

43. MULTIPLE SCLEROSIS LC is a 53-year old woman who was diagnosed with multiple sclerosis (MS) in 1997. Her brain scan revealed 16 lesions in her brain. She had a previous brain scan in 1991 when her symptoms became severe and was told it was normal. It was re-read by another specialist who performed the brain scan in 1997 and he could not believe that it was misread as normal when there was evidence of brain lesions. Her physician prescribed weekly injections of Avonex. Her symptoms included extreme dizziness affecting her balance and bouts of paresthesia and an inability to urinate (loss of bladder control). She went to the emergency room and was hospitalized many times over the years when her symptoms were severe. During one hospitalization she needed to be catheterized in order to urinate for 5 weeks in 1993. In 2000 she had a severe relapse. She experienced extreme exhaustion and was having difficulty stepping up onto a curb. It progressed to the point that she could barely walk. She was hospitalized for one month. She was paralyzed during the hospitalization for 3 weeks. LC was given Mitoxantrone (chemotherapy) during her hospitalization and slowly got better. She was told she had borderline relapsing-remitting MS and she would experience deterioration of her condition. She was sent home from the hospital after she made her home handicapped accessible since during her hospitalization she was in a wheelchair.

LC was able to leave the hospital with a walker rather than a wheelchair since she had some improvement. However, it took her a long time to recover at home. She could no longer continue working as the Executive Director for the Mental Health Association. LC experienced cognitive dysfunction after this relapse and had some difficulty swallowing. In addition to the Avonex she was given intravenous immunoglobulin therapy 2 days each month from 2001-2003. In 2003 she was prescribed 3200 mg of Neurontin each day (the maximum dose) for severe neuropathy. She was still being hospitalized each year and nothing seemed to be helping. She was progressing and getting worse. She wasn't able to work; her marriage became extremely stressful due to her illness and her level of stress made her condition even worse. She needed to walk with a cane even after she had some recovery after her hospitalizations. The MS continued to progress.

In March, 2005, LC started treatment with ONDAMED®. She had one treatment and did not feel anything immediately after. However, that evening

she felt an “enormous psychological shift.” In her own words she felt like the jigsaw puzzle piece that was missing was finally put into place. She continued her treatment once per week and progressively improved. In January, 2006, she purchased her own machine and immediately started using it 3 times per week. Her energy, cognitive function and sense of well being improved significantly. She could actually run up stairs. Her neuropathy improved over time and she was able to slowly cut her dose of Neurontin to 100 mg per day. She is no longer experiencing any neuropathy and is working with her neurologist to completely go off the Neurontin. She continuously gets better rather than deteriorating over time. She sleeps better, has increased energy and her mobility is excellent. She no longer needs to walk with a cane and can exercise. LC is also being weaned of Labatolol for hypertension that she developed in 2000 and is now on a half dose. LC was prescribed Provigil for extreme fatigue that she took since 1998.

When she started ONDAMED® she was slowly weaned off the medication and stopped taking it completely in 2006. She no longer experiences esophageal spasms. She was prescribed Verapamil in 2000 for the spasms and due to the use of ONDAMED®, she was weaned off this medication in 2006. LC continues to take Avonex and will be off the Neurontin shortly. Since 2000, she was prescribed Tizanadine for spasticity and will start cutting down her dose shortly. Her physicians are amazed at her progress and continuous improvement. Her MS was severe and deterioration was imminent and occurred up until the time she started ONDAMED®. She has since become an ONDAMED® practitioner and helps other seriously ill patients get well.