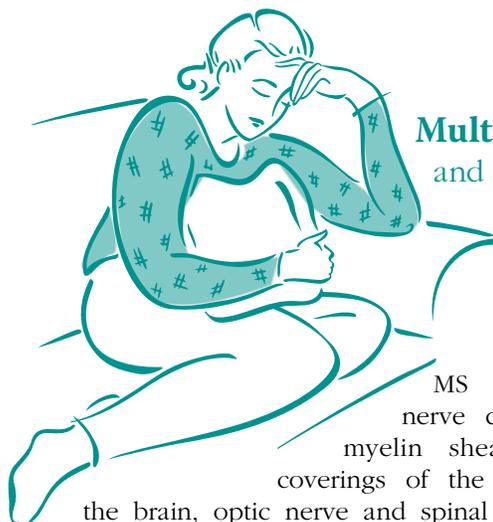


# Multiple Sclerosis

by Margy Squires

## Get with the Program



**Multiple sclerosis (MS) can be a scary word.** People think wheelchairs and paralysis. But 85% of those diagnosed with MS live near-to-normal lives, even while struggling with its unpredictable nature and an unknown future. The very progressive aspect of MS begs for a program that will help people help themselves. *Get with the Program-MS* is such a tool.

MS is a degenerative nerve disorder where the myelin sheaths – the outer coverings of the nerve fibers – in the brain, optic nerve and spinal column are slowly destroyed. Scarring develops at the site, forming plaques of hard (sclerotic) tissue. Normal nerve signals become missed, blocked or interpreted incorrectly. Since nerves are very specific to function, those damaged ultimately affect the corresponding action (vision, motor, sensory, digestion). Symptoms can be mild with dizziness, blurring of vision, clumsiness, mental fog and fatigue or more severe as foot drag, paralysis, speech problems and even blindness.

As early MS symptoms can be vague, diagnosis is often missed until several repeated or stronger “attacks” occur. There can be weeks, months or years between these attacks. Even with magnetic resonance imaging (MRI) to check for scarring, physicians are reluctant to offer the MS diagnosis if these plaques do not appear in typical MS sites. Repeat MRIs are done to check for progressive, multiple sclerosing (hence the name, multiple sclerosis). Like most disorders, the sooner you start proactive therapy, the better. Research indicates that if nerve fibers become completely severed, disability is irreversible.

**A few stats on MS.** It affects 400,000 people diagnosed between age 20-50, twice as many women as men, and occurs geographically further north and south of the equator.

There’s no known cause although genetics, environment, viruses, autoimmune and myelination are factors. There are four types of MS. The most common is RRMS, *relapsing remitting MS* (85%), which has definite symptoms that come and go, and may or may not progress. SPMS, *secondary-progressive MS*, usually starts out as RRMS and then worsens over time with less attacks or flares. PPMS, *primary progressive MS* (10%) is relatively rare and progresses without remissions. PRMS, *progressive-relapsing* (5%), also rare, is like RRMS except worsening continues between relapses.

Although MS was “discovered” in 1948, no cure has been found. Because MS affects each individual differently,

research focuses on drugs that address the common denominator – myelination destruction – not on symptoms that affect daily living such as digestive complaints, fatigue and sleep. Many people look to alternative therapy via acupuncture, electromagnetic therapy, bee venom therapy and diet for help.

The most successful therapy with a 5,000 patient, 50-year history, is the Swank Diet. Based on the geographical findings, neurologist Roy L. Swank, deduced diets high in fish (EFAs) reduced the risk of MS. Theoretically, an EFA focused diet may also protect and even repair myelin, the fatty lipid coating on nerve fibers. His diet limits saturated fats and foods, stresses EFA oils and fish, organic foods, reduced stress and plenty of water. Sounds healthy! But not all medical professionals agree with him. You also won’t find a lot of scientific research on the benefits of nutritional therapy for MS. However, based on his (and other naturopathic doctors) treatment protocols, here’s a suggested *Get with the Program* for MS, specific to nutritional support. Remember that anything that affects the central nervous system may affect MS!



**EFA your fats.** According to Swank (and other oil experts), the American diet consists of too much saturated (bad) fats in meat and dairy and too little essential (good) fatty acids or polyunsaturated fats found in fish and plants. Swank suggests a 15 gram limit on bad fats and a minimum of 20 grams of EFAs, supplemented with 3-4 tablespoons of oil or by eating EFA-containing fish three times a week. Gamma linolenic oil (GLA) is found in Evening Primrose Oil and studies have found it helpful for MS. Naturopathic Michael Murray likes cold-pressed flaxseed oil. EFAs are the basis of myelin production and repair. No MS diet should be without them!



**B-12 (methylcobalamin).** Take a B complex since the B family is critical to proper nervous system functioning and repair. B-12 specifically is low in MS and required for myelin formation and integrity. Methylcobalamin is the active form.

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## Multiple Sclerosis

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Since MS has problems with myelination, B-12 is a widely accepted therapy. Dosages range from 1000 mcg 2-3 times a day. Some studies have given up to 60 mg daily! There are no reports of B-12 toxicity.

**Take a Multi-vitamin.** A high potency multiple can give you your supply of B vitamins and other antioxidants (A, C, E, D, selenium). Vitamin D is important as it may protect individuals at risk from developing MS, especially when taken by pregnant moms, and may explain the geographic risk (low sunlight, less D). Low levels are found in MS, along with low bone mass. A multiple addresses D, calcium and magnesium needed for bone density. Multi-Gold™ as directed on label. Additional magnesium in Fibro-Care™ may be needed for energy.

**Boost antioxidants.** Damage to myelin may be due to the body for unknown reasons attacking its own healthy tissue. Studies do show that vitamins C, E and selenium are neuroprotective by interfering with free radical damage. Alpha lipoic acid may interfere with the immune “attacks” from T-cells and backs up vitamin C and E activity. CoQ10 offers its antioxidant benefits and fights disabling fatigue by boosting energy. Dr. Murray recommends 500-1000 mg of C, 2-3 times/day and 800 IU vitamin E. A suggested CoQ10 may be 100 mg daily and ALA 100-250 mg daily.

**Enhance Enzymes.** Two types of enzymes are needed, digestive and systemic. Digestive woes are common with bloating and constipation. Digesta-Care 8™ supplies the necessary enzymes to assist food breakdown and encourage nutrient absorption. Undigested food may cause CICs (circulating immune complexes) and increase inflammation, a factor involved in myelin damage. Fibro-Enzymes™ helps reduce inflammation systemically (whole body).

**De-“Fog”.** Brain fog may be a problem. Phosphatidyl serine (PS) assists serotonin and dopamine, and boosts memory and learning. PS also helps re-myelinate nerve fibers. Acetyl choline is another “smart” supplement.

**Eliminate the Toxins.** Try to eliminate environmental toxins. Think organic when it comes to food and cleaning supplies. Restrict alcohol, caffeine, sugar and especially aspartame. Drink plenty of clean water. Stay close to nature.



**Relax and Rest.** Chronic diseases stress the body. Find an outlet to de-stress with a happy habit that calms the senses, whether it's a short nap or curling up with a good book. 5-HTP is low in MS. As a precursor to melatonin (the sleep-wake clock and also low), supplemental 5-HTP may benefit sleep, mood and any pain problems. No study is found; however, perhaps start at 50 mg and increase slowly. A typical dose for fibromyalgia, another neuro-pain disorder,

## Get with the Program MS

### BASIC

Multi-Gold™  
+ B-12 (methylcobalamin)  
+ D3  
+ EFAs (Fish, Flax)

### ANTIOXIDANTS

Alpha Lipoic Acid  
Vitamin C (Esterfied)  
Vitamin E, Natural

### BRAIN & SLEEP

Phosphatidyl Serine  
5-HTP

### ENZYMES

Digesta-Care 8™  
Fibro-Enzymes™

### ENERGY

CoQ10 100 mg  
Fibro-Care™ (Organic Magnesium)

is 300 mg daily. Some MS patients are given SSRIs for sleep so 5-HTP may be an alternative.

**Summary.** You may look at the program and feel a bit overwhelmed. Supplements suggested are based on some of the common MS symptoms. Start with a basic program of a multi-vitamin, B-12 and liquid flaxseed oil to protect and support myelin. Add other specific ones as you need, such as digestive enzymes. Start simple, but start.

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### Resources

1. Multiple Sclerosis Foundation. 800-225-6495. [www.msfocus.org](http://www.msfocus.org)
2. National Multiple Sclerosis Association. 800-532-7667/  
[www.msassociation.org](http://www.msassociation.org)
3. National Multiple Sclerosis Society 800-Fight-MS. [www.nmss.org](http://www.nmss.org)
4. Swank, RL. *The Multiple Sclerosis Diet Book*. 1972, Willamette Publishing. Beaverton, OR.

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