

Parkinson Disease Progress Report

Integrative Treatment Approach | Without Conventional Parkinson Medication | April 2026

www.TomParkinson.de

About the Author

Pseudonym:	Tom Parkinson (name chosen to protect privacy as an entrepreneur)
Year of birth:	1970
Height / Weight:	181 cm / 78 kg
Location:	Mannheim / Heidelberg region, Germany
Diagnosis:	Sporadic Parkinson's Syndrome, equivalent type, left-predominant
First symptoms:	Summer 2020
Official diagnosis:	15 December 2020
DaTSCAN confirmation:	January 2021 – presynaptic dopaminergic deficit right > left
Genetics:	No disease-causing mutations found (CeGaT, Oct. 2021) – no GBA finding
Family history:	Paternal aunt: Parkinson's Syndrome at advanced age
MRI:	Unremarkable – no indication of secondary cause
Conventional PD medication:	None – from diagnosis to present day

This report was compiled by Tom Parkinson based on all available personal medical records, laboratory results, physicians' reports and therapy documents. It was created with the assistance of **Claude (Anthropic)**, systematically evaluating all available data and presenting it in a structured format. This report does not claim medical completeness and does not replace professional medical advice. Further information, videos, physicians' reports and progress data: www.TomParkinson.de

1. Background and Motivation

In December 2020, Tom Parkinson received his Parkinson's diagnosis, confirmed by a DaTSCAN in January 2021. The news hit him hard – he initially suffered from severe depression and sleep disturbances. In the first half of 2021 he sought advice from three university clinics and several neurologists. All physicians recommended medication. Tom consciously decided against this and embarked on a search for alternative and complementary therapeutic approaches.

His goal: to gain time, slow the disease as long as possible without conventional medication – while waiting for the next generation of disease-modifying therapies that may become available in the coming years. He documents his progress transparently at www.TomParkinson.de and has

published two books about his experiences.

Result after 4 years: Tom Parkinson has not only halted the progression of his Parkinson's disease without medication – he has actually improved. The MDS-UPDRS Part 3 decreased from 19 points (July 2021) to most recently 15 points (August 2025), with a best score of 14 points (April 2024). To his knowledge, he is the only Parkinson's patient known to have achieved this without conventional Parkinson's medication.

2. Clinical Course and Symptoms

2.1 Symptoms at time of diagnosis (early 2021)

- Left foot cramping after ~100–500 m of walking
- Reduced fine motor skills of left hand
- Mild resting and postural tremor on the left
- Occasionally unsteady gait pattern
- Neck and shoulder tension on the left side
- Mild hyposmia (reduced sense of smell)
- Depressive episodes following diagnosis
- Difficulty falling and staying asleep

2.2 Current health status (April 2026)

Tom Parkinson describes his current condition as very stable and remains optimistic. No depression since autumn 2021. Sense of smell has improved to a very high level. Sleep is good. Left hand is fully mobile again. Neck and shoulder tension has disappeared. Gait is only minimally affected – a change only noticeable to himself. In April 2024 he was able to hike up to 8 km without problems. Tremor has been slightly elevated since autumn 2025 and is documented weekly with the Tremipen device.

MDS-UPDRS Part 3 – Motor score over time:

Date	Score	Institution	Note
21 July 2021	19	LMU Munich, Prof. Lingor	Baseline after diagnosis
29 April 2024	14	Neurologist	Best score ever recorded!
19 August 2025	15	Neurologist	Stable – slightly above best score

3. Diagnostics

3.1 Neurological and imaging investigations

Investigation	Date	Result
DaTSCAN	Jan. 2021	Presynaptic dopaminergic deficit right > left – consistent with Parkinson's

Investigation	Date	Result
Brain MRI	2021	Unremarkable – no indication of secondary cause
Genetic testing (CeGaT)	Oct. 2021	No disease-causing mutations – no GBA finding
MoCA cognitive test	2021	26/30 – normal, no cognitive impairment
EEG (pre/post TPS)	Oct. 2021	Two measurements documented
MDS-UPDRS Part 3	2021–2025	Course: 19 → 14 → 15 points without medication
Tremipen self-measurement	since 2022	Sept. Weekly documentation of resting and postural tremor

3.2 Current laboratory results (selection)

Parameter	Value	Reference	Assessment
Omega-3 Index (RBC)	12.56%	> 8%	● Excellent
Coenzyme Q10	692 µg/l	750–1000	● Slightly below target – upgraded to 1000 mg liposomal ubiquinol
Vitamin D-25 OH	102 µg/l	40–100	● Upper normal limit – D3 only every 5 days
Circulating stem cells	200 cells/ml	> 1000	● Reduced – being actively increased
Mercury (whole blood)	3.48 µg/l	< 5	● Elevated – detox protocol initiated
Homocysteine	8.53 µmol/l	< 12	● Good
LDL cholesterol	163 mg/dl	< 115	● Borderline elevated
Magnesium (RBC)	1.95 mmol/l	2.25–2.80	● Low – supplementation ongoing
Liver / kidney / CBC	All normal	–	● No abnormalities
HbA1c	4.9%	< 5.7%	● Very good

Pending: New full blood analysis (blood drawn mid-April 2026, results awaited). Of particular interest: first lithium whole-blood level at 20 mg/day, CoQ10 after ubiquinol upgrade, stem cell count follow-up.

3.3 Microbiome findings (longitudinal 2021–2026)

Tom Parkinson has undergone 14 stool analyses since 2019. The most recent findings (GanzImmune, April 2026) show the following key values:

Parameter	Current	Reference	Assessment
Shannon Index (diversity)	3.09	> 4.6	● Significantly reduced
Klebsiella spp.	1×10 ⁶ CFU/g	< 10 ⁴	● 100-fold elevated – treatment initiated
Pancreatic elastase	242 µg/g	> 200	● Borderline – digestive enzymes added
Zonulin (leaky gut)	18.1 µg/l	< 107	● Normalised – was elevated, now resolved
sIgA	577 µg/ml	510–2040	● Chronically low – gut immunity weakened
LPS-bearing bacteria	3.455%	< 2.2%	● Elevated – potential systemic inflammation
Butyrate production	14.1%	11–19%	● Within normal range

4. Therapeutic Measures

4.1 Current and planned therapies (April / May 2026)

Therapy		Status	Details
TPS (Transcranial Stimulation)	Neurolith Pulse	● Started today	Booster session: 6 sessions over 2 weeks. First treatment in 2021. Studies show UPDRS improvement >50%. Annual booster sessions recommended.
4th Faecal Microbiome Transfer (FMT)		● Booked 5 May 2026	Wuppertal, administered as capsules. Previous transfers: Nov. 2021 (Leipzig, rectal), Sept./Oct. 2022 (Slovakia, rectal), June 2024 (Saalfeld, rectal). Goal: increase Shannon Index, follow-up Klebsiella treatment.
Stem Cell Therapy (intrathecal)		● Booked 29 May 2026	2 doses of stem cells injected directly into the spinal canal (intrathecal) – new application method with higher CNS availability. Previous: 4 doses secretome IV/subcutaneous (Dec. 2025–Mar. 2026) without measurable effect. Possible reason: circulating stem cells only 200 cells/ml (target >1000). Pomegranate + creatine + sport actively used to mobilise stem cells.
Sport and Exercise		● Daily	Strength training, yoga, qigong, cycling, hiking. Most important single measure (20%). Increases irisin, BDNF and circulating stem cells.
PDCare Symbyx Biome (gut light therapy) + Vielight Feel Like Brain		● Mon / Wed / Fri	Photobiomodulation via gut-brain axis (PDCare Symbyx Biome) and transcranial light therapy (Vielight Feel Like Brain). 3x per week each. 5% efficacy (self-assessment).
Vielight Brain PBM		● Daily	Transcranial and intranasal photobiomodulation (near-infrared). 4% efficacy.
Homeopathy (naturopath Frau Reichert)		● Ongoing	Naturopath in Mannheim. Accompanying treatment and protocol optimisation. 8% efficacy.
Psilocybin (microdosing)		● Active	0.3 g dried mushrooms following a set protocol. Goal: neuroplasticity, anti-neuroinflammation. Based on UCSF pilot study 2025.
Iboga (microdosing)		● Annual	6–7 weeks/year in Thailand (Jan./Feb.). GDNF promotion, dopamine neuron growth. Phase-2 study in preparation (Tobias Erny). Planned again Jan./Feb. 2027.

Therapy	Status	Details
NeuralCIM / NeuroEpo (Cuba)	● Regular	Erythropoietin derivative, taken regularly. Documented improvements: sense of smell and mobility of left arm. 9% efficacy. Annual 5-week stay in Cuba for treatment series.
HBO Hyperbaric Oxygen Therapy	● Irregular	23 sessions April/May 2022 – documented positive effect on mood. Home device available. Currently used only irregularly.
16:8 Intermittent Fasting	● Daily	Eating window 12:00–20:00. Promotes autophagy and stem cell mobilisation. Synergistic with spermidine.

4.2 Supplement Protocol (as of 14 April 2026)

The following protocol was developed in collaboration with naturopath Frau Reichert (Mannheim) and is based on personal laboratory results, the Medicross orientation test (April 2026) and current scientific literature. Timing is optimised for the 16:8 fasting rhythm.

Supplement	Dose	Timing	Effect / PD Relevance
Urolithin A (Mitopure)	500 mg	Fasting, morning	Mitophagy, alpha-syn protection, dopaminergic neuroprotection
N-Acetyl-L-Leucine (Tanganil)	2.5 g	Fasting, morning	Neuroprotection, balance – mood improvement documented since autumn 2024
B-Complex (Biogena) active	1 capsule	Fasting, morning	Homocysteine regulation (currently 8.53 $\mu\text{mol/l}$)
Selenium	200 μg	Fasting, morning	GPx activation, mercury elimination
Mutaflor mite (E. coli Nissle)	1 capsule	Fasting, morning	Klebsiella displacement – 2h before berberine
Mybiotic protect	1 sachet	Fasting, morning	Microbiome stabilisation (naturopath Reichert)
CoQ10 Ubiquinol liposomal	1000 mg	Lunch Mon/Wed/Fri	Mitochondrial energy – liposomal ubiquinol = optimal form
TUDCA	1000 mg	Lunch Tue/Thu/Sat	Cell protection, liver – PD-specific study

Supplement			Dose	Timing	Effect / PD Relevance
TRU Niagen (NR 300 mg)			300 mg	Lunch Tue/Thu/Sat	NAD+ elevation – NOPARK trial ongoing (1000 mg)
Longvida Curcumin			500 mg	Lunch daily	285x bioavailable – anti-inflammatory, neuroprotective
Omega-3 (Norsan)	Algae	Oil	1700 mg	Lunch daily	Omega-3 Index 12.56% – excellent
Hericium (Lion's Mane)			500–1000 mg	Lunch daily	NGF stimulation, neuroprotection – Medicross 87%
Spermidine			6 mg	Lunch daily	Autophagy induction, alpha-syn protection – synergistic with fasting
Sodium Butyrate			1200 mg	Lunch daily	Gut mucosa, Klebsiella milieu regulation
Berberine			500→1500 mg	Lunch (escalating)	Klebsiella treatment – week 1: 500 mg, escalating to 1500 mg
Creatine			5 g	Lunch daily	Brain energy, dopamine protection – Medicross 92% – synerg. with TUDCA + CoQ10
R-Alpha Lipoic Acid			300 mg	Lunch daily	Mercury + arsenic elimination – ALWAYS with spirulina!
Spirulina Plus			2 capsules	Lunch daily	Mercury binder – NEVER without alpha lipoic acid
Pomegranate Extract			500 mg	Lunch daily	Stem cell activation (Dr. Guschlbauer), urolithin A precursor
Vitamin C liposomal			1000 mg	Lunch daily	Immune system, antioxidant
Vitamin D3 liposomal			5000 IU	Every 5 days	Level 102 µg/l – low frequency to avoid excess
Ergothioneine			25 mg	Lunch daily	Longevity vitamin – mitochondrial protection
Park-MIT (naturopath)	Drops	2×10 drops	Lunch evening	+	PD naturopathic formula
Bitter herbs drops		2×25 drops	Before meals		

Supplement	Dose	Timing	Effect / PD Relevance
Nortase + EnzymHelden	2 + 1 units	With meals	Pancreatic elastase 242 µg/g – digestive support
Taurine	2–3 g	Evening daily	Longevity, cardiac function – Medicross 85%
L-Citrulline	5 g	Evening Mon/Wed/Fri	Blood flow, NO boost
Resveratrol + Quercetin	1 capsule	Evening (cycling)	4 weeks on / 4 weeks off
Zinc Bisglycinate	25 mg	Evening daily	Immune system – not simultaneously with magnesium
Magnesium Complex 7 Ultra	400 mg	Before sleep	7 magnesium forms – RBC magnesium low, supplementation ongoing
Lithium Orotate	20 mg	Before sleep	Neuroprotective, alpha-syn reduction, GSK-3 inhibition – matches trial dose NCT06339034
L-Theanine	200 mg	Before sleep	Relaxation, sleep quality
Psilocybin	0.3 g	Before sleep	Per protocol – neuroplasticity, anti-neuroinflammation

5. Looking Ahead – Hope and Research 2026 and Beyond

Tom Parkinson is convinced that 2026 is a pivotal year for Parkinson's research. Worldwide, research is being conducted intensively. Technologies such as artificial intelligence and quantum computing are significantly accelerating discovery. The number of Parkinson's patients continues to rise due to an ageing population, environmental toxins and possibly COVID-19. Tom Parkinson's personal strategy: gain time – and wait for the next generation of disease-modifying therapies.

5.1 Promising therapies in the pipeline

Approach / Substance	Phase / Status	Tom Parkinson's Assessment
Buntanetap (Annovis Bio) Multi-target protein inhibition (alpha-syn, tau, amyloid, TDP43)	Phase 3 completed OLE study since Jan. 2026 NDA preparation ongoing	Personal favourite! Unique approach: inhibits multiple toxic proteins simultaneously before they can form. Phase 3 data already positive. Possibly the fastest path to approval.
VacSYn (AC Immune) Parkinson's vaccine against alpha-synuclein	Phase 2 Final data mid-2026	100% of vaccinated participants developed antibodies. NfL stable. DaT-SPECT barely worsened. If final data positive: historic. Accelerated approval application planned.
LUMA / BIIB122 (Biogen/Denali) LRRK2 inhibitor	Phase 2b Results H2 2026	650 patients, 144 weeks. One of the most promising disease-modifying candidates.
iPS Cell Therapy Amcheptry (Japan) Dopaminergic precursor cells	World's approval 2026 first Feb.	Japan: iPS cells → dopaminergic neurons → implanted into brain. Clinical trials showed dopamine release and motor improvement. European access from 2028+ to be explored.
GDNF Gene Therapy (AskBio/Bayer) FDA RMAT status	Phase 2 Ongoing	Injection into putamen: stable motor scores over 18 months. Aligns with Tom's interest in stem cell and gene therapies.
Tavapadon (AbbVie) D1/D5-selective dopamine receptor agonist	FDA decision H1 2026	Purely symptomatic – does not halt Parkinson's. Not currently relevant for Tom as he manages without medication. For patients who need medication: potentially the first truly new Parkinson's drug in decades.
Prasinezumab (Roche) PARAISO Anti-alpha-synuclein antibody	Phase 3 since Nov. 2025	Promising disease-modifying candidate. Phase 3 launched November 2025.

Approach / Substance	Phase / Status	Tom Parkinson's Assessment
CNM-Au8 (Clene, gold nanocrystals) Mitochondrial energy enhancement	Phase 2 completed larger study planned	Innovative approach. Not yet available in Germany. Under observation.
Focused Ultrasound (thalamotomy / MR-HIFU)	Approved for certain tremor types	Non-invasive alternative to DBS for refractory tremor. Not currently a focus for Tom as tremor is still mild.

5.2 Upcoming planned measures at a glance

Timeframe	Measure	Status
April 2026 (today)	TPS Neurolith booster – 6 sessions	● Started
5 May 2026	4th Faecal Microbiome Transfer – Wuppertal, capsules	● Booked
29 May 2026	Stem cells intrathecal – 2 doses into spinal canal	● Booked
May 2026	Guschlbauer blood results (lithium, CoQ10, stem cells)	● Results expected
June 2026	Evaluate TPS effect – monitor NOPARK trial results	● Planned
Aug. 2026	Annual UPDRS assessment (target: return to 14 points)	● Planned
Aug. 2026	Post-FMT stool test – Shannon Index + Klebsiella	● Planned
H2 2026	Monitor LUMA + VacSYn trial results	● Watch
Jan./Feb. 2027	Iboga microdosing (Thailand, 6–7 weeks)	● Planned
2028+	iPS cell therapy Europe / further disease-modifiers	● Long-term

5.3 Personal conclusion

Tom Parkinson is optimistic. His goal is to manage as long as possible without conventional Parkinson's medication – keeping his sights on the therapies that could halt or even reverse the course of the disease in the next 5 to 10 years. 2026 is the data year: Buntanetap, VacSYn, LUMA and the lithium pilot study are all expected to deliver results in the coming months. His journey so far demonstrates that with discipline, consistent self-documentation and an integrative, evidence-informed approach, it is possible to actively influence the progression of Parkinson's disease. He hopes that his experiences serve as a guide for others. Constructive suggestions and contacts are always welcome – via www.TomParkinson.de.

This report was compiled by Tom Parkinson using **Claude (Anthropic)**. It is based on all available personal data: laboratory results (blood, microbiome, heavy metals, hormones), medical reports from university clinics and specialists (2021–2026), the current supplement protocol (v7.1, April 2026), weekly self-measurements and current scientific literature. This report does not claim medical completeness and does not replace professional medical advice.