

## **I Can Handle It**

Rick Blum

I get together with a couple of friends at the mall most Saturday mornings. Two of us are in wheelchairs, the other uses a scooter. We roll merrily along the cacophonous corridors discussing health issues and news events of the week, all the while dodging in and out of clumps of shoppers hustling to get to big weekend sales. Some look at us with a touch of pity in their eyes, others are oblivious to our presence. Invariably, though, one (usually a man) will see us coming and raise then lower his arm as if he's the starter at the Indy 500. This is often accompanied by a witty comment, like "Who's winning?" or "Gentlemen, start your engines." While we typically respond with our own practiced witticisms denying the need to speed, but in essence he's right: we are in a race – a race against creeping immobility, in which the slowest time wins.

My own journey – from hale and hearty to hardly hale – began a little more than twenty years ago when I started sensing that my left foot turned out slightly when I walked, though this movement was imperceptible to the naked eye. Being of the male persuasion, I ignored this quirk for many months, quite sure that time would heal all wounds. It didn't.

So I finally hied on down to my local orthopedist to determine why this was happening, and how to fix it. He quickly deduced that the problem originated in my back (which I knew was wrong, but didn't want to challenge him at the time). Oddly, he prescribed a daily regimen of exercises to strengthen the muscles in my lower leg and ankle. It only took me a couple of weeks to conclude that these exercises were having no effect at all, and were unlikely to, regardless of how long I did them.

The next stop was a Chiropractor's office for a half-dozen sessions of backbone twisting and crunching, none of which made any difference. In fact, my left foot now was starting to drop as I walked – not a good sign for sure, and one the Chiropractor took as a signal to hand me off to a neurologist.

At this point, I decided to double up on my chances of finding the cause of my wayward foot, visiting both a neurologist and a Lyme specialist (since I had been treated for Lyme disease eight years earlier.) And I hit the jackpot, of sorts; I was diagnosed with both Lyme disease and multiple sclerosis. Great! Two diseases to tackle, not just one. The only caveat was that the MS diagnosis was merely speculative so early in the disease's progression, and I would need to wait until the symptoms got worse to validate this conclusion, which I took as a green light to be treated for Lyme disease.

Now Lyme disease is a tricky bugger. The tests are often wrong, and a positive result is not definitive that the disease is active if you've had it in the past. Despite this, my doctor recommended attacking it with a barrage of antibiotics along with various supplements to boost my immune system. And for the next few years I followed a course of increasingly aggressive antibiotic treatments along with a surfeit of supplements, which I consumed by the handful, day and night.

And for a while, I thought we might be on the right track. Though my foot-drag was getting slowly worse, there were times where strength and control of my leg would improve markedly. And each time that happened, I'd say to myself, "If this is the worst it gets, I can handle it."

Eventually my right leg began weakening as well, and I had to concede that Lyme disease was probably not the root cause of my problems. Thus I returned to the neurologist, who by now could provide a definitive diagnosis of primary progressive MS, a form of the disease for which there were no FDA approved drugs at the time, although he was happy to offer me a few "off label." I declined, opting instead for a wide assortment of alternative therapies, including special diet plans – which included eating mountains of green vegetables along with a daily helping of organ meat – acupuncture, energy healing, and Tibetan herbs that tasted like desiccated leaves retrieved from the gutter. And throughout my explorations of these healing regimens, I would find hope whenever my symptoms leveled off, as they unfailingly did.

Unfortunately, each plateau was soon followed by further progression to a lower-level plateau, each of which required a new mobility aid: first a cane, then forearm crutches, followed by a

walker, and, finally, a manual wheelchair for in the home and a power one for outside treks. And with each of these new plateaus I would think, “If this is the worst it gets, I can handle it.” And I truly believed it. Every time. Even with the knowledge that I would soon be running out of plateaus.

But I got lucky. Four years ago, quite serendipitously, I stumbled on an MS clinic in New York that offered a unique treatment for progressive MS that involves bi-monthly spinal injections, which, after the Tibetan herbs and heaping platefuls of kale, seemed like a breeze. And, thankfully, it’s worked.

And for four years I’ve been handling things quite well on this latest plateau. Sure, I’m still in a wheelchair most of the day, but I can still stand when necessary, and shower by myself, and, importantly, type, although I had to abandon ten-finger-touch typing years ago when several digits stopped responding to mental commands such as *push down the letter a*.

Yet, once in a while I envision the plateaus further down the road, wondering if one will finally break my spirit, and I think, we all – sick, poor, healthy, rich – eventually reach the finish line, then we move on to a higher place. So why worry now?

Which is to say: When you see someone rolling down the sidewalk or mall corridor toward a closed door or steep ramp, please offer them a helping hand or even an encouraging comment, but don’t feel pity. Because no matter if their course to a wheelchair took a split second or two decades, they are handling it, and that is all that can be asked of any of us, handicapped or hale.