

TREMORS

1. The first thing you need to do when looking at a patient suffering from tremors is determine whether it is a resting tremor or an intention tremor.
2. A resting tremor is active mostly at rest --- and tends to decrease both during sleep, and when the body part (the hands in most cases) is being actively used. So, if you see a patient with hands in a state of tremor while sitting relaxed or while lying on your exam table, hand the patient a pen with instructions to write his name, or hand the patient any other object and tell him to do something with it --- and if the tremor stops when the hand is activated you know it is a resting tremor. ----- Resting tremors are typical in Parkinson's Disease, the most common cause of resting tremor.
3. Intention tremors (or postural tremors) have countless causes. They can have causes as benign as drinking too much coffee, or as severe as multiple sclerosis. These tremors are not apparent at rest, but appear the instant muscles are activated in purposeful tasks.
4. Probably the most common cause of tremors is drugs. Drugs too numerous to count have tremors as a side effect.
5. Almost all intention tremors have an underlying Adrenergic (Sympathetic) excitability as a causative factor. These Adrenergic tremors respond to Complex S, and in general, treating a patient as a Sympathetic Imbalance is essential.
6. Sleep is critical in managing both resting and intention tremors. The person should maximize high intensity full spectrum light during the day, and total darkness at night. At least 7 hours of sleep is required every night.
7. High intensity, short duration exercise is also beneficial --- while low intensity, long duration exercise almost always exacerbates the condition.