head towards me and looked at me, as if seeing me for the first time. He mouthed the words to that famous poem as I said them aloud. It tired him out and he fell asleep, but the poetry had plainly evoked some pleasant memory from the past, successfully transcending the war pains of the moment.

At the end of our hour, I suggested that his wife read some of his favorite poetry every day. She was flummoxed by the request. She had no idea what poetry he liked, and she was not familiar with the American writers. Her beautiful accent and her excellent European education had not prepared her for this new assignment – selecting and reading 19th century American poetry in a voice that could most closely replicate the singsong delivery popular in his youth.

His caregiver took over the job of reading to him now and then, but she didn’t know the old poems. I remembered how my father had “sung” these same poems to me. I knew just how a person Coach’s age would have recited them in the lilting rhythms of my father’s generation. So, for the next few weeks during Coach’s visit, I would put in his

¹ “O Captain! My Captain,” Walt Whitman.

needles and sit back with a good book of the old poems and read out loud to him. The many hats of the doctor!

During the next few months, his wife made the reports. Sometimes Coach could contribute a whispered appraisal of his condition, but very often he appeared to be in another world. His wife's comments over these next months were encouraging: the nightmares would not begin until after he had gotten four hours of good sleep, and although he still would call out for help, he could be woken out of the nightmares. He had some strange new symptoms: his right arm, the one that had taken on the burden of the dyskinesia, had a new stiffness. Coach associated it with having almost lost it to frostbite in the trenches during the war, where temperatures stayed well below freezing for days at a time. Whether or not this reaction to frostbite was due to his wartime of 1945 or the wartime of 2000 was something we never did figure out.

There were steady signs of improvement after six weeks. Sometimes he could feed himself. Sometimes he slept up to five hours before the night terrors commenced. On some days he felt faint stirrings of energy. One day, 56 days after stopping the medication, he walked a third of a mile. These encouraging signs were intermittent, at best, however. He still spent most of his day listlessly dozing and his nights continued to be rocky. He continued with the marijuana cookies and could not fall asleep without them.

Ten weeks later

Ten weeks after stopping levodopa, he was able, now and then, to right himself; he had been listing hard to the left and was both unaware of the fact and unable to do anything about it. His outlook began to improve, though he said he was "still down in the mouth at times." His right arm was in pain from the frequent spasms that erupted in times of stress or nightmare.

Eighty four days (twelve weeks) after stopping the drugs, here was his slow, whispered report: "An up and down week, with quite a few ups. Walking slightly farther, and able to get in the pool and float around a bit. Actually had some energy this morning, some small reserves of energy. Depression, maybe; Monday was a melancholy day. I'm still leaning to the left, but not as badly, and I can adjust my body position by myself.

"Sleep is much better. I slept through the night a few times. My feet still stick to the floor, and the voice comes and goes."

Thinking of suicide

His wife then added, "He is still very depressed: on Monday he was talking about putting a gun to his head. His right arm seems to be shaking less violently and spasming less."

After sixteen weeks he began to feel a bit independent: he could feed himself breakfast some mornings and even get out of a chair by himself. He said he could see that there was light at the end of the tunnel. He was still subject to depression and had difficulty drumming up interest in the affairs of the people around him.

A month after that, he reported, "My voice is back, and Heidi is giddy with joy that I can actually talk to her again. But I still toss and turn a lot at night. Poor sleep the last two nights, so I nap sometimes. If I'm not pushed, if I'm allowed to go slowly, I can

button my shirt sometimes. Sometimes I still need help with food; it all depends on my tiredness levels.”

But the next week, he said, “It’s been a bad week, my voice has been gone since Saturday. I wake at 4:30 in the morning and can only move with an extreme effort. I can’t talk, and I can’t call for help.

“I think of suicide often, when it all comes crushing down on me. I always think of myself as responsible and able to manage, and it’s so difficult when the energy runs out and I can’t do anything.”

A month later, he had some days when he felt as if he was moving to a new stage, that things were about to get better. He had other days when he felt bad, edgy, and less tolerant of others.

A year later

A year after he stopped taking the medication, he was still in this same, vacillating condition. His brain had stabilized, but the limbic system was hovering right at the edge, right at the exact amount of dopamine – no more, no less. It appeared as if his baseline of dopamine was now high enough to maintain life and mind but that his body was reluctant to create anything that might be construed as a dopamine excess. His brain’s tolerance for dopamine excess had clearly been permanently reset so that the old dopamine trauma, which had nearly killed him via heart failure, could never again arise. This hovering right at the exact amount of dopamine, with no reserves to speak of, meant that if he did have a few days of feeling good like his old self, they probably would be followed by a few days of feeling edgy and listless.

On the other hand, the fact that he had been able to climb up out of the terrific addiction-induced dopamine vacuum that included the baseline decline in brain-made dopamine did prove an important point. He was able to make dopamine. His brain had restored the baseline and he was again making dopamine at *almost* normal levels. Would he ever make dopamine at normal levels again? We didn’t know. He and his wife wanted to wait a little longer, hoping for increasing predictability.

His right arm, the one that had assumed most of the acting out during his times of overmedication and drug withdrawal, appeared to be gravely weakened by its traumas.

At this point, he started taking 20 mg/day of Prozac, an antidepressant.

Assessment

Most of his Parkinson’s symptoms were gone. His arms, once bent at the elbow in classic PD fashion, now hung limply at his side. His face, once frozen, was now expressive, so long as he was well rested and in a reasonable mood. Other mood-dependent symptoms included voice, sleep, slowness of movement and walking. Overall, he was limp, rather than rigid, suffering from symptoms typical of recovery, rather than the tightness and stiffness typical of PD.

Comparing recovery and Parkinson’s

This similarity of non-functionality in PDers and people recovering from PD makes it difficult to assess changes in the condition. Two factors are very important in deciding the cause of the trouble.

The first is feeling the tone of muscle tissue: limp, heavy limbs are the norm during recovery, and tight, heavy limbs are typical of PD.

The other key factor is the source of the fatigue. In Parkinson's, the weakness and fatigue have been well described as being "exhausted from constantly fighting against a non-responsive body, trying to make it work." In recovery from PD, the fatigue is more like the weakness after a febrile illness. The entire body wants to surrender over to sleep. The desire is not so much to conquer the insolent body and make it obey, but to whimper and curl up in a ball. Attempts to fight this deep, healing fatigue will be met with failure. The old, PD-ish trick of summoning up adrenaline will no longer work – the body, no longer injured, will no longer induce an adrenaline rush simply to put on a show of health and vitality. The body is enjoying a long-earned rest, and the fatigue of the healing body is simply the truth and not the result of a struggle.

Skipping ahead another six months with Coach, the Prozac did prove helpful: he was still feeling regular, albeit very small, improvements. He was not having angina attacks.

He and his wife decided, four months after this, that he should start taking the smallest possible amount of Mirapex, a dopamine agonist. He took Mirapex at .125 mg, three times a day, and noticed a faint acceleration in improvements. He did not feel vigorous or robust, but he found that he vacillated less, dropping down into "bad" days less frequently. After a month, he increased the Mirapex to .25 mg, three times a day, and then again, a month later, to .5 mg, three times a day. At this level he was taking half of the amount suggested by the manufacturers of Mirapex. After a month at this level, he felt a shift. Here are my notes on his visit at this time: "Eating better, feeling so much better. Walk most days, doing Pilates exercises with a trainer. Can read again! Can read for an hour at a time if using eye drops for moisturizing. Voice is always fine, and facial expression is like my old self, pre-Parkinson's. Can move easily in bed, dress myself, pull up my own pants (mostly) and feed myself (mostly). If I'm really tired, I still need help finishing my food.

"Sleep is usually good. Called out for help one night recently while in a nightmare, but quickly came out of it. Still taking the marijuana cookies to keep the nightmares at bay. Shower by myself. Still have round-the-clock caregiver in the house, but mostly to make sure that someone is always there to do the driving and to walk with me when I go out walking on the property.

"Lots of independent time. Most nights don't need any help. Bladder is behaving well. Small motor function is good: can turn pages and sign my name. As for buttons, I avoid them.

"The tremor comes and goes; it's small, and I can stop it consciously. I'm getting out with Heidi again; we go to the beach, the shops, restaurants. I'm not driving yet, but I'm looking forward to driving."

During our visit he looked wonderful and was moving beautifully. He danced a few jig steps for me, showing off how well he could move.

Summary

Possibly the most important point in this case study is that anyone who is starting to feel a deep, natural joy welling up within might want to consider this possibility: if medication is still being taken when this deep joy appears, that joy may be coming from a dangerously high level of medication and not from a sudden shaft of wisdom or sudden evaporation of Parkinson's disease.

For anyone who might say that Coach's Parkinson's had never actually responded to therapy, and that his benefit from Mirapex was proof that nothing had changed (he still had PD), I would like to point out that when I started working with him, he was taking 400 mg of levodopa, and at that level of drugs he was expressionless, slow, and rigid. His head couldn't turn and his arms were bent at the elbows. Even with no antiparkinson's medications, during his long slow recovery from the terrors of drug-withdrawal, on the days when he felt good, he was in much better shape than he had been when we first met: his face was radiant, he could rotate at the neck, waist, and shoulders, and his arms swung loosely from the shoulders.

Now, with the help of a sub-clinical dose of Mirapex, he was relaxed and poised and on most days, to all appearances, perfectly normal. He was logical, making intelligent plans about the future, and engaged with the people and places around him. He did not appear overmedicated; at least he did not yet have the glistening eyes of a person who is taking too much of a dopamine-enhancing drug.

Do not imagine for a moment that the amount of Mirapex he was taking was inconsequential. In fact, even at these "sub-clinical" doses, we have seen recovered PDers have terrible problems. You will read about one of them in the next chapter. Becky, too, tried Mirapex and developed hallucinations and violent shakes at a fraction of Coach's level. So how could we explain why this amount of drug was not affecting Coach as Becky, if he had indeed recovered?

I suspect that, just like with the dopamine researchers who only wait ten days to do analysis of their subjects' brain scans and motor function, not enough time had passed. Coach had increased the Mirapex rapidly. I suspect that when I saw him, what I was seeing was the tiny starter dose. Although he was at a half-way dose level when I saw him doing so well, he had been only four days at this level. I have seen that Mirapex takes much longer than L-dopa to build up or decrease. Benefits from Mirapex continue to build for months after a person starts taking it, and Coach had only just begun.

His wife, justly feeling that life was slipping away, and eager to see what benefit he might get from the drugs, did not want to spend months waiting for him to be functional. She had increased the Mirapex as fast as possible. Based on what we have seen, his excellent movement was more likely due to his first, low doses of Mirapex that were just starting to be effective, and his increased dose may soon begin to cause adverse effects.¹

¹ Breaking news: Just before going to publication I spoke with Coach's wife. Coach further increased his medication, going up to 4 mg/day of Mirapex. At 4 mg/day he developed mental confusion and dizziness, so he dropped back down to 2 mg/day. The first flush of Mirapex benefits did not last; at 2 mg/day he no longer has anywhere near the same level of benefit that he first had with .75 mg/day, one year ago. He is much less mobile now at 2 mg/day than he was a year ago at .75 mg/day. One must wonder if the more-rapid-than-usual decrease in Mirapex effectiveness has to do with his evident recovery from Parkinson's and a subsequent vulnerability to drug-induced parkinsonism from the Mirapex.