

# MOVEMENT

News Journal of  
Parkinson's Disease and Movement Disorder Society  
(PDMDS)



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## 7<sup>th</sup> World Parkinson's Day International Symposium & Global Declaration on Parkinson's Disease Launched.

The Taj Mahal Hotel in Mumbai, India (celebrating its centenary year) was the venue of the 7<sup>th</sup> World Parkinson's Day International Symposium held on 6<sup>th</sup> & 7<sup>th</sup> December, 2003. This meet was organized by the Parkinson's Disease and Movement Disorder Society (PDMDS). The World Health Organisation (WHO) and the Movement Disorder Society (MDS) were its co-sponsors. The faculty included 38 internationally renowned neurologists. The unique feature of this symposium was that besides the academic sessions for the medical audience, parallel sessions for PD patients and their caregivers were conducted simultaneously in an adjacent hall. About 350 neurologists and 300 PD patients and their caregivers participated. During the course of the symposium, patients and caregivers were seen interacting freely with the medical fraternity.

In his welcome address, Dr. T. N. Mehrotra, the president of the PDMDS outlined the main objects of the conference to increase awareness of PD among patients, caregivers and the



*Distinguished personalities at the Inauguration*

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The contents of *MOVEMENT* aim to provide the maximum possible facts / information but since some information involves areas of personal judgement, their publication does not mean that the PDMDS necessarily endorses them.

All contributions are welcome. Essays should be restricted to 750 words, and letters to 200.

Your questions too are welcome.

Contributions must include your name, address, phone no. and occupation. All materials submitted become the property of PDMDS.

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## Editors' Page

I am with you once again, though after a while! And we have kept our end of the promise we made to you. In keeping with our **main objectives to improve the care & treatment of the afflicted & disseminate knowledge amongst the medical community, public, caretakers & patients**, we once again bring you a wealth of information in this update of *MOVEMENT*. We have covered three important issues that have been bothering you : **The way you breathe, your sex life & problems of imbalance** - all of which are complications associated with long term use of Levodopa. As always, we have provided tips & advise for coping with the same.



Signing of the **Global Declaration for Parkinson's Disease** in Mumbai last December is a landmark event. It will help increase worldwide awareness of this awesome illness, and compel the world community to take steps to improve the quality of life of those with Parkinson's and reduce cost and impact on the global community. The Declaration highlights the importance of working together to try to effect attitudinal change in the everyday management of people and their families impacted by this complex multidimensional disease.”

Parkinson's Disease and Movement Disorder Society (**PDMDS**), a 'charity society' brings you this update as one of its commitments, to bring about awareness & information on movement disorders, with the objective of helping the patient, his caregiver, the social worker and of course the medical community to collectively improve the quality of life of those afflicted by them. This it accomplishes by encouraging the formation of localized support groups, membership of which is open to all the above mentioned individuals infact, to any-one who is concerned, & would like to get involved with the cause. These support groups organize a number of activities/ meetings to make a '**difference**' in the lives of the sufferers. Obviously, these activities need funding. All those interested in knowing more about such a localized help-group, or in helping by making a donation may contact me on phone No. 55761242, or e-mail at : [guru\\_kohli@rediffmail.com](mailto:guru_kohli@rediffmail.com)

**Remember, You're never alone.**

*continued from page 1.....*

public at large and to update the medical fraternity on the latest advances.

Dr. V. Chandra welcomed the audience on behalf of WHO while Prof. Wolfgang Oertel conveyed greetings and best wishes on behalf of MDS. Aleksander Janca outlined the objectives and the work being done by the Working Group on Parkinson's Disease (formed by WHO in May, 1997).



*The parallel session for patients & caregivers*

In a moving ceremony, the Global Declaration-“Parkinson's Disease Moving and Shaping” was launched on 7<sup>th</sup> December, 2003. Prominent citizens, industrialists, social workers, lawyers, cine artists alongwith delegates, patients and caregivers participated by signing the Declaration. It is anticipated that the Declaration will be used as a campaign tool by non-governmental organizations to encourage change in attitude and increase awareness and has been widely supported throughout the world. Prior to its launch in Mumbai, the Global Declaration had received the support of eminent persons like Tony Blair and Michael Fox and had been signed by Muhammed Ali and Janet Reno.

Mary Baker, Chair-person, emphasized that “*effective and appropriate management of strategies could improve the quality of life of those with Parkinson's and reduce cost and impact on the global community*”. She added, “*The Declaration is the culmination of a close partnership between health care professionals and patient organizations during the last three years and highlights the importance of working together to try to effect attitudinal change in the everyday management of people and their families impacted by this complex multidimensional disease.*”

Dr. B. S. Singhal, Organizing Chairman, 7<sup>th</sup> World Parkinson's Day International Symposium cemented Baker's conviction by announcing “*With the increase in life expectancy, the number of patients suffering from Parkinson's disease is on the rise in India. The patients and the caregivers look up to the voluntary organizations like the newly founded 'Parkinson's Disease and Movement Disorder Society' for help and guidance. The Global Declaration will strengthen the hands of such support groups throughout the world to improve the quality of life of patients with this disabling disease.*”



*Mr. Jehangir Palkhivala imparting yoga knowledge at the parallel session*

## The Declaration:

"WE, the Working Group on Parkinson's disease, formed by the World Health Organisation in Geneva, 27 & 28 May 1997, call on world governments and all healthcare providers to join us in taking strong and decisive action to meet the objectives and recommendations on the educational management and Public Health implications of Parkinson's disease as agreed at that meeting

*Parkinson's disease is a progressive neurodegenerative disorder, which is globally distributed, affecting all cultures and races.*

*The overall prevalence in the world is estimated to be 6.3 million.*

*More than 1:10 people with Parkinson's are diagnosed before the age of 50 years.*

*Although Parkinson's disease is a complex disorder of unknown cause, for more than 40 years it has been recognised that loss of dopamine cells in the brain is responsible for the commonly observed disorders of movement. As yet the cure remains elusive. Parkinson's disease affects every aspect of daily living. In the modern era a range of treatments have been available to control symptoms and extend life span. These include medication, surgery, and physical therapies.*

*Effective and appropriate management of strategies could improve the quality of life of those with Parkinson's and reduce cost and impact on the global community.*

*Specifically, we urge every government to:*

*Support the World Charter for people with Parkinson's disease, launched 11 April 1997, which states that People with Parkinson's have the right to:*

- Be referred to a doctor with a special interest in Parkinson's disease*
- Receive an accurate diagnosis*
- Have access to support services*
- Receive continuous care, and*
- Take part in managing the illness*

*Increase public awareness of Parkinson's disease as a priority health challenge thereby reducing its stigma and remove discrimination against people with Parkinson's disease in the workplace*

*Improve the lives of people impacted by Parkinson's disease by ensuring that they receive appropriate treatment and reform medical education in support of the WHO 'Health for All' Initiative*

*Encourage all health authorities world-wide to support the WHO 'Health for All' concept, and implement a Parkinson's disease programme consistent with resources available at each stage of industrial development to achieve co-ordination of efforts by health workers within the three-tier model of service delivery*

*Permeate care across the full spectrum of the illness, structured in accordance with the results of cost effectiveness studies*

*Encourage partnership between neuroscientists and health workers to derive ways to improve access to needed care and treatment for all people with Parkinson's disease and ~~fasten~~ practice guidelines to assist health care workers in the management of medication side-effects, especially among the elderly*

*Support a partnership between doctors and other health care workers with voluntary (non-governmental) organisations representing patient interests to promote better understanding of Parkinson's disease*

*Reach out to all ethnic and cultural groups of patients, and to overcome negative attitudes in society towards chronic neurological and psychiatric illness and provide practical assistance for countries with underdeveloped Parkinson's services*

*Encourage research into Parkinson's disease and the development of multidisciplinary teams to improve its management*

## Sexual Dysfunction in PD - *All you wanted to know, but were afraid to ask !*

Human sexual function is complex and intertwined with every aspect of life. It is also very intimate and personal, difficult to discuss with a stranger, even a physician. Perhaps this is why few patients complain of sexual dysfunction and very little is known of sexual problems in parkinsonism.

The nervous system is involved in sexual activity at every level, from the highest to the lowest. Consequently, the nervous control of sexual function is susceptible to disruption at many points. At the highest level, psychological factors profoundly affect sexual behavior. For example, depression, anxiety, and frustration provoked by the very fact of being ill may sharply curtail libido. This is a common reason for sexual difficulties in many chronic disorders. Libido may be selectively impaired in parkinsonism by the disease process itself. Dopamine nerve cell system in the brain seems to play some role in regulating libido. Patients have complained of loss of the sense of smell, and decreasing libido. All these were improved by L-DOPA treatment. Spouses have occasionally complained of an exaggerated libido in patients when L-DOPA treatment is first undertaken.

Rarely, the nervous system is affected at a lower level, and the nerves directly controlling the sexual organs may be involved. The result is difficulty in maintaining a penile erection in the male and delayed ejaculation. Comparable problems presumably may arise in female patients. This complex of symptoms develops mainly in some of the atypical forms of parkinsonism like the Shy-Drager syndrome. Indeed, in that condition impotence without loss of libido may be the initial symptom. I can recall several patients who had experienced this phenomenon for 1 to 2 years prior to developing PD. They had sought help at clinics specializing in the treatment of sexual dysfunction, to no avail. Unfortunately, this type of difficulty is not helped by L-DOPA or other therapies.

Limitations of body movement due to rigidity and bradykinesia may cause problems by complicating the mechanical aspect of lovemaking. For example, slowness in turning in bed may make it difficult for a male partner to assume a good position for foreplay or coitus. Rigidity and bradykinesia may hinder the pelvic movement necessary for coitus. Some accommodation to these difficulties can be made with the assistance of an understanding spouse. Improvement of rigidity and bradykinesia on L-DOPA treatment restore normal sexual activity, chiefly by removing these mechanical impediments.

Many commonly used drugs like tranquilizers, antidepressants and sedatives may impair sexual function. The anticholinergic PD drugs may also do this. Usually, these drugs result in delayed ejaculation and impaired penile erection. Thus, if a sudden change in sexual function has occurred, we need to consider whether it followed a change in drug treatment.

Many patients are afraid to discuss their sexual problems with their physicians. They tend to accept them as inevitable accompaniments of their condition, or as a natural result of aging. I would urge patients and their spouses to overcome their natural reticence, and freely discuss sexual dysfunctions with their doctors.

### TIPS FOR SEXUAL PROBLEMS

- (1) Decreased sexual function does not mean decreased love for the partner,
- (2) Understanding and patience are helpful.
- (3) Changes in anti-Parkinsonian drugs therapy occasionally will improve erectile function.
- (4) Other drugs for other problems (such as high blood

pressure or anxiety) may contribute to sexual problems.

- (5) A urologist or andrologist who is interested in these problems should be consulted. Drugs (by injection into the penis) or creams (on the penis or urethra) that promote blood vessel dilation and erection are available. These may produce benefits for both partners. Vacuum devices that trap blood in the penis are also useful. Penile prosthesis surgery is being done less as drug therapy becomes better.
- (6) Treatment for depression may give benefit. The

right drug must be selected, as some may worsen sexual function.

- (7) Sexual activity should be regular. Inactivity reduces penile erectile function.
- (8) Have an open discussion with your partner. Try to understand each others difficulties and needs and find ways to solve them.
- (9) Chronic illness is tough on both of you. So relax, think positive, and enjoy and share each other's love in whatever ways you can.

## The Quest - A Question of Answers

**Q** Has high blood pressure got anything to do with Parkinson's disease?

*Mr. J. Travolta*

**A** *There is no correlation between high BP and typical Parkinson's disease although both are seen more frequently in the elderly age group. Patients with long standing uncontrolled hypertension may develop a multi-infarct state (many small areas of poor circulation in the brain) in which some features of Parkinsonism may occur.*

**Q** The patient is the sole bread earner in the family and his work involves a high level of physical activity? Will physical exertion worsen his condition and symptoms?

*Ms. R. Bharavi*

**A** *On the contrary, keeping active and busy is the key to keeping PD under control. Physical activity will not harm or worsen PD in any way. The only care to be taken is to avoid falls which can happen in PD.*

**Q** Is swelling in the feet a result of Parkinson's disease or a side effect of medicines taken for PD?

*Mr. B. V. Nayak*

**A** *Parkinson's disease itself does not cause swelling of feet. Some anti PD drugs like amantidine can cause swelling and redness around the ankles. A medication called amlodipine used in cases of high blood pressure can cause swelling of feet if a PD patient is taking it for high BP. Swelling of feet per se is not something to be worried about but you must consult your physician to rule out any medical disorder. Often swelling of feet subsides if the legs are elevated on the stool or in bed.*

## That Gesture - For Better Or For Worse !

- Anonymous

One day, when I was a freshman in high school, I saw a kid from my class walking home from school. His name was Kyle. It looked like he was carrying all of his books. I thought to myself, "Why would anyone bring home all his books on a Friday? He must really be a nerd." I had quite a weekend planned, so I shrugged my shoulders and went on. As I was walking, I saw a bunch of kids running toward him. They ran at him, knocking all his books out of his arms and tripping him so he landed in the dirt. His glasses went flying, and I saw them land in the grass about ten feet from him. He looked up and I saw this terrible sadness in his eyes. My heart went out to him. So, I jogged over to him and as he crawled around looking for his glasses, I saw a tear in his eye. As I handed him his glasses, I said, "Those guys are jerks. They really should get hives." He looked at me and said, "Hey thanks!" There was a big smile on his face. It was one of those smiles that showed real gratitude. I helped him pick up his books, and asked him where he lived.

As it turned out, he lived near me, so I asked him why I had never seen him before. He said he had gone to private school before now. We talked all the way home, and I carried his books. He turned out to be a pretty cool kid. I asked him if he wanted to play football on Saturday with my friends and me. He said yes. We hung out all weekend and the more I got to know Kyle, the more I liked him, and my friends thought the same of him. Monday morning came and there was Kyle with the huge stack of books again. I stopped him and said, "Boy, you are going to really build some serious muscles with this pile of books everyday!" He just laughed and handed me half the books. Over the next four years, Kyle and I became best friends. When we were seniors, we began to think about college. Kyle decided on Georgetown, and I was going to Duke. I knew that we would always be friends, that the miles would never be a problem. He was going to be a doctor,

and I was going for business on a football scholarship. Kyle was valedictorian of our class. I teased him all the time about being a nerd. He had to prepare a speech for graduation. I was so glad it wasn't me having to get up there and speak.

Graduation day, I saw Kyle. He looked great. He was one of those guys that really found himself during high school. He filled out and actually looked good in glasses. He had more dates than I had and all the girls loved him. Boy, sometimes I was jealous. Today was one of those days. I could see that he was nervous about his speech. So, I smacked him on the back and said, "Hey, big guy, you'll be great!" He looked at me with one of those looks (the really grateful one) and smiled. "Thanks," he said. As he started his speech, he cleared his throat, and said "Graduation is a time to thank those who helped you make it through those tough years: your parents, your teachers, your siblings, maybe a coach, but mostly your friends. I am here to tell all of you that being a friend to someone is the best gift you can give them. I am going to tell you a story."

I just looked at my friend with disbelief as he told the story of the first day we met. He had planned to kill himself over the weekend. He talked of how he had cleaned out his locker so his Mom wouldn't have to do it later. He mentioned the bullies knocking the books out of his hands as he was carrying all his stuff home. He looked hard at me and gave me a little smile. "Thankfully, I was saved. My friend saved me from doing the unspeakable." I heard the gasp go through the crowd as this handsome, popular, boy told us all about his weakest moment. I saw his Mom and Dad looking at me and smiling that same grateful smile. Not until that moment did I realize its depth. Never underestimate the power of your actions. **With one small gesture you can change a person's life, for better or for worse!**

## Postural Hypotension in PD - A Condition of Caution

Postural hypotension is a drop in the patient's blood pressure which usually occurs when changing position, for example arising from a chair, getting out of bed or bending over. It may also occur a few minutes after standing. Lightheadedness or faintness is experienced and is sometimes accompanied by transient visual loss, loss of consciousness, multiple falls and serious injury. Postural hypotension increases in the elderly and is made worse by levodopa, dopamine agonists, deprenyl, anticholinergics and antidepressants with strong anticholinergic effects (amitriptyline is one). Some patients with atypical or severe Parkinsonism may have a major problem with postural hypotension.

If postural hypotension is a significant problem, the following may help: -

- 1) Keep the head of the bed elevated (about 15 degrees) at night with a pillow, or blocks secured under the legs of the headboard. This may improve blood vessel tone.
- 2) Drink more fluids & reduce alcohol. Alcohol dilates blood vessels and lowers blood pressure and may have to be stopped until blood pressure is controlled with some of the other measures outlined.
- 3) Increase salt intake by adding more table salt to your food. If this is not effective, take salt tablets (available over the counter at the pharmacy) twice a day. Be more careful on hot days when you sweat more. Consult your physician if you have any heart or blood pressure difficulties.
- 4) Exercise your feet and legs before rising from a bed or chair.
- 5) Change position slowly. After standing up, support yourself by holding onto someone or something. Cross your legs and squeeze them together to tighten the leg muscles. This helps the blood to flow upwards. Avoid standing in one place too long. When standing, rock from one leg to another.
- 6) Sit down or better still, lie down as soon as you feel faint.
- 7) Elastic or support stockings may be of use if they cover the thigh as well as the calf.
- 8) Be more careful of drops in blood pressure after meals, and on warm days.
- 9) Drops in blood pressure may be alleviated by eating small meals with caffeinated beverages. The smaller meals may help to prevent blood pressure drops, which can occur after large meals. The caffeine constricts blood vessels which can avoid blood pressure drops.
- 10) Avoid taking hot showers and excessive exercise, if postural hypotension is experienced frequently.
- 11) All anti-PD drugs have a tendency to cause postural hypotension to a greater or lesser degree. The physician caring for the patient must be fully appraised of the patient's drug regime. Wherever possible the dose of anti-PD medication could be reduced, taking care not to worsen the parkinsonian state.
- 12) When postural hypotension is severe, the physician may prescribe drugs like fludrocortisone (florinef or floricot) or midodrine. These have to be used cautiously, especially in elderly patients with heart disease, as they can cause heart failure & rise of BP on lying down.

**HOW YOU LIVE YOUR DASH - -***- Anonymous*

I read of a man who stood to speak at the funeral of a friend.

He referred to the dates on her tombstone.

From the beginning...to the end.

He noted that first came her date of birth

And spoke the following date with tears,

But he said what mattered most of all

Was the dash between those years.

For that dash represents all the time

That she spent alive on earth...

And now only those who loved her

Know what that little line is worth.

For it matters not, how much we own;

The cars...the house...the cash,

What matters is how we live and love

And how we spend our dash.

So think about this long and hard...

Are there things you'd like to change?

For you never know how much time is left,

That can still be rearranged.

If we could just slow down enough

To consider what's true and real,

And always try to understand

The way other people feel.

And be less quick to anger,

And show appreciation more

And love the people in our lives

Like we've never loved before.

If we treat each other with respect,

And more often wear a smile...

Remembering that this special dash

Might only last a little while.

So, when your eulogy's being read

With your life's actions to rehash...

Would you be proud of the things they say

About how you spent your dash?

**The Quest***- A Question of Answers*

**Q** I have Parkinson's since 1994, under good control but I am getting severe constipation. Is the constipation drug induced or disease induced?

*Mr. Vikas*

**A** *Constipation is a troublesome complaint experienced by many PD patients. It is due to the PD itself and also, to a great extent, aggravated by the use of anti PD drugs. Almost all PD drugs can worsen constipation, but the worst offender is anticholinergic medication (pavitane). As far as possible, it would be better to reduce or stop this medication especially in elderly patients. Taking plenty of water; fruits (papaya and figs) and vegetables would also help in constipation. Stool softeners (softovac), laxatives (dulcolax) and in some cases enema may also be needed.*

**Q** Though there are a number of Anti-Parkinson's drug groups available in the market, for e.g. Levodopa, dopamine agonists and anticholinergics, I am confused as to which is most appropriate for patients at different stages of progression of Parkinson's Disease

*Ms. T. R. Sabnis*

**A** *Unlike treatment for many diseases, treatment for Parkinson's disease is tailor-made for each patient. From a therapeutic standpoint, Parkinson's disease can be divided in to three stages - Early, Non-fluctuating and Fluctuating . All though the same drugs, namely carbidopa - levodopa preparations, dopamine agonists and anticholinergics preparations are usually prescribed, there pattern of use, including frequency and dosing varies depending on the nature of the dominant symptoms and stage of the disease. Management of Parkinson's disease requires familiarity with both the disease-related and drug-related componenets. Optimal functional efficiency for the patient is gained through striking a delicate balance between the drug regimen and the disease-related componenets.*

## Shortness of Breath in Anxious PD Patients

### *Lowering Breathing to the Belly...*

#### **The Way We Breathe**

Breathing is regulated by brainstem centres. Acting through the Autonomic Nervous System, the brain stem makes our lungs increase the rate and depth of breathing in response to specific signals.

The rate of breathing is also affected by conscious factors. As we hurry through a busy intersection to catch a bus or train, our rate of breathing automatically increases.

The rate of breathing is also affected by anxiety. If we sit in a dentist's chair waiting for a root-canal, or if we extend our arm to have blood drawn, our rate of breathing increases. Feelings such as anxiety, anger, fear, excitement or panic make us breathe faster. Feelings such as sadness or sorrow make us breathe slower.

#### **Anxiety**

Anxiety, fear, uncertainty, and worry are widespread. Often anxiety isn't expressed in words but in physical symptoms. These symptoms result from activation of our Autonomic Nervous System. In addition to raising our blood pressure, the symptoms include feeling flushed, dizzy or faint, a choking feeling, a pounding of our hearts with shortness of breath and numbness or tingling of our mouths, fingers and toes.

Separating such anxiety related symptoms from disease related symptoms often is difficult even for a skilled physician. Investigations to rule out a heart attack or stroke maybe required.

How wide spread is anxiety? Probably one-third of us who see a doctor, do so because we're

anxious. And anxiety, unrecognized and untreated, coexists in many disorders including Parkinson's disease.

Approximately 10% of us suffer from anxiety and take drugs such as diazepam & alprazolam. Many of us also seek help from anxiety by drinking alcohol or smoking cigarettes.

During anxiety, we breathe faster. This increased rate of breathing shifts our breathing from the lower part of our lungs, the diaphragm, to the upper part of our lungs. We breathe from "our chest instead of our belly." The diaphragm is a "skirt-like" muscle that separates our chest from our belly. When we fill our lower lungs with air, our lungs push on our diaphragm making our bellies protrude. In "belly or diaphragm breathing" each breath is slower, deeper, and more efficient--we spend less energy on the mechanics of breathing. In "chest breathing" or "hyperventilation" our breathing is faster, shallower, and less efficient. We spend more energy on the mechanics of breathing.

#### **Breathing Fast (Over-Breathing) or Hyperventilation**

If we force ourselves to breathe fast or over-breathe, the levels of carbon dioxide in our blood drop. This results in carbon dioxide leaving our nerve cells, the inside of our cells become alkaline, calcium enters them, and they become more excitable. This results in increased excitability of the nerve endings in our mouth, hands and feet resulting in tingling around our mouth and in our fingers and toes. This also results in our blood vessels constricting which makes our hands feet feel cold, our vision blurred, and our ears ring as blood is shunted away from them. Then as the blood vessels inside our brains constrict, we feel dizzy or

faint, or have difficulty concentrating. These symptoms are similar to those caused by anxiety.

Although distressing and frightening, none of the symptoms caused by hyperventilation are dangerous. Most of us are unaware of how fast we breathe. Only small degrees of hyperventilation are necessary to cause symptoms. If we breathe in-and-out as rapidly as we can for 60 seconds most of us will develop symptoms described above. If we stop, the symptoms will disappear within 5 to 10 minutes.

### **Controlling Anxiety by Controlling Hyperventilation**

If we are anxious we hyperventilate, and this makes us more anxious. Most of us will normally breathe fast, using our chest-wall muscles as a short-term response to many threatening or anxiety-provoking situations. If our breathing can be changed from a fast "chest-wall" pattern to a slow, deep pattern of belly (or diaphragm) breathing, we can decrease our anxiety.

As our anxiety decreases, so too will the physical symptoms associated with anxiety. If our breathing can be changed to a pattern of belly breathing, this can promote long-term good health. And by decreasing anxiety it can lessen our tendency to panic or fly into a rage.

### **How Can I Tell if I'm a Chest or a Belly Breather?**

- (1) Lie flat in bed - your face looking up at the ceiling. Place your right hand over your chest. Place your left hand over your belly.
- (2) Breathe normally for one minute, then ask:
  - A. Was my chest moving?
  - B. Was my belly moving?
  - C. I can't tell.

If B, congratulations, you are a belly breather.

If A or C, you are a chest breather.

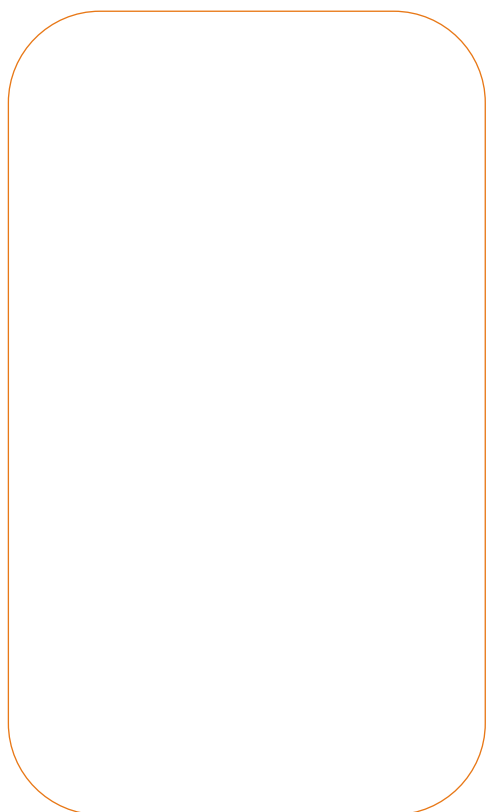
### **How Can I Change from a Chest to a Belly Breather?**

Being aware of whether you are a chest or a belly breather is an important start. Most people don't realize they are chest breathers, don't realize they hyperventilate and don't realize they are making themselves more anxious.

- (a) Lay flat in bed, with your legs straight.
- (b) Put your left hand on your chest, your right hand on your belly.
- (c) Take a deep breath, preferably through your nose.
- (d) Make certain the inhaled air reaches the bottom of your lungs. You'll know this because your diaphragm will move down forcing your belly against your right hand.
- (e) Hold the air in your lungs as long as you can, then exhale from your belly.
- (f) Practice so that you consistently, every breath, breathe from your belly. Do this at least 60 times.
- (g) If you have difficulty starting to belly breathe, place your right index finger in your belly button. This will get you started.
- (h) If in this, or any situation, you are so anxious that you have difficulty starting, cup both your hands over your nose and mouth and breathe into your cupped hands, breathing and re-breathing the expired air. This raises the carbon dioxide in the air you breathe and in your in your blood and relaxes you by temporarily reversing the effects of hyperventilation.

Hyperventilation is not the cause of your anxiety. The cause of your anxiety must be dealt with through understanding, counseling, and reorientation. But hyperventilation, especially when it's unrecognized, makes anxiety worse.

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So, let your response flow.

### **Moved Recently ?**

To ensure you don't miss an update of movement inform us of your changed address & phone number.

### **Help make the PD world smaller**

Any support group or organization in India or overseas associated with the causes of Parkinsons disease or other movement disorders can write for enrolment in our mailing list free of charge. Likewise, we request enrolment in your mailing list. I'm sure that such interaction will help make this world smaller, & us closer.

### **Help and Money go Hand in Hand**

PDMDS is a 'Charity Society' formed with the main objective of improving the care and treatment of the afflicted and to disseminate knowledge amongst the medical community, public, patients and caretakers. This it accomplishes by encouraging the formation of localized support groups, membership of which is open to all the above mentioned individuals infact, to any-one who is concerned, & would like to get involved with the cause. These support groups organize a number of activities/ meetings to make a '**difference**' in the lives of the sufferers. Obviously, these activities need funding, as HELP & MONEY go Hand in Hand. All those interested in knowing more about such a localized help-group, or in helping by making a donation may contact G. S. Kohli on phone No. 55761242, or e-mail at : guru\_kohli@rediffmail.com