

# RESTLESS LEGS SYNDROME

by Ronald L. Myers, CNC

Over twelve million Americans suffer from this disorder and still it widely MIS-DIAGNOSED!

I have been getting a number of questions lately regarding RLS and so it is time for me to update a piece I originally wrote in November of 1997 on this condition.

In reviewing current published information relating to Restless Leg Syndrome, I find not much has changed as far as defining a cause with the exception of research conducted by James Conner, et al ("*Neuropathological Examination Suggests Impaired Brain Iron Acquisition in Restless Legs Syndrome.*" *Neurology*, August 12, 2003, Vol. 61, No. 3, pp. 304-309.), and an eBook published by Jeffrey and Marie Goodwin titled "*The Cause and Solution to Restless Legs Syndrome*".

What causes RLS has been, to say the least mysterious, making it difficult to treat effectively. Because a clear-cut cause had yet to be determined, diagnosis was difficult at best. No laboratory tests exist to aid in diagnosis or treatment. This led Dr. James Conner and his team assembled from Penn State College of Medicine and Johns Hopkins University to go looking for an answer. The brains of people who had suffered from RLS were autopsied and compared to the brains of those who had not. Results were presented June 5<sup>th</sup> at the Association of Professional Sleep Societies meeting in Chicago and suggested a possible explanation for the syndrome.

No pathological changes were found in the brains of those who had suffered with RLS but an apparent lack of uptake of adequate iron in cells in a portion of the mid-brain. Because no cellular loss or damage was found, but rather an apparent iron deficiency, there is greater possibility successful treatments can be developed.

Plans are in the works by Dr. Conner and his team to study how iron supplementation may benefit people suffering from RLS. He feels this is an area that is ripe for new therapeutic approaches. I agree.

Regarding Jeffery and Marie Goodwin I must admit ignorance as to who they are or what their background is in the scientific or healthcare arenas. In their book they state dogmatically that excess SALT intake is THE cause of RLS. They maintain that the current RDA of 2400 mg. for daily salt intake is much too high because this could never be achieved by eating natural foods with no additional salt added during processing or cooking. They detail various strategies for reducing or eliminating salt from our daily diet. Along with curtailing salt intake they wisely (I feel) encourage supplementation with magnesium and vitamin B6. This is a new piece of the puzzle since I last researched this condition in 1997. Based on the synergism of salt with other minerals (magnesium and potassium), this may be beneficial to some patients suffering with RLS. I do not know of any practitioners using this therapy with RLS, but if I were suffering with this condition and other protocols had provided no relief, I would view this non-toxic approach worth a try. The eBook is available at [www.answerfound.com](http://www.answerfound.com).

According to Michael H. Silber, M.D., a neurologist with the Mayo Clinic's Sleep Disorders Center "Restless Legs Syndrome is often under diagnosed or misdiagnosed by physicians because they don't know what it is". And, like many conditions, to those who do not suffer from it, be they health care practitioner or layman, it may seem like a relatively minor condition.

But people who suffer from RLS call themselves the "night-walkers". They say they are driven by an indescribable feeling in their legs that compels them to get up and walk, especially at night. According to Richard P. Allen of the Johns Hopkins Sleep Disorder Center in Baltimore "these people have trouble explaining the sensation in their legs. The symptoms are extremely vague and because the condition is so little known in the medical community, it can be extremely difficult to diagnose."

### **SIX COMMON CHARACTERISTICS OF RLS—**

Researchers and health care practitioners experienced in treating RLS seem to agree on the following six characteristics:

1. Unpleasant limb sensations. These are typically described as "deep-seated, creeping, crawling, jittery, tingling, burning or aching" sensations in the calves, thighs, feet or upper extremities. Sometimes the feeling defies description. RLS however is usually NOT described as a "muscle cramp" or "numbness".
2. Starts when resting, is relieved by moving. The sensation typically begins while the person is lying or sitting for an extended period of time such as in a car, airplane or movie theater. The sensation lessens if the person gets up and moves.
3. The person cannot remain still for long. People combat the sensation in their legs in a number of different ways: by stretching, jiggling their legs, pacing the floor, exercising, walking, etc.
4. Symptoms get worse during the evening. Symptoms may be noticeable during the day if there are extended periods of inactivity.
5. For most people with RLS, the symptoms will make it difficult for them to get to sleep or stay asleep. Insomnia may lead to excessive daytime drowsiness. The sufferer may never associate their restlessness with their inability to sleep.
6. RLS is associated with night-time leg twitching and "periodic limb movements of sleep"(PLMS), a disorder that is common in older adults. With PLMS, the person will involuntarily flex and extend their legs while sleeping without being aware they are doing it often resulting in a restless nights sleep for their bed partner.

### **PROGNOSIS—**

Restless legs syndrome is a life-long condition for which there is no cure (medically). Symptoms may gradually worsen with age, and their most disabling feature is the sleep onset insomnia they cause, which can be severe. Due to this insomnia, sufferers of RLS are among the most sleep deprived of all Americans.

Although RLS is considered by some to be a condition of middle to older age, more than a third of a group of 138 subjects studied experienced their first symptoms before the age of **ten**. In younger age onset patients whose symptoms are severe enough to seek immediate treatment, *misdiagnosis* included "growing pains" and attention deficit hyperactivity disorder (ADHD).

## **POSSIBLE CAUSES OF RESTLESS LEGS SYNDROME (RLS)—**

Many health care practitioners feel that RLS is idiopathic, but research has shown a number of metabolic causes. The two most common causes of restless legs syndrome seem to be iron deficiency anemia and diabetes mellitus. (*O'Keefe, S.T., "Restless legs syndrome" A review., Arch Intern Med, 1996; Feb. 12;156(3):243-8; "Restless legs syndrome", Jeddy, T.A. and Berridge, D.C., British Journal of Surgery, 1994;81:49-51; "Iron Status and Restless Legs Syndrome in the Elderly:; O'Keefe, S.T. Age and Aging, 1994;23:200-203.*)

Other causes may include uremia, rheumatoid arthritis, hypothyroidism and low levels of dopamine in the brain. As with any condition, incorrect diagnosis leads to incorrect treatment. After correct diagnosis, correct determination of the cause is also required. Correct determination of the cause will lead to correct treatment and should resolve the problem.

If the new research by Dr. James Conner and his team is substantiated, it could open up a whole new realm of treatment for RLS sufferers. Another factor that I feel should be considered in relation to faulty iron uptake by the cells in the substantia nigra in the brain is the role iron synergists may play in this. The initial research by the Conner team did not find *iron deficiency*, but faulty uptake of iron by the cells in the brain. The link may be a subclinical deficiency of vitamin B12, folic acid, vitamin B6, copper, zinc or molybdenum, as seen in iron conversion anemia's (not able to get enough iron into the red cell).

The new information published by the Goodwin's seems to make a strong case for the SALT link to RLS. My feeling on this at this point in time is, if you have tried everything else with little or no results for your patient, this is a non-toxic, natural treatment that may provide relief. And that is our goal: *Find the cause; Fix it; and then everyone can move on!*

## **TREATMENT PROTOCOLS FOR RLS—**

### **Iron Deficiency Anemia**

A serum iron may not be enough to establish this as the cause of the problem. Researchers have found that the serum iron may be within normal limits but the ferritin is decreased. If you use the Gateway Panel available from LabCorp a ferritin is included along with iron, T.I.B.C. and saturation.

*Supplementation:*

**Fe-Zyme** 3 tablets daily.

**Hydrozyme** 3 tablets with each meal.

Evaluate the patient for possible need for iron synergists with serum or urine methylmalonic acid, neutrophil hypersegmentation index, zinc taste test, hair mineral analysis, etc.

### **Diabetes Mellitus**

*Supplementation:*

**Glucobalance** 2 capsules with each meal.

**Flax Seed Oil** 2 capsules with each meal.

**ADHS** 1 tablet with breakfast and lunch.

**Cytozyme PAN** 1 – 2 tablets with each meal.

**Hydrozyme** 2 – 3 tablets with each meal.

## **Dopamine**

*Supplementation:*

**L-Tyrosine** 2 capsules with each meal.

**Folic Acid 800** 2 tablets with each meal.

**Bio C Plus** 1 – 2 tablets with each meal.

**Hydrozyme** 2 tablets with each meal.

## **Hypothyroidism**

*Supplementation: (Primary)*

**GTA** (TSH > 4); **GTA Forte** (TSH > 10) 1 capsule with each meal for 30 days then re-evaluate.

**Liquid Iodine** (if T4 decreased; LDL increased) 45 drops daily in pure water.

**Meda-Stim** (if T3 decreased in relation to T4) 4 capsules daily at 10 a.m.

**Flax Seed Oil** 2 capsules with each meal.

*Supplementation: (Secondary)*

**Thyrostim** 2 tablets with each meal.

**ADHS** (if hypercortical based on saliva adrenal stress index) 2 tablets with breakfast and 1 with lunch.

**Flax Seed Oil** 2 capsules with each meal.

See above for indicators of need for **Liquid Iodine** and **Meda-Stim**.

Patient should refrain from consuming fluoridated/chlorinated water and reduce consumption of Cabbage (Brassica) family foods.

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