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YOUR HOLISTIC GENERAL PRACTITIONER

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Parkinson's Disease – Supplements



SUPPLEMENTS FOR PARKINSON'S DISEASE

COENZYME Q 10 (COQ 10)

Indication: to slow the progression of PD.

- Dosage: 150mg/day up to 2400mg/day.
- Results: 3 month trial.
- Side-effects: dizziness, nausea, abdominal discomfort, anorexia, diarrhoea.
- Contraindications: caution with warfarin.

VITAMIN B12

Indication: to improve cognition and reduce homocysteine (common side effect of L – dopa treatment)

- Posologie: selon les niveaux, 1 mg par jour de B12 par voie sublinguale pendant 3 mois ou 10 mg de méthylcobalamine I / M par injection une fois par semaine pendant 6 semaines. Niveau de sérum idéal 750 - 1500.
- Résultats: 6 semaines à 3 mois.
- Effets secondaires: néant connu.
- Contre-indications: pas de contre-indication connue.

ACIDE FOLIQUE

Indication: améliorer la dépression et réduire l'homocystéine dans la MP.

- Posologie: en fonction du taux de globules rouges, 1 à 5 g / jour.
- Résultats: essai de 3 mois.
- Effets secondaires: urticaire avec allergie, nausée, flatulence, goût amer dans la bouche, irritabilité, excitabilité.
- Contre-indications: une surveillance étroite est requise si vous prenez des anticonvulsifs. Une supplémentation en acide folique peut masquer une carence en vitamine B12.

TYROSINE

Indication: augmenter naturellement les niveaux de dopamine.

- Posologie: 500 mg tds.
- Résultats: essai de 3 mois.
- Effets secondaires: migraines, troubles gastro-intestinaux, fatigue, reflux, arthralgie, insomnie, nervosité.
- Contre-indications: mélanome.

Mise en garde avec les états maniaques, l'hyperthyroïdie, les antidépresseurs (IMAO, ISRS). Utiliser uniquement sous surveillance médicale en association avec la L-dopa.

HUILES DE POISSON EPA / DHA

Indication: améliorer la dépression chez les patients MP.

- Posologie: 2-4 - 9g / jour.
- Résultats: essai de 3 mois.
- Effets secondaires: rots de poisson, diarrhée, inconfort gastro-intestinal.
- Contre-indications: prudence avec les anticoagulants à très fortes doses. Les doses > 10g / jour peuvent provoquer une tendance aux saignements, évitez de les utiliser 1-2 semaines avant la chirurgie.

ZINC

Indication: améliorer la cognition, le dysfonctionnement olfactif et la dépression et réduire le stress oxydatif.

- Posologie: 35 - 45 mg de zinc élémentaire nocturne.
- Résultats: essai de 3 mois; cesser plus tôt si des nausées surviennent.
- Effets secondaires: nausées, vomissements, réduction de la concentration de cuivre après une utilisation prolongée.
- Contre-indications: taux élevés de zinc, anémie sidéroblastique, néphropathie sévère.

Attention avec l'amiloride.

HERBES

MUCUNA PRURIENS (peut ne pas être disponible en Australie) -Marque Name-Zandopa.

Indication: contient naturellement de la L-dopa.

- Posologie: il n'existe pas de dose efficace rigoureusement prouvée, mais des préparations de 15 à 30 g ont été utilisées chaque semaine.
- Résultats: bonne efficacité pour contrôler les symptômes associés à la MP.
- Effets secondaires: légers - troubles gastro-intestinaux modérés.
- Contre-indications: non recommandé aux personnes ayant reçu une prescription d'inhibiteurs de la L-dopa ou de la monoamine oxydase.

Qu'est-ce que Zandopa?

Zandopa is a herbal remedy for the treatment of Parkinson's disease. The product is a water soluble powder sourced from a plant called 'Mucuna pruriens' which contains a natural source of Levodopa.

Zandopa is a standardized, safe, effective & economical natural source of levodopa which can effectively replace Synthetic L-dopa formulations in patients who comply with its dosage regimen.

Ayurvedic formulation derived from the seeds of Mucuna pruriens

Long history of use in Ayurvedic Medicine for CNS disorders & also as a geriatric tonic.

Richest known source of L-dopa.

Efficacious in the treatment of Parkinson's disease.

Offers predictable efficacy.

Suitable for long term use

Readily bio-available & better tolerated.

Crosses blood-brain barrier easily as compared to synthetic L-dopa

Better compliance due to better tolerance or lesser side effects.

Cost effective

Composition

Each 7.5 gm contains standardised processed seed powder of Mucuna pruriens Bak (6.525 gm in a flavored base)

Quantity – 175 gm

The seed powder of the leguminous plant, Mucuna pruriens has long been used in traditional Ayurvedic Indian medicine for diseases including parkinsonism. The pharmacological action of Zandopa is due to action of levodopa on the brain. Evidence indicates that symptoms of Parkinson's disease are related to depletion of stratal dopamine activity in basal ganglia.

Levodopa is metabolic precursor of dopamine and unlike dopamine can cross the blood-brain barrier. Once in the brain it is decarboxylated to form dopamine.

Zandopa improves all the signs and symptoms of parkinsonism. Bradykinesia responds first followed by rigidity and tremors. Improvement of these primary neurological symptoms is accompanied by similar improvement in overall functional ability. Secondary motor symptoms such as disturbance in posture, gait, associated movements, facial expression, speech, handwriting, swallowing and respiration are also prominently improved.

Zandopa also favorably influences the psychic behaviors producing a sense of well-being, an increased interest in self and surroundings. After initial treatment regimen, the beneficial effects of Zandopa can be maintained for prolonged periods by smaller maintenance dose.

The clinical studies with mucuna seed powder suggests that this natural source of L-dopa might possess advantages over conventional L-dopa preparations in the long term management of Parkinson's disease. (J Neurol Neurosurg Psychiatry. 2004)

Dosage

7.5gms three times daily increasing as necessary

Directions

In Half a glass of water (approx – 100ml) suspend prescribed dose powder, stir and drink immediately.

Precautions

All known precautions and contraindications as applicable to synthetic L-DOPA formulations should also be followed while prescribing Zandopa.

Side effects

Side effects as encountered with synthetic L-DOPA formulations have not been seen to the same severity with Zandopa, however the same may be observed in some patients taking large doses of Zandopa.

Safety

Long term safety studies conducted in laboratory animals have not shown any serious toxicity with Zandopa in dose as high as 10% of the diet.

Caution

- Store in a cool dry place.

- Protect from light.
- Keep the container tightly closed.
- Keep out of reach of children.
- Not to be taken with milk.

CURCUMIN

- Indication: to increase dopamine levels in substantia nigra.
- Dosage: powdered extract 100 – 300mg/ day.
- Results: 3 month trial.
- Side-effects: gastrointestinal upset.
- Contraindications: bile duct obstruction, cease 1 week prior to major surgery. Caution with warfarin.

SULFORAPHANE

Sulforaphane, , is found in broccoli (Brassica oleracea) sprouts and seeds and is also available as a dietary supplement. Sulforaphane is potentially useful for prevention of both Alzheimer's and Parkinson's disease. Sulforaphane, curcumin, and other foods and herbs have been shown to activate the Nrf2/ARE pathway, which activates transcription of anti-inflammatory and antioxidant genes and elicits a neuroprotective effect.⁴ In Parkinson's disease, the Nrf2 pathway appears to prevent oxidation of dopamine, which is a really good thing. To increase sulforaphane levels, a person can eat broccoli sprouts or drink a couple of cups of the tea with the seed extract in it. That is a simple thing for people to do, and those forms are available in health food stores. Eating the food is the best choice, but people have to eat a lot of it. One would need to eat a lb of minimally cooked broccoli every day for a long time to really see the full benefit. Some people can do that, but others might get a little tired of doing that for years, especially if they don't like the taste or can't digest it very well. Other Brassica vegetables have a similar benefit, but are not as potent as broccoli sprouts or seed extract. For the supplemental form I recommend between 50 to 100 mg a day of sulforaphane glucosinolate. An optimal strategy is to eat broccoli along with a capsule or two of the seed extract because the enzymes in the broccoli will enhance bioavailability of the sulforaphane.

RESVERATROL

Another phytochemical—that is good for addressing Alzheimer's and Parkinson's disease is resveratrol, more accurately referred to as trans-resveratrol. Resveratrol raises Nrf2, activates a number of other pathways that support brain function, improves insulin sensitivity, and decreases the risk of what I refer to as “diabetes of the brain.” Although we still do not know the optimal dose of resveratrol, human studies show that anywhere from 25 to 150 mg per day has a significant beneficial effect on metabolism. Good sources of resveratrol include red wine, purple grape juice, and pomegranate juice.

A-LIPOIC ACID

a-Lipoic acid (ALA) is a great antioxidant for addressing both Alzheimer's and Parkinson's disease. ALA raises glutathione and improves blood-glucose metabolism in the brain. By enhancing mitochondrial activity, this antioxidant supports overall brain function. A typical dose is ~ 300 mg a day, but for someone who is showing signs and symptoms of Parkinson's disease, I might use as much as 1800 mg per day. The name of the game with Parkinson's disease is to keep glutathione levels as optimal as possible. This is especially true for someone who has one of the genetic variations that makes it difficult to utilize glutathione. The hope is that we can override that defect if we give that patient a number of different supplements that will raise glutathione levels. I do not promise people with Parkinson's that I have something that is going to reverse the condition magically. However, what we want to try and do is slow down the progression. If a patient presents in my clinical practice with the beginnings of a tremor, and I am concerned that it might be parkinsonian, then that is the time to be truly aggressive with raising glutathione levels by using ALA, sulforaphane, curcumin, coenzyme Q10 (CoQ10), and other antioxidants so that we can preserve whatever brain function is still there.

NICOTINAMIDE ADENINE DINUCLEOTIDE (NADH),

NADH is an electron energy carrier also indispensable to mitochondrial oxidative phosphorylation. Birkmayer and collaborators pioneered its application in PD. Reasoning that exogenous levodopa down regulates its own endogenous biosynthesis, they sought to boost endogenous dopamine production via the intrinsic pathways.¹⁰⁴ After finding that NADH did boost dopamine production in cultured nerve cells, they conducted an open-label trial on PD patients. They treated 415 patients intravenously and 470 by the oral route. Using patients as their own controls, they found similar benefits between intravenous and oral NADH. For oral NADH the mean improvement of disability was 19.8 percent, for intravenous 20.6 percent; maximum improvement was 55 and 60 percent, respectively, and 36 percent of patients experienced better than 10-percent benefit.

ACETYL-L-CARNITINE

ALC seems to enhance production of neurotransmitters, especially acetylcholine, which is involved in memory. This supplement also improves cognition and mood, and supports mitochondrial function, so, this supplement is basically good for overall brain function. I recommend 1500–3000 mg a day in patients who have either Alzheimer's or Parkinson's disease.

PHOSPHATIDYLSERINE

PS is a fundamental component of the mitochondrial membrane systems on which are assembled the electron transfer complexes. It is also a membrane building block for the synaptic and other neuronal membranes, and plays a key role in electro-chemical transmission between the neurons. Whole-brain imaging with PET showed PS can markedly enhance energetic throughout the brain.¹⁰⁷ In an open-label trial conducted on Parkinson's patients in Germany, PS provided greater than 10-percent benefit to 7 of 12 subjects.

VITAMIN D

Vitamin D is a hot topic for research since it was discovered that we have receptors for this vitamin in the brain, and that it enhances brain-derived neurotrophic factor (BDNF – think of this as akin to a growth hormone for neurons), and is anti-inflammatory. This nutrient is mainly provided by the action of sunlight on the skin.

In a small pilot study, bright light therapy was found to be superior to placebo (less bright light) in Parkinson's patients. Since vitamin D deficiency is increasingly likely as we get older (and it has a number of implications for health), it makes sense to ensure you have a good level.

MAGNESIUM

Magnesium is a mineral that acts as a natural relaxant. Some indications of deficiency are: muscle tremors or spasm, muscle weakness, insomnia or nervousness, high blood pressure, irregular heartbeat, constipation, hyperactivity, depression. Magnesium's role in supporting good sleep may also be quite important here, since many people with Parkinson's experience poor sleep patterns.

SYSTEMIC GLUTATHIONE REPLACEMENT

With the evidence so overwhelming that GSH depletion is a central event in PD, and that the degree of GSH depletion is worse in advanced disease effective repletion of GSH must be a therapeutic priority. Combined intravenous and oral GSH replacement is safe and well tolerated, providing ongoing benefit. As oral GSH precursors both N-acetylcysteine⁹⁵ and alpha-lipoic acid are appropriate. GSH is also a systemic antioxidant, and its ongoing repletion may help ameliorate Parkinson's-related damage in the heart, liver, muscles, and other organs. Recommended dosage : 1000-2000mg glutathione once or twice weekly

Systemic GSH status is also conserved by bolstering other antioxidant defenses. Especially noteworthy is high-dose vitamin C, which provides antioxidant reducing equivalents known to conserve GSH. Intravenous ascorbate is a long-established and proven protocol. ⁹⁶ Taken together with vitamin C, vitamin E probably also helps delay PD progression.

In 1979, believing oxidative stress could be a major factor causing neuronal death in PD, Dr. Stanley Fahn, a neurologist at Columbia University, began prescribing relatively high doses of vitamins C (3 g/day) and E (3,200 IU/day) for his PD patients.⁸¹ As controls he used data on patients from another physician, who managed her

cases almost identically to his practice but did not administer antioxidants. After tracking 21 patients for a number of years, Fahn's group found early onset patients (onset <54 years) maintained on high doses of vitamins C and E were able to delay levodopa or deprenyl therapy by about 25 months when compared with matched controls.

OTHER RECOMMENDATIONS

While the abovementioned items are the most common foods, herbs, and supplements that I recommend for brain nourishment, research continues to emerge about other important options. For instance, a recent study showed that, in a group of healthy older men and women, culinary levels of consumption of rosemary (*Rosmarinus officinalis*) improved speed of memory, compared with a placebo group. Another recent study showed that increased trans-fats in the blood were associated with brain aging and less-favorable cognitive function, while, however, higher blood levels of omega-3 fatty acids and B, C, D, and E vitamins were linked to more favorable cognitive function. We will learn much more over the next few decades about the role of food and natural products in the prevention and treatment of neurodegenerative disease.

Drugs can be used concomitantly with herbs and supplements, with benefit, and patients tolerate the combination. For instance, I have found the drug rasagiline to be useful for addressing early Parkinson's disease. It is a mild monoamine oxidase inhibitor, seems to be neuroprotective in the brain, and may slow progression of disease. In fact, rasagiline was found to be synergistic with green tea for reversing brain injury in an animal model of Parkinson's.

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Témoignages

«Je suis arrivé chez le Dr Bernard il y a quelques mois en tant que personne très malade, souffrant entre autres de douleurs