

LIBERTY THEOLOGICAL SEMINARY

SERVING GOD IN THE MIDST OF MULTIPLE SCLEROSIS:
A HOLISTIC AND SPIRITUAL MODEL FOR PHYSICAL SUSTAINMENT

A Thesis Project Submitted to
Liberty Baptist Theological Seminary
in partial fulfillment of the requirements
for the degree

DOCTOR OF MINISTRY

By
Timothy W. Harville

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This project is the culmination of five years of personal research while being blessed with Multiple Sclerosis. During that time many people have supported me financially, through intercessory prayer, and stood by me through the good times and the trying times.

This project is about how God can use the weak to bring about His kingdom. I thank God for His mercy and love. I praise Him for sending His Son to die for this boy from Horsepasture, Virginia. I thank Him for not giving up on me all those years I tried running from His calling. I especially thank Him for saving my life by allowing this disease to enter this body and opening my eyes to the suffering of others. I praise God for allowing me to be born to two Godly parents who raised us in a Christian home. Charles and Betty Harville are worshipping in heaven now. I miss you both with all my heart, but I would not want to see you back here enduring the cancer. I will see you again one day, until then, I love you both.

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I am honored to be able to serve as a missionary pastor and I pray that I will be able to continue to use the many gifts that He has given to me to share with others. Thank you all and I love you in the name of Jesus Christ, our wonderful Savior and Lord.

Abstract

SERVING GOD IN THE MIDST OF MULTIPLE SCLEROSIS: A HOLISTIC AND SPIRITUAL MODEL FOR PHYSICAL SUSTAINMENT

Timothy W. Harville

Liberty Baptist Theological Seminary, 2013

Mentor: Dr. Charlie Davidson

Multiple Sclerosis is a devastating disease that affects not only the one who suffers with MS, but also their family and relationships leaving the patient feeling depressed and without hope. If the disease is disclosed, many churches and the International Mission Board will reject the person's application because of the potential cost and medical care needed. This author was diagnosed with an aggressive form of Relapsing Multiple Sclerosis in 2008. This writer has experienced the obstacles described above. This model will serve as a motivational tool to help all of us who suffer with MS to use the disability for God's glory. A questionnaire will be used to interview people who are currently afflicted with MS and serving as pastors or missionaries that will include how they turned the obstacles into opportunities while serving. Leading medical professionals will also provide insight in regard to activities and treatments. All responses will be analyzed in light of God's Word.

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ABBREVIATIONS

RRMS - Relapsing-Remitting Multiple Sclerosis

SPMS - Secondary-Progressive Multiple Sclerosis

PPMS - Primary-Progressive Multiple Sclerosis

PRMS – Progressive-Relapsing Multiple Sclerosis

FDA- Food and Drug Administration

DMT- Disease Modifying Therapy

SSA- Social Security Administration

MRI- Magnetic Resonance Imaging

INTRODUCTION

A Personal Diagnosis

The passion for this project is derived from personal experience. This writer was diagnosed with Progressive-Relapsing Multiple Sclerosis (PRMS) in 2008. This diagnosis means that each attack will be followed by some type of recovery. Each attack becomes gradually worse over time. Prior to the diagnosis, this writer was working in the secular world as a marketing manager while serving in the ministry as a church planter. The plan was to eventually move to full-time ministry as a missionary with the International Mission Board. With the news of the diagnosis, plans were placed on hold for the testing to begin. Six months later, the diagnosis was confirmed and Copaxone was chosen as a disease modifying therapy (DMT). The diagnosis was that the disease would gradually progress over time. However, modifications would need to be made in order to slow down the progression. For example, less stress, more rest, improved diet, and medications. The treatment plan came with an annual cost of \$58,000.00. The neurologist also suggested that the employer not be told until it was necessary for fear of losing the job.

Over the next six months the schedule remained the same, traveling around the world and making it home by Sunday to preach. By July, the effects were being seen as a major attack occurred that brought pneumonia and a temporary loss of vision. It was now time to inform the employer. At first, they agreed they would help. But in October 2009, they made the decision that the cost was too high and the employment contract was terminated. This was devastating to the family. Jeremiah 29:11 became the daily kick-start *“For I know the plans I have for you, declares the Lord, plans to prosper you and not to harm you, plans to give you a hope and a*

*future.*¹ It was hard trying to survive but in the midst of the MS, God was always there preparing the passage and taking care of daily needs. The church plant began to grow because more time was spent in outreach, which was exactly the original plan.

This writer's philosophy is that if you are going to hurt anyway, you may as well do something to have a reason for the pain. Instead of giving up, Christ provided hope. As that message has been shared, people have come to know Christ. In addition, the plan for Peru is still on track. However, it will have to be as an independent missionary as there are no adequate medical facilities in the area and the IMB will not send a missionary there. In addition to that, church insurance policies may be cost prohibitive. However, this writer believes that God's plan is to go and He will make the way. This encouragement does not come easy because many times periods of depression kick in. Because people have provided encouragement, the transition is easier. Also, alternative methods have been used for self-encouragement and motivation that needs to be shared with others.

This scenario is not unique to this writer. There are others serving in the ministry that are suffering with MS who are using the disability to the glory of God. The way is not easy, but the reward is worth it. If others could see what God is doing through these people, their lives would be changed. This passion transcends to love and a burden for the lost.

The Statement of the Problem

The diagnosis of MS becomes a problem because the disease has many signs and symptoms that are different with each patient. As the inflammation attacks the central nervous system, the symptoms will occur where the attack happens. This is one of the reasons that MS is hard to diagnose. Symptoms will normally begin between the ages of twenty and forty years old. The first symptom is sometimes a loss of vision in one eye or numbness in the arms or legs.

¹ Jeremiah 29:11, NIV

After these first symptoms, the next attack may not happen for months or years. During this time the person with MS may be able to carry on normal activities. Some of the cases come on slowly but they never improve. The person may be able to function normally but lifestyle adjustments may become necessary. “Fortunately, about twenty percent of relapsing-remitting patients never enter the progressive phase of the disease. The average person with MS has one attack of symptoms every year or two, although this varies widely among individuals.”² The treatment plans for MS are very expensive. If the disease is disclosed, many churches and the International Mission Board will reject the person’s application because of the potential cost and medical care needed. This also becomes an issue in the secular work force. Patients with MS are many times temporarily unemployed at various times during relapse periods. Because of this, it is in general agreement that MS has a negative impact on patient’s income and income development.³ In addition to the insurance cost, many times adjustments must be made in the work schedule that may affect employment status. This may increase the anxiety level of the patient which increases the effects of the MS symptoms. The patient should understand that life will be tougher, but the diagnosis is not a death sentence. In fact, the disease can be used as a testimony to reach others to the gospel message. This project will compile information from others who have MS and turned the obstacles into opportunities providing a motivational tool.

Terminology Defined

This project will use the terminology for multiple sclerosis throughout its entirety. In most cases the abbreviation, MS, will be utilized. MS is a disease of the central nervous system.

² Paul O’Connor MD. *Multiple Sclerosis: Everything You Need To Know*. (Buffalo, NY: Firefly Books, 2005) 18-19.

³ Hilt Pfleger and Meulengracht Flachs. (2010) “Social Consequences of Multiple Sclerosis. *Multiple Sclerosis*, (16)1, 121-6. <http://dx.doi.org/10.1177/1352458509352196>, 125.

The disease normally affects young adults. In order to understand the definition of this disease, it should be broken down into two parts. Sclerosis is a hardening of tissue. Therefore, multiple sclerosis means that there are numerous areas of hardened tissue in the spinal cord and the brain of patient. MS also targets the immune system making the patient susceptible to other chronic illnesses. The hardened tissue results in lesions on the brain and spinal cord that affects mobility, cognitive memory problems, and inflammation in the feet and legs.⁴ While not normally fatal, MS may affect quality of life to the point that the person becomes disabled. For purposes of this project, the Social Security Administration (SSA) definition of disability will be utilized. This definition is strict and different than any other program. The SSA only pays for total disability. A person is not considered disabled for partial disability. Disability is based on a person's inability to work. This determination looks at the following rules: cannot do work that was done before; cannot adjust to other work because of the medical condition; and the disability is expected to last for at least one year or to result in death.⁵

MS can be diagnosed in six different forms. The four main forms of MS will be discussed in this project and the survey questions and analysis were developed with these forms in mind. The patient diagnosed with Relapsing-Remitting Multiple Sclerosis (RRMS) will have attacks of one or more symptoms that will occur in varying frequency and will have varying degrees of recovery. Between attacks, the disease does not progress.⁶ A patient diagnosed with Secondary-Progressive Multiple Sclerosis (SPMS) will find that the progression of the disease is sustained

⁴ William A. Sheremata MD, FRCPC, FACP. *100 Questions & Answers About Multiple Sclerosis*. (Sudbury, MA: Jones & Bartlett Learning, 2011) 2-3.

⁵ Social Security Administration. 2012. Available at <http://www.ssa.gov/pgm/disability.htm>

⁶ Sheremata, W. 37.

between the attacks. However, relapses may occur over and over.⁷ If a patient has been diagnosed with Primary-Progressive Multiple Sclerosis (PPMS), they do not have attacks but continually get worse and the worsening is not followed by improvement.⁸ PRMS patients that have been diagnosed will have subsequent attacks accompanied by some type of recovery.⁹

It is also necessary to develop an understanding as to the type of DMT's that are available for patients with MS. There are only a small percentage of patients who have been diagnosed with a progressive form of MS which causes more significant health issues. Those patients who live a less active lifestyle may experience other chronic illnesses such as pneumonia, sinus infections, or other types of infections. Research has also shown that those patients with relapsing forms of MS who begin treatments early in the diagnosis with a disease-modifying therapy may outlive those patients who do not. There is no cure for MS at this time. However, the FDA has approved several drugs that are available for the treatment of MS. The drugs are only designed for DMT, not for curing the disease. As a DMT, the progression of the disease is slowed down or halted and have been shown to reduce the number and the severity of relapses.¹⁰

The most prescribed DMT's today are the A-B-C drugs: Avonex, Betaseron, and Copaxone. All three drugs have been approved by the Food and Drug Administration (FDA) for the treatment of all forms of relapsing-remitting MS. They are all taken in daily or weekly injections. Rebif is another DMT approved by the FDA for the purpose of treating either RRMS or all relapsing forms of MS. Rebif is the same drug as Avonex, but is injected differently and in

⁷ Ibid.

⁸ Ibid.

⁹ Ibid. 38.

¹⁰ Multiple Sclerosis Association of America. 2012. Available at <http://www.msassociation.org/>.

more frequent and higher doses. This drug is normally prescribed for more extreme cases.

Extavia is another DMT approved by the FDA for treating either RRMS or all relapsing forms of MS. This is the same product as Betaseron and is given in the same doses. However, the Extavia is marketed under a different brand name and by a different pharmaceutical company.

Novantrone was introduced to the market prior to the approval of Rebif and Extavia.

Novantrone was approved by the FDA for the long-term treatment of MS, particularly for the treatment of RRMS, SPMS, and worsening RRMS. Novantrone has been a cancer treatment for many years and is given once every three months through intravenous therapy. Novantrone is not designed to be taken more than three years. Because of this, the drug is only given in extreme cases but in conjunction with other treatments. The newest drug approved by the FDA is Gilenya, pronounced as "Jil-EN-ee-ah." This drug was approved in September 2010 and is the first oral drug available for the long-term treatment of MS.¹¹

Additional Definitions and Terminology

Chronic Illness: Chronic illness is complex and can be devastating. The person who is diagnosed with a chronic illness may suffer from overwhelming fatigue that does not improve even after a period of rest. Other symptoms may flare up without warning. In terms of length, chronic is considered to be ongoing for an extended period of time that may never improve. The person often functions at a substantially lower level of activity than they were capable of before they became sick. (www.cdc.gov)

Disability: For purposes of this research, the SSA definition of disability will be utilized. This definition is strict and different than any other program. The SSA only pays for total disability. A person is not considered disabled for partial disability. Disability is based on a person's inability to work. This determination looks at the following rules: cannot do work that was done before; cannot adjust to other work because of the medical condition; and the disability is expected to last for at least one year or to result in death. (www.ssa.gov)

Multiple Sclerosis (MS): MS is a disease of the central nervous system. The disease normally affects young adults. Sclerosis is a hardening of tissue. Therefore, multiple sclerosis means that there are numerous areas of hardened tissue in the spinal cord and the brain of patient. MS also targets the immune system. The hardened tissue results in lesions on the brain and

¹¹ Ibid.

spinal cord that affects mobility, cognitive memory problems, and inflammation in the feet and legs. (Sheremata, 2-3.)

Relapsing-Remitting Multiple Sclerosis (RRMS): The patient who has RRMS will have attacks of one or more symptoms that will occur in varying frequency and will have varying degrees of recovery. Between attacks, the disease does not progress. (Sheremata, 37)

Secondary-Progressive Multiple Sclerosis (SPMS): If the progression of the disease is sustained between the attacks it is considered to be secondary. Relapses may occur over and over. (Sheremata, 37)

Primary-Progressive Multiple Sclerosis (PPMS): PPMS patients do not have attacks but continually get worse and the worsening is not followed by improvement. (Sheremata, 37)

Progressive-Relapsing Multiple Sclerosis (PRMS): PRMS patients have been diagnosed with PPMS who have subsequent attacks accompanied by some type of recovery. (Sheremata, 38)

Benign Multiple Sclerosis: No longer used as a classification by neurologists. These patients are usually identified as having one of the other forms of MS. (Sheremata, 39)

Malignant Multiple Sclerosis: This is a type of MS characterized by frequent severe relapses and a rapid increase in disability. Disability occurs within a short period of time. Normally three or more attacks are common within the first year of diagnosis. (Sheremata, 38)

Symptoms of Multiple Sclerosis: The diagnosis of MS becomes difficult to diagnose due to the many symptoms that may or may not appear. Each patient is different and may experience various degrees of the symptoms. Because of this it is necessary for a neurologist to confirm the diagnosis after an extensive array of tests that may take up to six months with a definite confirmed diagnosis delayed for a number of years. The time lag also makes diagnosis more difficult.

Fatigue: Fatigue is a lack of energy, causing the MS patient to have a lack of motivation. Apathy, or not caring about what happens or when it happens, may accompany the fatigue. As the patient experiences a MS attack, the fatigue increases and aggravates other manifestations of MS. Many patients run out of energy by mid-afternoon and must stop and rest. The fatigue may also be seen when the patient begins walking normally but after a few hundred yards may need some type of assistance. This type of fatigue is considered fatigability. Fatigue according to the SSA is characterized as fatigability and is one of the primary evaluators for disability benefits. (Sheremata, 19.)

Visual Disorders: Visual disorders are less common during the beginning stages but become more prevalent over the lifetime of the patient. Double vision, blurring, and pain in one or both eyes may occur during MS attacks. (Sheremata, 18)

Numbness: Weakness, tingling, or loss of feeling in the legs or hands of the MS patient are typical in the early stages of MS. This is normally described as burning sensations in the affected areas. (Sheremata, 17)

Dizziness/Vertigo: A spinning sensation that may cause imbalance, nausea, and vomiting. (O'Connor, 80)

Bladder Dysfunction: Sometimes in the early stages of MS, the bladder may not contract normally which prevents the bladder from emptying properly. This can result in the patient feeling the urge to urinate frequently and urgently. It can also result in the bladder emptying uncontrollably and unexpectedly. (O'Connor, 56)

Bowel problems: Constipation and diarrhea are commonly associated with MS. Constipation occurs because demyelination in the brain or the spinal cord interferes with nerve messages to the bowel. Diarrhea is referred to as loose or frequent bowel movements. (O'Connor, 62)

Weakness: Accompanies fatigue in that the MS patient has difficulty walking long distances or standing for long periods of time. (Sheremata, 17)

Tremor: A tremor is an oscillating rhythmic movement that usually involves an MS patient's extremity. A tremor may also affect the head. (Sheremata, 17)

Impaired Mobility: Difficulty in walking that may come from spasticity, reduced endurance, imbalance, and weakness. (O'Connor, 76-77)

Sexual Dysfunction: MS can lead to erectile dysfunction which is the repeated inability to get or maintain an erection. This is different from impotence which is used to describe other problems that interfere with sexual intercourse. This includes a lack of desire or problems with ejaculation. The loss of feeling of well-being contributes to sexual dysfunction in both men and women who have been diagnosed with MS. (Sheremata, 49; 90)

Slurred Speech: MS patients who complain about slurred speech may actually be describing a condition that is affected by cognitive disorders such as confusion or memory disorders. The patient may forget the word, pronunciation, or usage. This may affect speech but is uncommon and usually only occurs during relapse attacks. (Sheremata, 22)

Spasticity: Stiffness in the muscles accompanied by spasms. (Sheremata, 101)

Swallowing Disorders: The medical term for swallowing disorders is dysphagia. Symptoms include gurgling, choking, sore throat, coughing, spitting, pneumonia, or a weak voice. (O'Connor, 83-84)

Chronic Aching Pain: Pain resulting from short circuits in the neuron pathways that carry electrical impulses in the brain and spinal cord. Dysesthesia is a burning, aching, tingling

sensation that occurs in the limbs. Lhermitte's sign is a term used for pain that shoots down the spine into the arms or legs when the patient flexes his neck. Douloureux is an excruciating stabbing facial pain that may last for several months. It is also common for the MS patient to suffer from lower back pain that normally results from an altered way of walking or standing. (O'Connor, 52-53)

Depression: With MS, a loss of self-esteem may occur. Depression with MS comes from a reaction to negative circumstances and experiences with the progression of the disease. It may also result from the changes in the frontal and temporal lobes of the brain. (O'Connor, 63)

Mild Cognitive and Memory Difficulties: Cognition is the ability to reason. MS can affect memory. During an attack, confusion may occur that results in impaired cognition. Along with this, anxiety and depression may cause the patient to have a more difficult time maintaining attention or putting thoughts into words. As the disease progresses memory problems increase. (Sheremata, 47)

Yerba Mate: This is a natural tea from South America. Yerba is translated as herb. Mate is translated as gourd. The words are used together because the herbs were dried in a gourd and steeped with boiling water. A straw is added and the tea is drunk from the gourd. The tea has been used for a friendship drink, weight loss, antioxidant, and provides other natural healing effects. (Pan American Union)

Treatment: Normally, MS does not shorten a person's life. There are only a small percentage of patients who have been diagnosed with a progressive form of MS which causes more significant health issues. Those patients who live a less active lifestyle may experience other chronic illnesses such as pneumonia, sinus infections, or other types of infections. Research has also shown that those patients with relapsing forms of MS who begin treatments early in the diagnosis with a disease-modifying therapy may outlive those patients who do not. There is no cure for MS at this time. However, the FDA has approved several drugs that are available for the treatment of MS. The drugs are only designed for DMT's, not for curing the disease. As a DMT, the progression of the disease is slowed down or halted and have been shown to reduce the number and the severity of relapses. (www.msassociation.org)

Avonex: A DMT approved by the FDA for treating either RRMS or all relapsing forms of MS. (http://www.msassociation.org/about_multiple_sclerosis/treating/)

Betaseron: A DMT approved by the FDA for treating either RRMS or all relapsing forms of MS. (http://www.msassociation.org/about_multiple_sclerosis/treating/)

Copaxone: A DMT approved by the FDA for treating either RRMS or all relapsing forms of MS. (http://www.msassociation.org/about_multiple_sclerosis/treating/)

Rebif: A DMT approved by the FDA for treating either RRMS or all relapsing forms of MS. Rebif is the same drug as Avonex, but is injected differently and in more frequent and higher doses. (http://www.msassociation.org/about_multiple_sclerosis/treating/)

Extavia: A DMT approved by the FDA for treating either RRMS or all relapsing forms of MS. This is the same product as Betaseron and is given in the same doses. However, the Extavia is marketed under a different brand name and by a different pharmaceutical company. (http://www.msassociation.org/about_multiple_sclerosis/treating/)

Novantrone: This drug was introduced to the market prior to the approval of Rebif and Extavia. Novantrone was approved by the FDA for the long-term treatment of MS, particularly for the treatment of RRMS, SPMS, and worsening RRMS. Novantrone has been a cancer treatment for many years and is given once every three months through intravenous therapy. Novantrone is not designed to be taken more than three years.

Gilenya: A DMT approved by the FDA in September 2010. It is pronounced as "Jil-EN-ee-ah," this is the first oral drug available for the long-term treatment of MS.

Other Significant Information

DRUG	TYPE	SIDE EFFECTS	HOW ADMINISTERED	NOTES
Betaseron	Interferon beta-1b* (immune system modulator with antiviral properties)	Flu-like symptoms, injection-site skin reaction, blood count and liver test abnormalities	250 micrograms taken via subcutaneous injections every other day	Side effects may be prevented and/or managed effectively through various treatment strategies; side effect problems are usually temporary. Blood tests may be given periodically to monitor liver enzymes, blood-cell counts, and neutralizing antibodies.
Avonex	Interferon beta-1a* (immune system modulator with antiviral properties)	Flu-like symptoms and headache	30 micrograms taken via weekly intramuscular injections	Side effects may be prevented and/or managed effectively through various treatment strategies; side effect problems are usually temporary. Blood tests may be given periodically to monitor liver enzymes, blood-cell counts, and neutralizing antibodies.
Rebif	Interferon beta-1a* (immune system modulator with antiviral properties)	Flu-like symptoms, injection-site skin reaction, blood count and liver test abnormalities	44 micrograms taken via subcutaneous injections three times weekly	Side effects may be prevented and/or managed effectively through various treatment strategies; side effect problems are usually temporary. Blood tests may be given periodically to monitor liver enzymes, blood-cell counts, and neutralizing antibodies.
Extavia	Interferon beta-1b* (immune system modulator with antiviral properties)	Flu-like symptoms, injection-site skin reaction, blood count and liver test abnormalities	250 micrograms taken via subcutaneous injections every other day	Side effects may be prevented and/or managed effectively through various treatment strategies; side effect problems are usually temporary. Blood tests may be given periodically to monitor liver enzymes, blood-cell counts, and neutralizing antibodies.

DRUG	TYPE	SIDE EFFECTS	HOW ADMINISTERED	NOTES
Copaxone	Synthetic chain of four amino acids found in myelin (immune system modulator that blocks attacks on myelin)	Injection-site skin reaction as well as an occasional systemic reaction - occurring at least once in approximately 10 percent of those tested	20 milligrams taken via daily subcutaneous injections	Systemic reactions occur about five to 15 minutes following an injection and may include anxiety, flushing, chest tightness, dizziness, palpitations, and/or shortness of breath. Usually lasting for only a few minutes, these symptoms do not require specific treatment and have no long-term negative effects.
Novantrone	Antineoplastic agent (immune system modulator and suppressor)	Usually well tolerated; side effects include nausea, thinning hair, loss of menstrual periods, bladder infections, and mouth sores; additionally, urine and whites of the eyes may turn a bluish color temporarily	IV infusion once every 3 months (for two to three years maximum)	Novantrone carries the risk of cardio toxicity (heart damage) and may not be given beyond two or three years. People undergoing treatment must have regular testing for cardio toxicity, white blood cell counts, and liver function. Novantrone was studied in combination with large IV doses of steroids. Concurrently, many physicians often use it in combination with one of the interferons or Copaxone.
Gilenya	S1P-receptor modulator (blocks potentially damaging T cells from leaving lymph nodes)	Headache, flu, diarrhea, back pain, abnormal liver tests and cough	0.5-milligram capsule taken orally once per day	Adverse events include: a reduction in heart rate (dose-related and transient); infrequent transient AV conduction block of the heart; a mild increase in blood pressure; macular edema (a condition that can affect vision, caused by swelling behind the eye); reversible elevation of liver enzymes; and a slight increase in lung infections (primarily bronchitis). Infections, including herpes infection, are also of concern.

(http://www.msassociation.org/about_multiple_sclerosis/treating/)

The Statement of the Limitations

This project is designed with pastors, missionaries, and other Christian workers with MS in mind. In the research process, respondents were surveyed who have MS and serving in some type of ministry. In order to gain a comparison, some of the respondents are not serving in the ministry but have MS. Its goal is to provide a motivational tool to help those ministry workers with MS to use their disability to the glory of God. While the project is specific to those serving

in ministry, this project can serve as a motivational tool that can be used by those patients with MS who are not serving in the ministry find a method of physical sustainment that will improve their current quality of life. This project will not cover in detail all the symptoms of MS and how those symptoms affect the person with MS as well as the caregiver. The side effects of the DMT will also not be discussed in detail. The discussion will be focused on the possible effects in regard to employers and personal relationships. A chart has been provided in the definitions and terminology section that describe these side effects in the event more information is needed on the part of the reader. This project is not exhaustive. Currently, there is no cure for MS and there are only a few treatment plans that have proven to be effective. Because of this, this project is designed to be changed and added to. This project is a model that has been built out of personal experience from one who suffers with MS and serves in the ministry, facing the obstacles that others with MS face every day.

The Theoretical Basis for the Project

Even though there may be many references in the Bible that may have been interpreted in a way that has contributed to the marginalization of people suffering from disability, the Bible is also redemptive for people who suffer with disabilities.¹² People with disabilities are created by the same God in His image as those people who do not have disabilities. If the Bible is to be taken literally, then God does not make mistakes. People with disabilities should not be defined by the disability but by the same attributes non-disabled people are defined by. They should be allowed to function to the best of their ability.

2 Samuel relates the story of Mephibosheth and how he was restored. 2 Samuel 2:8 discusses how Mephibosheth was considered to be worth nothing more than a dead dog. The

¹²Amos Yong. *The Bible, Disability, and the Church*. (Grand Rapids, MI: William B. Eerdmans Publishing Company, 2011) 6.

book relates in other areas that he was nothing but a charity case and not capable of taking care of himself. But David looked beyond this and found favor in him.

Job was also afflicted at one time with a disabling condition. Job faced unimaginable difficulties. But his testimony remained untainted. He spoke in Job 16:4-6 *I also could speak like you, if you were in my place; I could make fine speeches against you and shake my head at you. But my mouth would encourage you; comfort from my lips would bring you relief. Yet if I speak, my pain is not relieved; and if I refrain, it does not go away.*¹³ Job remained firm even through the trials.

In the New Testament, the story of the man who was born blind provides an excellent example of how the Bible relates to people with disabilities. In John 9, Jesus healed a man who had been born blind. The fact was confirmed by the man's family. While the story provides proof of the deity of Christ, it also points out the ability of people with disabilities. The blind man was not as dependent on people as one would think. In verse 7, Jesus said *"Go, wash in the Pool of Siloam. So the man went and washed, and came home seeing".*¹⁴ There is no indication that the man needed help to get to his destination. He simply went. Also, the man also confirmed his identity with the disability by proclaiming *"I was blind, but now I see".*¹⁵ Jesus also confirmed that his disability was not due to sin. In verse 3 Jesus said *"Neither this man nor his parents sinned, but this happened so that the work of God might be displayed in his life."*¹⁶ The man may have rejoiced over the healing, but he was rejoicing more over what he had discovered. Jesus could do what the others could not. This became his testimony.

¹³ Job 16:4-6, NIV.

¹⁴ John 9:7, NIV.

¹⁵ John 9:25, NIV.

¹⁶ John 9:3, NIV

Luke 14 relates the parable of the great banquet. Jesus told the host to invite the crippled and the lame and these people sit just as they are at the banquet. Jesus advised the host that if he would do this then he would be blessed. Taken from a disability standpoint, that would assume that these people have worth and should not be excluded.

In reality, it is not cost effective to employ someone with disabilities. Also, it is sometimes difficult on the foreign mission field to receive needed medical treatment. However, opportunities could be made available on the home front. Added to that assumption is the fact that the missionary does not necessarily need to be paid in his service. God requires obedience in what we have. Every person who has accepted Christ has agreed to be a missionary. With that in mind, the Christian suffering with MS has great value in the kingdom of God and may be used as a testimony to reach others to the kingdom. Their ability to sustain their emotional and physical health provides encouragement to others who can't sustain an acceptable quality of life. Alternative treatments combined with the required treatment plans will motivate and encourage those suffering with the symptoms of MS to live a more fulfilled life, thus controlling the symptoms to a manageable state.

A Statement of Methodology

The proposed design of the project is to include an introduction and four chapters. The introduction will begin with a personal diagnosis and testimony to provide credibility and state the problem to be studied. The introduction will also define terminology that will be used throughout the project. As the theoretical basis is formed, the subsequent chapters will build on this theory which will develop into a motivational tool for those who suffer with MS. A synopsis for each chapter is provided below.

Chapter 1: Will provide historical and current information that will provide more information as to why the project is needed. The historical section of this chapter will discuss the history of MS and how methods have evolved over time. MS is a relatively new disease with most of the advancements taking place in the twentieth century. In this chapter, the diagnosis of MS will be described. The diagnosis takes several months to accurately diagnose and consists of several profiles that must meet the criteria. The demographic profile will be developed in this chapter that will show the population that is at the greatest risk of developing the disease. The laboratory tests will be discussed that give physicians the most accurate information. After these profiles have been completed, the neurologist will complete a clinical profile. The criteria for the clinical profile were developed in the late twentieth century. The criteria list the classifications of MS and the prescribed treatment methods. Chapter one will also discuss the social consequences of the disease and how relationships are affected. One of the consequences is in regard to employment. A discussion in regard to disability and SSA regulations will provide valuable information as to what the patient with MS may endure at some point.

Chapter 2: In this chapter, the overall research method will be described. The process of obtaining responses will be explained. The population group will be identified as well as why this population is necessary to the project. In the results section, the most pertinent information to the project will be discussed. All other results will be listed in Appendix A. The results will be analyzed and compared against two classifications of people diagnosed with MS: Respondents working in ministry and Respondents not working in ministry.

Chapter 3: In this chapter, a detailed plan will be developed that has been proven to be effective by this writer during symptom relapse attacks of MS. The results from the survey will be used to support the credibility and viability of the program. It will also serve as a means of

encouragement to all those living with this disease. Each step will be supported by valid Scripture references. Each step will be identified with specific guidelines that will lead to success if followed.

Chapter 4: In this final chapter, the conclusion of the project will summarize the work and provide more insight into why this work is necessary. The conclusion will also provide needed information to the caregivers of those who suffer with MS. They also need encouragement. In the final section, a discussion will be presented to the family, friends, and peer groups of those who suffer with MS. Many times people do not understand the effects of this disease and it is natural to feel anxious around them as symptoms arise. This section will offer ideas that will encourage these relationship groups to understand how the body is affected in MS.

A Review of the Literature

Books

*Understanding Multiple Sclerosis*¹⁷ by Stauffer is a book written for patients with MS, caregivers, and companions that delivers general information and advice about MS. The book not only answers important questions about MS but specifically responds to the initial grieving period that accompanies the diagnosis. The writer provides an overview of the symptoms, the effects on the body and mind of person with MS, and adjustments that will need to be made. The major relevance of this book is that the writer provides coping strategies with the onset of the disease and how to proceed with financial planning, health care programs, insurance, and medication. The book will be used for an overall understanding of the disease.

¹⁷ Melissa Stauffer. *Understanding Multiple Sclerosis: For Patients, Loved Ones, and Companions-An Overview of all Aspects of MS*. (Jackson, MS: University Press of Mississippi, 2006).

*100 Questions & Answers About Multiple Sclerosis Second Edition*¹⁸ by Sheremata provide an authoritative and straightforward analysis of the debilitating symptoms of MS. Sheremata is a leading MS specialist who encourages the patient by offering hope instead of discouragement. The book's relevance comes from the fact that not only does Sheremata provide answers to questions in regard to symptoms, the diagnosis process, treatment options; he provides sources of support for the patient and family. Making the book more credible is the addition of actual patient testimonials.

*Multiple Sclerosis: Everything You Need To Know*¹⁹ by O'Connor provides a guide to the most current treatment available to slow the progression of MS. Dr. O'Connor bases his book on experience while treating patients with MS for over twenty years and as director of the MS Clinic at the University of Toronto. The book provides an extensive guide to help people live with MS and control it. His work is supported by actual case histories, diagrams, tables, and an extensive resource list.

*Conquering Depression*²⁰ written by Sutton and Hennigan utilizes Scripture and medical approaches to help those people suffering from depression. The relevance of this book stems from the fact that one of the primary symptoms of MS is depression. With the debilitating effects that come with the symptoms of MS, depression can occur. Mood and attitude changes not only affect the patient but the caregivers as well. Although the book was not written specifically for those people with MS, it does provide a guide for encouragement, management of the symptoms, and a plan to beat the depression.

¹⁸ Sheremata, W.

¹⁹ O'Connor, P.

²⁰ Mark Sutton and Bruce Hennigan M.D. *Conquering Depression*. (Nashville, TN: Broadman & Holman, 2001.)

*Disability & The Gospel: How God Uses Our Brokenness To Display His Grace*²¹ by Beates stems from his personal family situation when his oldest child was born with multiple disabilities. Beates provides a resource for those people suffering from many forms of disabilities by helping them embrace their brokenness and cope with the disability. More importantly, Beates offers a guide to beneficial Biblical principles that encourage the people to seek God and allow Him to use their circumstance to help others.

*The Blessing of Adversity*²² written by Black, who is a chaplain of the United States Senate, is a guidebook to help people turn adversity into something positive. The book is designed to help those people who are going through tough times find peace. He shares a plan to help the person learn to encourage themselves, how to use pain to help others, and the help to survive. He uses a Biblical approach as well as experience in counseling while serving with the navy as well as the senate. While not specifically related to MS, the disease has the potential of bringing the sufferer to brokenness. There are few books written on the subject of brokenness in MS patients.

*The Bible, Disability, And The Church*²³ by Yong is a book that discusses disability and how the disability relates to the church. The book is one of the first books to specifically deal with disability on a theological basis. The relevance and impact of the book comes with the encouragement for people to re-look at traditional interpretations of Scripture by making the claim that disability is treated differently because of the way we read Scripture. Biblical interpretation provides the backdrop for each chapter in the book. He also delves into the subject

²¹ Michael S. Beates. *Disability & The Gospel: How God Uses Our Brokenness To Display His Grace*. (Wheaton, IL: Crossway, 2012.)

²² Barry C. Black. *The Blessing of Adversity*. (Carol Stream, IL: Tyndale House Publications, 2011.)

²³ Yong, A.

of what it means to be the church and how that relates to people with disabilities. He used what he termed ‘disability hermeneutic’²⁴ which uses experiences of disability as an approach to understanding Scripture.

*Always True: God’s 5 Promises When Life Is Hard*²⁵ by MacDonald provides another Biblical approach to coping with the devastating effects from living with a non-curable disease. The book does not specifically address MS. However, the lessons can be used when circumstances bring pain and suffering all around. MacDonald uses God’s word to point out five promises found all through the Bible to help in those times of need. He not only explores the character of God in the book, he explains how God uses the trials of life for growth and fulfillment.

*Symptom Management in Multiple Sclerosis*²⁶ by Schapiro is the third edition that Dr. Schapiro has written to help people suffering with MS deal with the symptoms. This book is an excellent source of information that explains the symptoms of MS in detail as well as provides guidelines to manage them. The author provides detailed charts and diagrams to help with exercise programs and pain management. He utilized a staff of nurses, physicians, and caregivers in order to develop the most accurate information. He included in the discussion therapies to help with speech problems and other symptoms. One of the greatest assets of the book is a detailed dietary guide to help the person with MS control some of the symptoms. Many books in regard to MS do not address dietary needs. In fact, many doctors prescribe an

²⁴ Ibid. 13.

²⁵ James MacDonald. *Always True: God’s 5 Promises When Life Is Hard*. (Chicago, IL: Moody Publishers, 2011)

²⁶ Randall T. Schapiro MD. *Symptom Management in Multiple Sclerosis 3rd Edition*. (New York, NY: Demos Medical Publishing Co, Inc., 1998)

arthritis diet to help alleviate some of the symptoms. This book goes into greater detail and discusses the effects that certain foods have on the MS patient's body.

*Curing MS: How Science Is Solving The Mysteries of Multiple Sclerosis*²⁷ written by Weiner, investigates the causes of MS and each of the different types of MS. He cites the reason for this investigation is because until the variables are understood there will never be a cure for the disease. Weiner treats MS as the main character and relates the story of MS as to how the disease affects people and the challenges the disease presents to the scientific world. He provides stories of those who have fought the disease through the years and how they coped with the changing lifestyles. He also shared stories of the pain of those who have fought the disease unsuccessfully. This book provides invaluable information in the understanding of the disease while providing encouragement to fight the frustrations.

*Anatomy Of The Spirit: The Seven Stages Of Power And Healing*²⁸ written by Myss, combines Judaic, Christian, Hindu, and Buddhist theology into universal truths to help people understand the seven energy centers of the human body. The book provides a basis for the use of alternative medicine and the use of prayer and spirituality to promote healing. While this writer does not agree with all the conceptual analysis of the work, Myss made an impactful statement that deserves attention. In the statement, "your biography becomes your biology"²⁹, Myss made the claim that if people could understand this concept they will be able to avoid the trappings of other people's negative reactions and how emotional energy impacts a person's physical health.

²⁷ Howard L Weiner MD. *Curing MS: How Science Is Solving The Mysteries of Multiple Sclerosis*. (New York, NY: Crown Publishers, 2004).

²⁸ Caroline Myss PhD. *Anatomy of the Spirit: The Seven Stages of Power and Healing*. (New York, NY: Three Rivers Press, 1996).

²⁹ Ibid. viii.

*The Anti-Inflammation Zone*³⁰ by Sears provides a detailed guide to better health and reduced symptoms of chronic illnesses by eliminating those foods that create inflammation. The writer provides weekly meal guides and exercises that can be done at home. He also provides tools that can be used to determine the level of inflammation in the reader's body. He also discusses the effects of natural supplements and how they can be used in dietary plans to eliminate the inflammation. The relevance of this book comes in the fact that the MS patient may experience relapse symptoms due to the type of food they eat. This writer experiences relapses after consuming certain foods. The symptoms become worse depending on the food and the amount consumed. This book provides an excellent tool to use in the elimination of those negative food items.

*The Comfort of Home: An Illustrated Step-by-Step Guide for Multiple Sclerosis Caregivers*³¹ by Meyer and Derr is one of the first books to offer help for the caregivers of those people with MS. Working with the MS Society, the book intends to provide encouragement and support for the caregivers. The relevant aspect of this book is that it provides money saving ideas to help the caregivers provide a safe environment for the MS patient. The writers offer simple techniques that will help the caregiver understand the body changes that are occurring as a result of the life changing disease. The book also provides guidelines to help with financial management and how to assist in day to day living. The most important aspect of this book is that it addresses the needs of the caregiver and offers assistance to avoid caregiver burnout.

³⁰ Dr. Barry Sears. *The Anti-Inflammation Zone*. (New York, NY: Harper Collins, 2005).

³¹ Maria M. Myer and Paula Derr RN. *The Comfort of Home: Multiple Sclerosis Edition*. (Portland, OR: CareTrust Publications, LLC, 2006.)

*After the Diagnosis: Transcending Chronic Illness*³² by Julian and Betsy Seifter provides a compassionate approach to help those facing the adversity of chronic illness. The writers used personal experiences and actual patient experiences as a basis to help the person facing the illness prevail in the face of adversity. The challenge is coping with the effects of the disease and any treatment plans. The answer to the challenge lies in the personal attributes of each patient. The book offers advice to the patient and family as to how to use those attributes to face the daily challenges. The book helps the reader not only deal with the physical changes, the social stigma, and the emotional problems associated with a chronic illness; he offers help with medical care and insurance. The writers are convinced that if the patient and caregiver have a deeper understanding of all the challenges that will come as a result of the illness, better care and support will occur. Each patient is different with different symptoms and emotional changes. With this in mind, the caregiver will be able to establish a more personal support system. One of the main points of the book is that every treatment and every method does not apply to every patient. Sometimes there is a need to be creative. This fact is what makes this book so relevant to this project.

*Bikram Yoga*³³ by Choudhury is an excellent resource for exercise for the MS patient. Yoga has been prescribed as an effective exercise program for MS patients. The writer addresses how a positive attitude along with a balanced life can improve emotional and physical ailments. The book offers a detailed plan to help fight stress, chronic pain, insomnia, and maintain better health. The plan offers a natural alternative that eliminates the need for a gym. The writer teaches how the principles of yoga can help the person unlock their anxiety and create a path to

³² Julian Seifter MD and Betsy Seifter PhD. *After the Diagnosis: Transcending Chronic Illness*. (New York, NY: Simon & Schuster, 2010.)

³³ Bikram Choudhury *Bikram Yoga*. (New York, NY: Harper Collins, 2007.)

personal happiness through mental, physical, and spiritual exercises. The book is relevant to this project in that it provides an effective exercise program that can be used by MS patients without the need of a gym. This helps the patient with self-esteem and provides a solution when mobility is a problem.

*Yerba Mate: The Tea of South America (1916)*³⁴ is a pamphlet published by The Pan American Union and compiled by the Director General provides an excellent resource of natural remedies to the project. With the effects of various symptoms on the MS patient, medication does not always work the same. This booklet offers answers to what the people of the jungle have used for medicine all through history. This writer has personally used this alternative and has experienced better results during the relapse periods.

Bible

Psalms 23:4 (NIV): This passage says that the shepherd will protect his sheep no matter what, even in the moments of greatest danger. The shadows are where the darkness lurks and the predators lie in wait. This verse will be used in the third chapter in the development of the model for physical sustainment. MS is a lifelong journey and will require faith.

Psalms 37:23-24 (NIV): This verse refers to the blessing of the righteous. Those who trust Him, He will uphold. If the person fails when adversity comes, the Lord will still uphold him. This passage will also be used in the third chapter as a Scripture reference in the model for physical sustainment. During the journey, the person with MS will need encouragement. This passage is a good reminder that God will always be present. There will be times of pain and discomfort and faith may seem to be a struggle, yet God will still be there.

³⁴ John Barrett. *The Pan American Union*. "Yerba Mate: The Tea of South America". Washington Government Printing Office, 1916.

Psalms 139:11-12 (NIV): The darkness in this passage relates to those times there is darkness in the soul, such as trials. The example here would be those moments of despair when relapses occur. God is still there, He has not gone anywhere. The person needs to know that God has a plan for this trial in their life. This passage will be used in the third chapter in the development of the model for physical sustainment. It will also serve as a reminder that the psalmist understood the feelings of despair and God still understands.

Isaiah 40:31 (NIV): This passage is a remembrance that God has not departed. The God who created the universe certainly has the power to give strength when trials come. Nothing happens unless it has first been sifted through His hands. Therefore, don't lose hope, strength will rise. This passage will be used in the discussion of depression and why there is no need to feel depressed. If God provides the strength that is needed, depression is not necessary. It actually becomes a lack of faith as the hopelessness comes. However, this brokenness leads to a greater faith and can be used to decrease the effects of the attack.

Jeremiah 29:11 (NIV): This passage provides hope to the hopeless reminding them that God has a plan for their life, it just may not be in man's timing. It may not be the desired outcome. In faith we must believe that God's plan is better and stronger. No matter what happens, He is there working His plan through us. This passage will serve as the theme and focus point of the physical sustainment model.

Matthew 11:28-30 (NIV): This passage is a reminder that God is calling His people to obedience. There is no need to carry the heavy burdens they carry when they can bring them to God and rest. Although the Jewish people were carrying around the yoke of legalism around their necks, the verse implies a constant state of weariness. The patient with MS suffers with depression, fatigue, pain, and the loss of mobility. As the patient is suffering with these

symptoms, they don't need to do it alone. Jesus will provide comfort and rest. This passage will be used to provide a base for the spiritual model of sustainment.

Matthew 25:21 (NIV): This verse is a reminder that we are called to serve Christ with whatever we have. Even though MS is a burden, Jesus calls for faithfulness, trust, and service. As a person with MS, this verse is a reminder to this writer that I need to continue and reach others with my testimony so that I will be found faithful. This passage will be used as in the model as a reference to obedience and how the person with MS can still serve Christ. Having a disease is not an excuse for disobedience.

Luke 11:9-10 (NIV): This verse is a reminder that no matter what position a person is in, if they call on God and admit the state of helplessness they are in, He will answer and provide comfort. This passage will be used to explain why those in the ministry category report more positive results compared to those in the non-ministry category. It will also be used in the sustainment model in chapter three.

John 3:16 (NIV): This verse is powerful in that God loved us so much that He Himself was willing to suffer the pain of the loss of His Son. This verse will be used to relate to those who suffer with MS that God loves them. This will be especially pertinent in discussing the model for spiritual sustainment during the relapse attacks. This verse will also be used in the sustainment model as to why the MS patient needs to focus on Christ for strength. Because God gave His all, we must also give our all, even in the midst of MS.

John 16:32 (NIV): This verse is a reminder that even when a person feels alone and deserted, they are not alone. Jesus may have departed for a moment, but He sent a helper. Man cannot rely on their own confidence, but through faith, believe in Him who is closer than a brother. This verse will be used to explain that even though the person is struggling with pain,

agony, and loneliness; Jesus is right there with them. This passage will be used in the discussion of the results as well as the implementation of the plan.

Romans 8:18 (NIV): This verse is a blessed promise that even though suffering is present on this earth, the future glory will be worth it all and nothing here on earth will matter. This life is insignificant compared to what is coming. This passage will be used to explain how suffering is only for a moment. The reward comes in the hope of Salvation and endurance to the end. This passage will be used to contrast how the ministry worker and non-ministry worker respond to symptom attacks.

Romans 8:28 (NIV): Nothing happens outside of God's plan. Therefore, for some reason only known to God, suffering is allowed. Whatever circumstance in life, the believer can have hope that God knows and will use that suffering for His glory. God called man to a holy life. He did not say that it would come without suffering. This passage will be used to explain why suffering occurs and how God will use it for His divine plan.

Romans 8:31-32 (NIV): This passage is an everyday reminder for those that suffer through the pains of MS that God has not forgotten us. He gave His son for us; therefore, He will be victorious in the end. It does not matter what people say or do. As long as we are standing in faith and righteousness, God will prevail. This passage will also be used to explain how God will help the person struggling with relapse attacks and symptom flare ups to be able to react positively and use the suffering for His glory.

Romans 12:12-13 (NIV): This verse is a reminder that many hardships must be endured to enter the kingdom of God. By presenting oneself as a living sacrifice and enduring the affliction, the person is presenting His testimony that Jesus Christ is and has done a mighty work. Jesus wants to complete that work in all men. Smiling through the afflictions and continuing in

service shows the love of Jesus to the world. This passage will be used to encourage the non-ministry worker who is suffering through symptom flare-ups of the MS. It will also be used to explain how the ministry workers persevere.

1 Corinthians 1:26-31 (NIV): This verse is a constant reminder that even though this writer is in the midst of suffering during a relapse, God is at work. He uses the weak to accomplish His work. In that regard, even though the world may say there is no place in ministry because of the disability; the disability is the ministry. This passage will be used in the third chapter as a source of encouragement to those who suffer with MS.

1 Corinthians 9:27 (NIV): This verse is a reminder that sometimes we will end up with bruises and scars in the ministry. That does not mean that quitting is an option. The prize is still ahead. During the relapses, pain, and other attacks of the MS; Christ is calling us to run the race because the prize is just ahead. The passage will be used in the third chapter in the development of the sustainment model.

2 Corinthians 12:7-10 (NIV): This verse is a reminder to this writer that maybe God has allowed me to have this disease so that others may come to know Him. It is not a lack of faith healing has not come, but maybe a lack of finished business. This passage will be used in the model development in the third chapter. The MS patient needs to understand that even though he or she is suffering, God may allow something bad in order to bring glory to His name.

Philippians 2:13 (NIV): This is a reminder that Christians must demonstrate their salvation by allowing God to work in their lives whatever the circumstance. This verse will be used in chapter three while developing the model of physical sustainment. While using the MS as a testimony, others will see the glory of God in the midst of the suffering.

Philippians 4:6-7 (NIV): This verse is a reminder that during those times of affliction, prayer is the answer to anxiety. Prayer brings the Comforter close. This passage will be used to make the point that the person who is suffering with MS and the significant people in their circle of relationships should call on the peace of God to overcome the anxiousness. Instead of worrying, they should pray and seek help from the Comforter. This intercession provides support and understanding on both sides. It will also be used as a point in the overall plan of physical sustainment.

2 Timothy 1:7 (NIV): This verse is a reminder that in those times where walking is not possible, where the pain is so bad medicine does not help, and when the future is looming ahead and depression sets in, the Christian has power to overcome. There is no need to be afraid or alone. This passage will be used in the third chapter as a Scripture reference in the sustainment model.

Hebrews 11:1 (NIV): This verse reminds this writer that one day this earthly body will be free from pain and in His new and glorified body will worship through eternity. This passage will be used in the third and fourth chapters to explain why the model is necessary for all those who suffer with a chronic illness.

James 5:13-14 (NIV): This verse reminds us that the Christian does not have any reason to be depressed or worried. Prayer is the answer and will bring joy. This passage will be used to explain why prayer is important to the healing process as well as healthy spiritual growth. It will also be used to show why it is necessary to pray in intercession of others.

I Peter 5:10 (NIV): This verse is a promise that God will restore and make His followers strong and give them the ability to go on. This will be a constant reminder through all stages of the sustainment model. It will also be used to provide encouragement to the patient and family

of those who suffer with MS. In those times of despair, encouragement is needed in all relationship areas. This disease not only affects the patient, it affects all those around them.

Additional Scriptural Support

2 Kings 6:6-7 (NIV): *The man of God asked, “Where did it fall?” When he showed him the place, Elisha cut a stick and threw it there; and made the iron float. “Lift it out”, he said. Then the man reached out his hand and took it.*

Job 16:4-6 (NIV): *I also could speak like you, if you were in my place; I could make fine speeches against you and shake my head at you. But my mouth would encourage you; comfort from my lips would bring you relief. Yet if I speak, my pain is not relieved; and if I refrain, it does not go away.*

Psalms 23:4 (NIV): *Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me; your rod and your staff, they comfort me.*

Psalms 37:23-24 (NIV): *If the Lord delights in a man’s way, He makes his steps firm; though he stumble, he will not fall, for the Lord upholds him with His hand.*

Psalms 139:11-12 (NIV): *If I say, “Surely the darkness will hide me and the light become night around me,” even the darkness will not be dark to you; the night will shine like the day, for darkness is as light to you.*

Ecclesiastes 4:9-10 (NIV): *“Two are better than one, because they have a good return for their work. If one falls down, his friend can help him up. But pity the man who falls and has no one to help him up!”*

Isaiah 40:31 (NIV): *But those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint.*

Isaiah 48:10 (NIV): *For I have refined you, though not as silver; I have tested you in the furnace of affliction.*

Jeremiah 29:11 (NIV): *“For I know the plans I have for you”, declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.”*

Jeremiah 29:13 (NIV): *You will seek me and find me when you seek me with all your heart.*

Matthew 11:28-30 (NIV): *“Come to me, all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for your souls, For my yoke is easy and my burden is light.”*

Matthew 25:21 (NIV): *His master replied, "Well done, good and faithful servant. You have been faithful with a few things. I will put you in charge of many things. Come and share your master's happiness."*

Mark 12:24 (NIV): *Are you not in error because you do not know the Scriptures or the power of God?*

Luke 11:9-10 (NIV): *So I say to you: Ask and it will be given to you, seek and you will find, knock and the door will be opened to you. For everyone who asks receives, he who seeks finds, and to him who knocks, the door will be opened.*

John 3:16 (NIV): *For God so loved the world that He gave His one and only Son, that whoever believes in Him shall not perish but have eternal life.*

John 9:3 (NIV): *"Neither this man nor his parents sinned, but this happened so that the work of God might be displayed in his life."*

John 9:7 (NIV): *"Go, wash in the Pool of Siloam. So the man went and washed, and came home seeing."*

John 9:25 (NIV): *He replied, "Whether he is a sinner or not, I don't know. One thing I do know, I was blind but now I see!"*

John 14:1-3 (NIV): *Do not let your hearts be troubled. Trust in God, trust also in me. In my Father's house are many rooms; if it were not so, I would have told you. I am going there to prepare a place for you. And if I go and prepare a place for you, I will come back and take you to be with me that you also may be where I am.*

John 16:32 (NIV): *"But a time is coming, and has come, when you will be scattered, each to his own home. You will leave me all alone. Yet I am not alone, for my Father is with me."*

John 16:33 (NKJV): *These things I have spoken to you, that in Me you may have peace. In the world you will have tribulation; but be of good cheer, I have overcome the world.*

Romans 8:18 (NIV): *I consider that our present sufferings are not worth comparing with the glory that will be revealed in us.*

Romans 8:28 (NIV): *And we know that in all things God works for the good of those who love Him, who have been called according to His purpose.*

Romans 8:31-32 (NIV): *What then, shall we say in response to this? If God is for us, who can be against us? He who did not spare His own Son, but gave Him up for us all- how will He not also, along with Him, graciously give us all things?*

Romans 12:12-13 (NIV): *Be joyful in hope, patient in affliction, and faithful in prayer. Share with God's people who are in need. Practice hospitality.*

1 Corinthians 1:26-31 (NIV): *Brothers, think of what you were when you were called. Not many of you were wise by human standards; not many were influential; not many were of noble birth. But God chose the foolish things of the world to shame the wise; God chose the weak things of the world to shame the strong. He chose the lowly things of this world and the despised things, and the things that are not, to nullify the things that are, so that no one may boast before Him. It is because of Him that you are in Christ Jesus, who has become for us wisdom from God—that is, our righteousness, holiness, and redemption. Therefore, as it is written, “Let him who boasts boast in the Lord.”*

1 Corinthians 9:27 (NIV): *No I beat my body and make it my slave so that after I have preached to others, I myself will not be disqualified for the price.*

2 Corinthians 12:7--10 (NIV): *To keep me from becoming conceited because of these surpassingly great revelations, there was given me a thorn in my flesh, a messenger of Satan, to torment me. Three times I pleaded with the Lord to take it away from me. But He said to me, “My grace is sufficient for you, for my power is made perfect in your weakness.” Therefore I will boast all the more gladly about my weaknesses, so that Christ’s power may rest on me. That is why, for Christ’s sake, I delight in weaknesses, in insults, in hardships, in persecutions, in difficulties. For when I am weak, then I am strong.*

Philippians 2:13 (NIV): *For it is God who works in you to will and to act according to His good purpose.*

Philippians 4:6-7 (NIV): *Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God which transcends all understanding; will guard your hearts and your minds in Christ Jesus.*

Colossians 3:1-2 (NIV): *Since then you have been raised with Christ, set your hearts on things above, where Christ is seated at the right hand of God. Set your minds on things above, not on earthly things.*

Hebrews 11:1 (NIV): *Now faith is being sure of what we hope for and certain of what we do not see.*

2 Timothy 1:7 (NIV): *For God did not give us a spirit of timidity, but a spirit of power, of love and of self-discipline.*

James 5:13-14 (NIV): *Is any one of you in trouble? He should pray. Is anyone happy? Let him sing songs of praise. Is any one of you sick? He should call the elders of the church to pray over him and anoint him with oil in the name of the Lord.*

1 Peter 5:7 (NIV): *Cast all your anxiety on Him because He cares for You.*

1 Peter 5:10 (NIV): *And the God of all grace, who called you to His eternal glory in Christ, after you have suffered a little while, will Himself restore you and make you strong, firm and steadfast.*

II Peter 1:3 (NIV): *His divine power has given us everything we need for life and godliness through our knowledge of him who called us by His own glory and goodness.*

Internet

The MS Association website found at <http://www.msassociation.org> provides a wealth of information for the patient as well as the caregiver. The site offers information in regard to symptoms, treatment options, and chat rooms for support.

The SSA website found at <http://www.ssa.gov/pgm/disability.htm> is another valuable tool to someone who is suffering from chronic illness and seeking help. However, caution should be taken when reading through the information. Before seeking disability, a credible attorney should be obtained to make sure that the paperwork is accurate. Otherwise, claims will be denied. This site should only be used for information and not to complete paperwork.

CHAPTER ONE- HISTORICAL AND CURRENT DATA

History

MS is a relatively new illness dating back to the eighteenth century. The first person in history that has been recorded as having MS was Sir Augustus d'Este who was a grandson of King George III of England.¹ The documentation of pain, weakness, and loss of balance and vision were recorded in journal entries and preserved through history. There may have been cases prior to this; however, with the lack of information into the science of the brain the disease was difficult to diagnose. As neurology as a science began to develop in the 1860's; more cases were recorded. Jean-Martin Charcot, known as the father of neurology, described the symptoms of MS in lectures at the University of Paris in 1872-1873.² Until this period of time, the diagnosis of many diseases were only confirmed after death and found through autopsies. Charcot developed drawings from autopsies that described the clinical and physical changes that occur in the body due to MS. In addition to the physical changes, emotional changes were also recognized and Sigmund Freud, a student of Charcot, began to study the emotional changes that develop with MS.

During the early twentieth century, scientists began to look further into the diagnosis and cause of MS. The use of the newly invented electron microscope made it possible to look at cells within the nervous system. During this time there was speculation that MS was caused by viral diseases. However, the connection between the nervous system and the immune system was firmly established in 1947 by Dr. Elvin Kabat.³ The National MS Society funded a research project to look into the symptoms and effects of a disease that was relatively unknown. During

¹ Sheremata, xi.

² Stauffer, 30.

³ Ibid.

this time period, a diagnosis of MS became one of the most common reasons for a person to be admitted to a neurological ward for treatment.⁴ MS is now a recognized disease throughout the world with an estimated 2.5 million diagnosed cases with various types of MS.⁵ Although there is no known cure for MS, scientists have developed treatments that slow the progression of the disease. Depending on when the diagnosis is made and the treatments begin, the affected person may have relatively few attacks. The reality is that MS is frightening to the affected person because of the unknowns of the disease. Everything in a patient's life changes at the time a diagnosis is made. It not only requires treatment for the physical ailment, it requires treatment for the emotional adjustments that will become prevalent.⁶

The Diagnosis

In order to develop the significance of this project, it is necessary to describe the symptoms of the disease as well as the difficulty of an accurate diagnosis. A diagnosis of MS is normally made by a neurologist on the basis of clinical evidence of at least two demyelinating lesions that affect different areas of the brain or spinal cord.⁷ A lesion is normally referred to as tissue damage in various parts of the body. In terms of MS, a lesion presents itself as inflammation found in various areas of the nervous system. The inflammation develops white spots that are scattered on the brain and spinal cord. The spots are called plaques. If significant enough, the plaques will be seen with magnetic resonance imaging (MRI) scans.⁸ The brain lesions do not normally cause MS symptoms to occur; however, they can cause problems with

⁴ A. Compston and A. Coles (2002) "Multiple Sclerosis". *The Lancet*, 359(9313), 1221-31. Retrieved from <http://search.proquest.com/docview/199006647?accountid=12085>. 1221.

⁵ Ibid.

⁶ Stauffer, 60.

⁷ Compston, 1221.

⁸ Sheremata, 3.

cognition and memory. Early symptoms of the disease may present itself in various forms. Numbness of the extremities, vision problems, weakness, spasticity, and lack of coordination may be apparent in the early stages. The systems vary and do not affect every patient. This is one of the reasons a diagnosis of MS becomes difficult. Numbness is normally one of the first symptoms recognized by the affected person. The numbness may be mild to extreme and can lead the patient to become injured during the course of normal routines. Weakness affects about eighty percent of MS patients.⁹ The legs are normally the most affected area and may affect two legs, one leg, or one side of the body. Spasms may occur in the muscles as well. In many cases, the muscles deteriorate to the point that the muscles may shorten and cause deformities. This also affects balance, coordination, and walking.

Vision difficulties occur in a majority of people who have been diagnosed with MS. In fact, in thirty five percent of patients, vision difficulties are the first manifestation of the disease.¹⁰ Problems may occur in the form of blurred vision, eye pain, loss of vision, and altered depth perception. The symptoms in the early stages normally last about a week followed by recovery for several weeks.¹¹ In the early stages of the disease, a lack of coordination and loss of balance is normal in most cases. This may develop in one or both legs. It normally becomes necessary for the affected person to use support devices such as a cane, crutch, or other device. As the symptoms develop, the first reaction by the affected person is normally embarrassment as they have difficulty in walking, standing, or maintaining balance.

⁹ Stauffer, 31.

¹⁰ Ibid., 32.

¹¹ Ibid.

As mentioned earlier, these symptoms normally occur in the beginning stages of the diagnosis and may be more severe in more progressive types of MS. This writer experienced each of these symptoms in the early stages before the diagnosis and was the reason for initial testing. The embarrassment came to this writer as he was having problems walking up stairs without falling down. This occurred several times in the office environment as well as falling on the street in Manhattan walking between offices. Headaches were the indicator that a fall was coming. After a visit to a local prime care office, the doctor made an immediate referral to the emergency room. The original diagnosis was a brain aneurism. After arriving at the emergency room, the doctors immediately performed an MRI to determine the extent of the aneurism. The aneurism was ruled out as lesions were discovered on the brain and spinal cord. As mentioned, a diagnosis is normally made with the appearance of two lesions in separate regions. The MRI revealed eighteen lesions on the right side of this writer's brain, and a number of lesions on the left side that was too numerous to count. Other lesions were found at the base of the spinal cord and the base of the brain stem.

Over the last few decades, diagnostic criteria have been developed in order to make an accurate diagnosis. The criteria combine scientific data with technological advances. It was not until 2001 that neurologists developed a consensus as to what symptoms should be present at the onset of the disease and what clinical tests should be completed in order to make an accurate diagnosis.¹² The official diagnosis cannot be made until the tests are completed. This may take several months to several years to accurately identify. This becomes another problem for the patient trying to work or serve in an area without proper medical care. The tests include a demographic profile, laboratory profile, clinical profile, established criteria, and MS classification.

¹² Ibid., 33.

Demographic Profile

The affected person's health history is reviewed in detail by the neurologist. The current symptoms are also reviewed against the health record. MS occurs within demographic tiers that include age, sex, race, family history, and geographic location. These demographics help to rule out other neurological diseases such as muscular dystrophy and Lou Gehrig's disease that present many of the same symptoms.¹³ In regard to age, most people affected with MS are in their thirties or forties. The average age is forty-five. It becomes hard to determine the disease because of the delay between symptoms and the actual diagnosis of the disease. The symptoms may appear as early as the mid to late twenties of the affected person. "The average worldwide prevalence of MS is between 0.1 percent and 0.13 percent across all adult ages (twenty to ninety years of age). This means that 100 to 130 people have MS for every 100,000 in the population."¹⁴ This writer was diagnosed at the age of forty-seven.

In relation to sex, MS is two to three times more prevalent in women than in men. This conclusion is unknown but it is speculated that women's hormones interact negatively with their immune system. This prevalence changes in the fifties where men are diagnosed more than women and are more likely to have an aggressive form of MS.¹⁵ This writer was diagnosed before the age of fifty; however, the diagnosis was a progressive form of MS.

Racial differences also help to target a positive diagnosis. MS is most prevalent in people who have a northern European descent and has historically affected peoples of the Caucasian race. MS has been studied more in Europe than any other geographic location. Scotland has

¹³ Ibid. 34.

¹⁴ Ibid. 5.

¹⁵ Ibid. 5-6.

reported the highest number of cases of MS at 187 per 100,000 people. Norway, Sweden, Finland, Denmark, and Iceland all report an average of 100 per 100,000 people. In North America, incidence rates of MS average about 50 to 100 per 100,000 in the population. Within the United States, Caucasian people average two times the incidence rate of non-Caucasian people. Hispanic people average about the same as the African American people. In addition, the rates incidences recorded among Caucasians can be directly correlated with the level of ancestry.¹⁶ This writer's familial ancestry can be tracked to Ireland and the Scottish highlands. With this in mind, ancestry may have a defining factor in the diagnosis.

Another criteria considered in the diagnosis is family history. The incidence of MS is higher in the population when there is a blood relative who has also been diagnosed with the disease. Children of a person diagnosed with MS will have a one in forty chance of developing the disease than children of parents who do not have the disease.¹⁷ In another study conducted by The International MS Genetics Consortium revealed that genes may in fact be a factor of MS. The study revealed in the cases studied a relationship between many immune system genes and an increased risk of MS.¹⁸ What this means according to this study is that MS is more common in those families of MS patients. MS studies in Canada also indicated that those parents suffering from MS and have the DR-2 gene have a greater probability of transmitting MS to their children or grandchildren.¹⁹ In addition to this writer, there are two other active cases within the family. The writer's aunt and cousin also suffer with the disease; however, all suffer from a different form of MS.

¹⁶ Ibid. 6- 7.

¹⁷ Ibid. 7.

¹⁸ Sheremata, 65.

¹⁹ Ibid. 68.

Geographic location also has a place in the diagnosis of the disease. Studies have shown that the incidence rate of MS increases as the distance increases from the equator.²⁰ This factor may be influenced by the amount of vitamin D from sun exposure the population experiences. Along with this, many alternative medicines derived from the jungle were taken for centuries by the South American people. This fact may constitute an environmental factor in the diagnosis of MS. This writer was born in the United States. However, while serving in South America began taking alternative medicines for the effective treatment of symptoms.

Laboratory Profile

In order to determine the number and degree of lesions on the brain and spinal cord, an MRI is used to create cross sections of the tissue. Several types of MRI's are completed in order to obtain a positive diagnosis. Gadolinium can be administered which increases the visual contrast of the tissues. Gadolinium does not normally appear in the brain; therefore if it is present inflammation is reflected. In another test, N-acetyl aspartate that is found only in the brain can be measured with the MRI. If the levels are low it could reflect a decrease in neural activity. Other MRI tests are completed in order to determine the amount of damage that has resulted since the onset of the disease. Laboratory tests also include a spinal tap in order to test the amount of antibody production within the spinal column. In a normal MS diagnosis, oligoclonal bands will be found in the spinal fluid which directly corresponds to the amount of protein bands that are absent. The amount of protein bands determine the level of immune activity going on inside the patient.²¹ Other tests conducted include a number of blood tests, reflexology testing, brain wave conduction testing, and other testing directly related to nerve

²⁰ Stauffer, 12.

²¹ Ibid. 35.

sensitivity. These tests are designed to take up to six months or more to complete. This writer was initially diagnosed in July 2008 and referred to clinical testing. The testing was completed through three hospitals and took six months to complete. The positive diagnosis was given on Christmas Eve, December 2008.

Clinical Profile

After all the above criteria have been reviewed and tested, a clinical profile is developed. This profile records the number of attacks and the description of each attack. The profile records all symptoms related to the diagnosis as well as the responsiveness of the patient. The symptoms are not recorded unless the attack continues for at least twenty-four hours and then followed by some type of recovery period. In the beginning stages of MS, the attacks are more apparent because they are compared with the patient's normal activity. As the disease progresses, it becomes harder to diagnose the attacks because many of them resemble other diseases and symptoms. Symptoms may increase over time because the patient may lose perception or they simply have to deal with them.²²

The clinical profile is then used to determine the criteria for the diagnosis. The current criteria for the positive diagnosis of MS include the number of attacks combined with the amount of evidence developed from laboratory testing. These results come from the battery of tests utilizing the MRI and compared to the McDonald chart.²³ This writer's criteria fell under the third criteria for progressive relapsing MS indicating the progressiveness of the diagnosis. The symptoms have gotten worse from the onset of the disease to present day. The following chart represents the criteria for the positive diagnosis of MS. The McDonald criteria replaced the

²² Ibid. 35.

²³ Ibid. 36.

previous criteria in 2001. Prior to this, a diagnosis was made on the criteria developed in 1983 by C.M. Poser. This new criteria was introduced in *Annual Neurology* in July 2001.

<u>Diagnostic Criteria for Multiple Sclerosis²⁴</u>	
Clinical Presentation	Additional Data Needed
<ul style="list-style-type: none"> • 2 or more attacks • 2 or more objective clinical lesions 	None; clinical evidence will suffice (Additional evidence desirable but must be consistent with MS.)
<ul style="list-style-type: none"> • 2 or more attacks • 1 objective clinical lesion 	Dissemination in space, demonstrated by MRI or a positive CSF and 2 or more MRI Lesions consistent with MS, or further Clinical attack involving different site.
<ul style="list-style-type: none"> • 1 attack • 2 or more objective clinical lesions 	Dissemination in time, demonstrated by MRI or second clinical attack
<ul style="list-style-type: none"> • 1 attack • 1 objective clinical lesion 	Dissemination in space, demonstrated by MRI or a positive CSF and 2 or more MRI Lesions consistent with MS AND Dissemination in time, demonstrated by MRI or second clinical attack
<ul style="list-style-type: none"> • Insidious neurological Progressive suggestive of MS 	Positive CSF AND Dissemination in space, demonstrated by MRI evidence of 9 or more brain lesions, or 2 or more spinal cord lesions, or 4 to 8 brain and 1 spinal cord lesion, or Positive VEP with < 4 brain lesions plus 1 Spinal cord lesion AND Dissemination in time, demonstrated by MRI or continued progression for 1 year

Classification

As the diagnosis becomes more and more accurate, a patient can be classified into one of the four main forms of MS. The first level of the criteria reflects the patient diagnosed with RRMS. Approximately 85 percent of patients diagnosed with MS begin with this form and about fifty-five percent retain this form throughout the course of the disease. This type is the most responsive type of MS to the disease modifying therapies.²⁵ SPMS is represented in the above chart in the second level of the criteria. As the disease progresses, instead of periods of recovery, the patient will retain disability after each attack. Approximately thirty-five percent of

²⁴ Ibid. 37.

²⁵ Ibid. 36.

all MS patients fall into this category.²⁶ The third level of the chart above represents those patients diagnosed with PRMS. This type is identified by the disease slowly worsening and increasing disability from the beginning. As attacks occur, they get worse with each subsequent attack. Approximately 5% of all patients fall within this category.²⁷ The final category represented in the chart above identifies those patients who have been diagnosed with PPMS. This type of MS slowly worsens over time just as the PRMS does. The difference is that with PPMS, there are no acute attacks. This type is indicative of the population who are diagnosed at a later age than normal. Also, the male percentage is higher in this type. Approximately ten percent of all patients have been diagnosed with this type of MS.²⁸

In normal cases, as the patient ages and the disease progresses, symptoms of pain, fatigue, cognitive and memory difficulty, and bladder and bowel problems will become more evident. Many times the pain is due to inflammation. The pain comes in a wide range of types and may appear without notice. Because the symptoms appear sporadically, it becomes difficult in the treatment. Some of the symptoms may cause the patient to be immobilized, making it difficult to maintain a normal work schedule. The associated fatigue requires a lifestyle adjustment. This affects all areas of the patient's life. The fatigue may generate from several areas associated with the disease. Stress is a major factor. As the patient tries to adjust to the disease, stress is normal. Routine tasks may become unbearable. Many relapses occur after major emotional events in a patient's life such as marital problems, death of a loved one, and stress in the workplace. Physical stress has also been considered as contributing factors. Physical stress

²⁶ Ibid.

²⁷ Ibid.

²⁸ Ibid.

may include such things as heat sensitivity or an accident of some form.²⁹ Depression is also a factor in fatigue. Ninety percent of all MS patients report having experienced fatigue and most report they suffer from this on a daily basis.³⁰

A recent discovery in the field of neurology is that MS may have a negative impact with cognition, memory, planning, judgment, or thinking.³¹ Research reveals that approximately one third of all people who suffer with MS will have problems in these areas. Of these patients, approximately ten percent will suffer severe cognitive problems. The people are suffering with these problems have difficulty transferring their memories to their consciousness.³² Many times the people have the knowledge but cannot remember the details. For example, this writer has difficulty remembering Scripture passages in detail. Sometimes the passage is remembered, sometimes only the verse, sometimes parts are recalled, other times the passage is completely forgotten. Other problems arise in thought processes. This writer has to read and re-read materials in order to gain a clear understanding of the subject matter. At the same time, careful notes are taken to help instill the memory.

Social Consequences of Multiple Sclerosis

When a person is diagnosed with MS, every relationship in that person's life will be changed forever. Loved ones react in different ways. Many of the reactions that occur are the same emotions that the patient has. These emotions affect interactions and any care that is necessary for the patient. The husband or the wife of the patient has a different set of challenges because not only are they worried about the patient, they begin to take on the frustrations and

²⁹ O'Connor, 66.

³⁰ Ibid. 41.

³¹ Shapiro 3rd Edition, 103.

³² Ibid. 104.

challenges of finances, health care, fear of the impending changes. They may also have to deal with friends who they will no longer have time for. Their lives will change as much as the patient's life will. The disease may require the well spouse to assume the financial responsibilities and seek employment even if they have never been employed before. The couple will soon find out that they may have to adopt a new way of thinking. They will need to seek any available help they can. Everyone has a different type of assistance they can offer. It will become important to outline the type of help needed and set a time limit. These boundaries will make it easier to find the type of help needed.³³

Friends of the MS patient may not understand all that is happening. They may feel a mixture of emotions including guilt, fear, and anxiety. Activities that used to be enjoyed by the friends together may not be able to be done anymore. Because of this, the friend might move on leaving the MS patient feeling left out. All of this may lead to new friendships. Many of the symptoms of MS make it difficult for some people to feel comfortable. For example, it is common for the MS patient to have mood swings and periods of depression. Unless the people in the life of the patient understand these things, the friendship may have turbulent times. Some of the treatments may cause the patient to have suicidal thoughts. There may come a time when the patient no longer has the desire to live. Close friends and caregivers should understand that these feelings are possible and take precaution. This fact also makes people feel uncomfortable.

If the person with MS does not currently have health insurance or life insurance, they may find it difficult to obtain insurance that is affordable. The high cost of treatments for MS is prohibitive in some plans. Life insurance should not be affected. The life span of people

³³ Stauffer, 64-67.

suffering from MS only decreases by ten to fifteen percent. Because of that, life insurance should not be an issue to obtain. However, the cost may be prohibitive.³⁴

One question that arises with patients suffering with MS, especially those women who are diagnosed earlier in life, is the question in regard to pregnancy and contraception. MS does not affect the ability to become pregnant. During pregnancy, women may realize that their symptoms or number of relapse attacks decrease. The disease may go into remission especially during the last three months of the pregnancy.³⁵ Unfortunately, after the birth, the probability of relapse attacks increase. This is probably due to the loss of sleep, emotional changes, stress, and hormonal changes. In addition, having children and raising children does not negatively affect the MS. However, because of the cost of treatments, possible inability to work, less energy, and emotional and physical changes, it is probably wise to plan for a smaller family.³⁶ In terms of contraception, MS is not affected by any type of contraception used by men or women.

Employment Issues

Research reveals that approximately seventy to ninety percent of people suffering with MS perform some type of work. However, it is unrealistic to believe that problems will not exist in either finding a job or maintaining a job.³⁷ The question of disclosure becomes a vital issue. Many times the decision of disclosure is made for the person with MS. The employer may begin to question a change in work habits or find out by reviewing insurance claims. In applying for a position, the person with MS should not lie on the application. However, employers cannot ask

³⁴ O'Connor, 124.

³⁵ Ibid. 119.

³⁶ Ibid.

³⁷ Lanny and Sara Perkins. *Multiple Sclerosis: Your Legal Rights Third Edition*. (New York, NY: Demos Medical Publishing, 2008) Location 301 of 2832.

questions directly related to a disability or health issue. Questions may be asked in regard to the ability to perform certain tasks. A pre-employment medical exam may be a requirement before a position is offered. However, if the person with MS is already employed, the only way an employer can require a medical exam is because it is job related.³⁸ Specific laws have been written that prevent work place discrimination. Unfortunately, some employers may find other ways to discriminate. For example, this writer was employed in a leading marketing firm located in the New York City area. Disclosure was not made until six months after treatments had begun. A modification to work schedules was needed and the employer seemed to have no problem in making the adjustments. This writer also requested that other co-workers not find out what was happening for fear of problems in the office. The employer agreed. Unfortunately when the annual insurance premium came due, the human resource department became concerned about the increase in medical insurance. This writer was subsequently called into the office and terminated. The reason cited was an inability to perform required duties and cost. The bottom line was they could no longer afford to maintain the employment contract. In an effort to avoid a law suit, a substantial severance package was offered on the condition a law suit would be waived.

Gradual changes may negatively affect job performance. The general symptoms of MS are normally the reasons that employment is the first effected life change of the MS patient. Most people with MS notice overwhelming fatigue at first. It may become difficult to think or reason. They may not be able to deal with the stress of the workplace in the way they used to be able to.³⁹ They may have difficulty remembering deadlines or processes. Since the attacks are

³⁸ Ibid. Location 328 of 2832.

³⁹ O'Connor, 120.

intermittent, the person may be able to continue working for a number of years. However, depending on the type of job, they may be affected immediately.

There are options available that may help with the person's ability to continue working. Flexible work hours may be an option. As with this writer, if the schedule can be adjusted that does not hinder the everyday business of the employer; flexible hours may be an option. This would allow the patient to work around those times when fatigue is the greatest. In some cases, especially during a relapse of symptoms, the person with MS may have to spend time at home. This may be an opportunity to work from home. Many times employers will allow certain work to be completed at home if systems are in place. Another option to consider may be part-time work. Insurance plans are available that pays the employee the difference in time worked and time off due to health reasons. This may be an option to consider as well. There are jobs however that do not allow flexible situations due to the nature of the job itself. MS patients cannot sit for long periods of time, stand for long periods of time, require intermittent breaks, and are limited to the physical aspect of the job. If the job cannot be adjusted, they may be forced to apply for disability.

There may come a time when employment is no longer a possibility. The MS patient should be aware that the SSA provides disability benefits that must be applied for. There are certain requirements that must be met. Disability benefits are based on the credits earned while employed.⁴⁰ The SSA maintains accurate records in regard to the amount of taxes paid by the employee and the employer. This account determines the benefit amount that will be eligible. The process of being approved for disability is complicated and stressful. The actual paperwork is not that complicated, but the actual approval may take up to two years. For purposes of this research, the SSA definition of disability will be utilized. This definition is strict and different

⁴⁰ Perkins, Loc 717 of 2832.

than any other program. Per the SSA, “disability in the inability to engage in any substantial gainful activity by reason of medically determinable physical impairment which can be expected to result in death or has lasted or expected to last for a continuous period of not less than twelve months.”⁴¹ The SSA only pays for total disability. A person is not considered disabled for partial disability. This determination looks at the following rules: cannot do work that was done before; cannot adjust to other work because of the medical condition; and the disability is expected to last for at least one year or to result in death.⁴² Another factor to consider is that the disability is determined by a point in time that the patient actually became disabled. Sometimes this is difficult to determine unless employment has actually ended. The initial application is filed at the local SSA office. Sometimes people may feel inhibited when completing the paperwork. However, it is better not to be heroic, but to be honest and not underestimate the severity of the MS. The SSA provides a listing of illnesses and symptoms that may automatically entitle the person to benefits. The criteria for MS are fairly restrictive. Because of this, it is conceivable that even though the person suffers a severe form of MS, they may fail to qualify in the technical requirements.⁴³ In addition to the strict definition, the SSA also applies grids to the application. The grids are basic categories of people in regard to age, educational level, work experience and the ability to actually perform the work. When reviewing the application, if the medical criteria are not clear the application will be based on the grids. For this reason it becomes even more important to ensure that all attacks are documented and the physician records are complete.

⁴¹ Ibid. www.ssa.gov

⁴² Ibid.

⁴³ Ibid. Perkins. Location 811 of 2832.

Normally, the initial claim is denied. A denial does not mean the severity of the MS is not applicable, it may simply mean the information was not complete enough to make an informed decision. If the application is denied, it also does not mean the process is over. “Although it is not always the case that an MS case will initially be denied, it is true often enough that, to have a reasonable chance to receive benefits, you must be willing to persevere in your appeal.”⁴⁴ Once the denial letter has been received, the claimant will have a short period of time in order to request an administrative appeal. This simply means that someone else in the agency will be asked to review the application. Unfortunately, the result is normally the same. The next appeal can be made before the administrative law judge. This hearing will be in person and it is best at this time to hire an experienced attorney to represent your case. After this appeal, the claimant can appeal to the Appeals Council of the SSA in Virginia.⁴⁵

When considering an attorney for the appeals process, it is imperative to find an experience social security lawyer. There are many on record in every city. From experience, this writer strongly suggests that the person with MS not only seek an experienced attorney, but one who has handled MS cases before. MS has different standards and because of the intermittent symptoms described throughout this project, it becomes difficult to prove. A lawyer who has specifically handled MS cases will know the difficulty and focus on the main content. For example, the guidelines specifically address MS in section 11.00E of the SSA guidelines.

11.00E. Multiple Sclerosis. The major criteria for evaluating impairment caused by Multiple Sclerosis are discussed in listing 11.09. Paragraph A gives reference to 11.04B and 11.04C.⁴⁶

⁴⁴ Ibid. Location 929 of 2832.

⁴⁵ Ibid.

⁴⁶ Ibid. Location 826 of 2832.

If the attorney only referenced this particular guideline, the determination would not be positive.

It becomes necessary to focus the application on one of the more specific guidelines.

Unfortunately, the disability reviewers are in place to filter out those fraudulent claims that are presented every day. They may not always review the next phase; an attorney experienced with MS can help in this stage of the process. The following chart lists the actual criteria that are relevant to MS cases.⁴⁷

11.04B Significant and persistent disorganization of motor function in two
extremities, resulting in sustained disturbance of gross and dexterous
movements, or gait and station.
11.04C Persistent disorganization of motor function in the form of paresis
or paralysis, tremor or other involuntary movements, ataxia and
sensory disturbances(any or all of which may be due to cerebral,
cerebellar, brain stem, spinal cord, or peripheral nerve disfunction)
which occur singly or in various combinations, frequently provides
the sole or partial basis for decision in case of neurologic impairment.
The assessment of impairment depends on the degree of interference
with locomotion and/or interference with the use of fingers, hands
And arms.
11.09 Multiple Sclerosis with:
A. Disorganization of motor function as described in 11.04B; or
B. Visual or mental impairment as described under criteria in 2.02,
2.03, 2.04, or 12.02.
C. Significant, reproducible fatigue of motor function with
substantial muscle weakness on repetitive activity, demonstrated
on physical examination resulting from neurologic dysfunction in
areas of the central nervous system known to be pathologically
involved by the multiple sclerosis process.

Fatigue is a major problem with MS. Medication can help alleviate this; however some may affect the person's ability to work because of side effects. According to the SSA code, the claimant only has to prove one of the criteria. With a physical exam and properly documented

⁴⁷Ibid. Location 811 of 2832.

paperwork, section 11.09C is the most realistic criteria to cite. This can only be done by a lawyer during the administrative hearing process.

This section of the project is not designed to encourage every person suffering with MS to immediately apply for disability. The purpose is to provide options for the person when the bottom falls out and they feel hopeless. One of the main problems with this illness is that unless the patient takes the initiative to research, many of the options are not provided at the time of diagnosis. Also, applying for disability benefits is sometimes viewed as being politically incorrect and socially unacceptable. With MS in particular, symptoms are not always easily recognized. Because of that, the person may feel ashamed or embarrassed. People judge based on their perceptions and it sometimes causes people who need the help to resist seeking help. During the ministry of Jesus as presented in the Gospels, Jesus focuses much of His work on the lame, blind, and deaf. Mark 1:41 and Luke 5:12 records the healing of the leper. Jesus moved with pity and touched the man and he was healed. It was not necessary for Jesus to touch him. The point is that this man had lived many years with a disease that made him a social outcast. He must have been lonely because he had lived so many years with another human touching him, holding him, or showing any kind of love. The touch of Jesus not only healed the man; it showed the compassion for a man who was rejected and broken.⁴⁸ Being created in the image of God, every person deserves to be treated with dignity and respect regardless of their abilities. However, God has created people with abilities that may seem to fall outside the socially acceptable range. Joni Eareckson Tada stated “God will often permit what He hates to accomplish something richer, deeper and more eternally rewarding than an escape from a wheelchair. He allows disability so that we might need Him more desperately, trust in Him more

⁴⁸ Beates, M, 49.

explicitly, and cleave to Him more earnestly. And as we do, we change.”⁴⁹ Because of this, people with disabilities are needed in the ministry. It should never be viewed as shameful or embarrassing to apply and ask for help. MS is a humbling disease. The patient and caregiver cannot manage on their own resources. Support assistance is necessary at times and they must be encouraged to ask. It may be that God is using them to perform an even greater miracle.

⁴⁹ Ibid. 150.

CHAPTER TWO – RESEARCH INFORMATION

Research

One of the greatest challenges facing people who have been diagnosed with MS is finding the best way to live with the form of MS they have. It is easy to just give up and allow the symptoms to control the patient, instead of facing the disease head-on and turning the challenges into opportunities. As with any chronic illness, MS can become the identity of the person who has it. Their reaction to the relapses will also determine the reactions they received from caregivers, family, friends and peer groups. Physicians have an idea based on case studies how to treat the disease. The fact is this, what helps one patient may not help another. MS affects people differently. Because of this fact, deciding what works and what does not work is a problem of being diagnosed with a chronic illness. With MS, a lifestyle must be placed under review. Things such as diet, exercise, mental status, spirituality, levels of support all help to determine how successful the patient will be in maintaining the relapse symptoms. Since MS cycles through remissions and relapses, it is difficult to determine what works in the relapses. The patient must determine this over time. However, there is nothing wrong with alternative treatments if they are taken in conjunction with prescribed treatments and do not interfere with the drug plan.

Just as with other chronic illnesses, patients diagnosed with MS will normally experience a period of denial. It may come to a point that it becomes detrimental. With MS, it is important to begin a DMT program immediately upon the suspicion of MS. By waiting the six months to a year during testing, the disease may progress to further stages. The purpose of treatment is to suspend the progression of the disease. Those in denial do not want to modify their lifestyle. Denial will lead to destruction and should be avoided. “Denial, acting out, and risk taking, are all, ironically, attempts to feel safer, better, or more in control. Each of these ‘bad’ behaviors has

a subtext: Pretend you're not sick. Act in ways that show the world, and yourself, that you're not sick. Test yourself in risky situations and prove that you're not sick. None of it works. Inside you know what you have and it is affecting your tissues, cells, and nerves. Anything done differently can modify the damage, good or bad. But until you look at your own inner landscape-your fear, loss of control, anger, shame- you are likely to reach for irrational solutions.”¹

Medical doctors do what medical doctors do and prescribe medicine and treatment plans. All doctors do not know how to treat all chronic diseases. Therefore it is important to have a specialist in the field of MS. Just as it is with medicine, doctors normally leave spiritual matters to the church. Whereas they may seem irrational to the Christian suffering with the disease, the doctor's job is to heal the body. Patients sometimes ask questions regarding spiritual matters because they feel it is intertwined with emotional health. “Patients come into the office with more than an illness; they bring with them their spirituality, their optimism, their superstitions-a whole array of private beliefs and values that they don't often convey to their doctor, especially if they're not asked.”² The question is whether or not these beliefs affect the development of a treatment plan and the answer is yes. A person who is sick with any chronic illness needs more than a diagnosis and treatment plan for recovery; he also needs to have a purpose and a hope for the future. People who suffer with MS, as with many other chronic illnesses, must find the median between reality and possibility. This change comes over time and will not come immediately. “The fundamental requirement for sustaining an authentic life as time unfolds, and as a chronic illness progresses, is to let experience change you. This becomes a loosening of old habits and an opening of new possibilities. When an illness takes away all your old certainties,

¹ Julian Seifter MD and Betsy Seifter PhD. *After the Diagnosis: Transcending Chronic Illness*. (New York, NY: Simon & Schuster, 2010) 76.

² Ibid., 88.

you're almost forced into new possibilities and new awareness.”³ This does not mean that people diagnosed with MS develop a new sense of identity and lose their old identity. It is more of a sense of adapting to the new set of circumstances. This is what creates problems in many social settings because those people around you don't always know how to handle the adaptation. This fact is one of the driving forces of this research project. “Doctors should do more than simply explain the diagnosis and treatment plans. Why not help people be more imaginative and more playful?”⁴ This writer has an excellent team of doctors. However, partly because of a temperamental inability to give in to something that controls and takes over; this writer has been on his own through the process seeking alternative methods that could be applied to other MS patients.

This program, developed over the last four years, has been effective in controlling the relapse attacks, physical sustainment, and emotional and spiritual development. In order to present the plan in a credible way, it becomes necessary to look at both sides of the coin. The first step of the process was to develop a survey of ten questions that identified the type of MS the person was diagnosed with and the symptoms experienced. The survey also addressed the person's profession: Pastor, Missionary, Other Christian worker, or Not in the ministry. This is important to the development of the project. “In a 1998 review of findings from three national surveys totaling more than 5,600 older Americans suffering with illness linked attending religious services with improved physical health and personal well-being.”⁵ In addition to the information collected in regard to the person's occupation, questions were asked in regard to the level of activity they participated in during the week. A question was also asked as to how the

³ Ibid. 181.

⁴ Ibid. 196.

⁵ Ibid. 88.

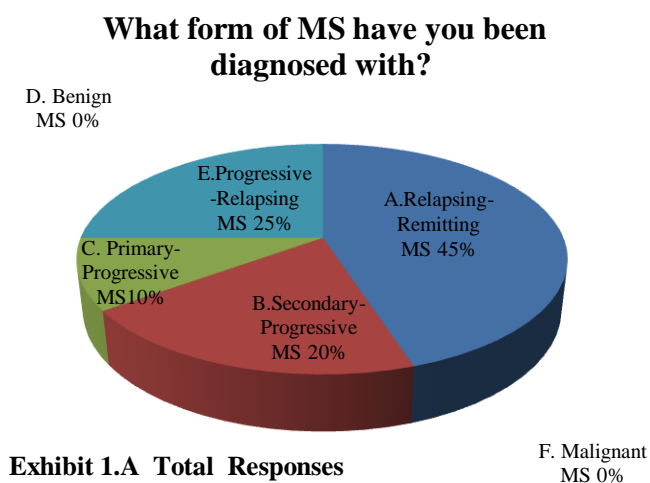
patient feels other people react to them in regard to the symptoms. The follow-up question to how they felt people treated them; how do they want people to react to them during attacks? The final question asked the amount of time is spent in daily Bible study, prayer, meditation, and devotion. This is important to the final results and will prove the benefits of spiritual growth to physical healing.

Surveys were forwarded to individuals working in the ministry as a pastor, missionary, or other Christian worker who have been diagnosed with MS. Surveys were also forwarded to people who have been diagnosed with MS and are not working in the ministry. This survey was completely confidential and there were no names recorded anywhere on the survey or response. Participants were selected on the basis of personal knowledge, publications from the MS Society of America, and MS World. MS World is an online social network comprised of people who have MS or caregivers of those patients with MS. The risks were communicated to each participant and a listing of support centers was provided to them in the event of personal emotional stress as a result of a renewed awareness of their condition. A total of thirty surveys were forwarded through email, postal service, or Facebook messages from Ridgeway, Virginia. Twenty surveys were returned and will be stored in a locked file until the completion of this project. The data was then broken down into three categories. The first category compiled all the data into a "Total Response" category. This category analyzes the total survey in regard to the entire population. The second category analyzed was the "Ministry Response" category. This category analyzes the survey in regard to all those respondents who currently serve in the some type of ministry. The final category was the "Non-Ministry Response" category. This category analyzes the survey in regard to all those respondents who do not currently serve in the ministry. The result will be to show the differences in physical sustainment between the two

groups. Supported by these results, a model will be shown that has proven highly effective for this writer.

Data Analysis

This portion of the project will identify the most pertinent data to the outcome of the project. All other results can be found in APPENDIX A. From the results obtained from all twenty participants who responded, Exhibit 1.A reveals the type of MS the survey group has been diagnosed with. Out of twenty respondents, 45% have been diagnosed with the most common form of MS, relapsing-remitting. 25% have been diagnosed with progressive-relapsing MS, 20% with secondary-progressive MS, and the final 10% diagnosed with primary-progressive MS which normally only affects a small percentage of patients.



In terms of the type of MS, it becomes important to break the results down between those respondents serving in the ministry and those respondents who are not serving in the ministry. From the responses received, Exhibit 2.A shows that 20% of the respondents are currently serving as a pastor, 30% are currently serving as a missionary, 10% are currently serving in some other type of Christian service work, and 40% are not serving in the ministry. From this relationship, 60% of the respondents are currently serving in some type of ministry.

Which of the following professional categories best describe your position?

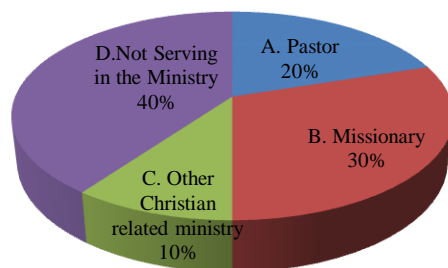
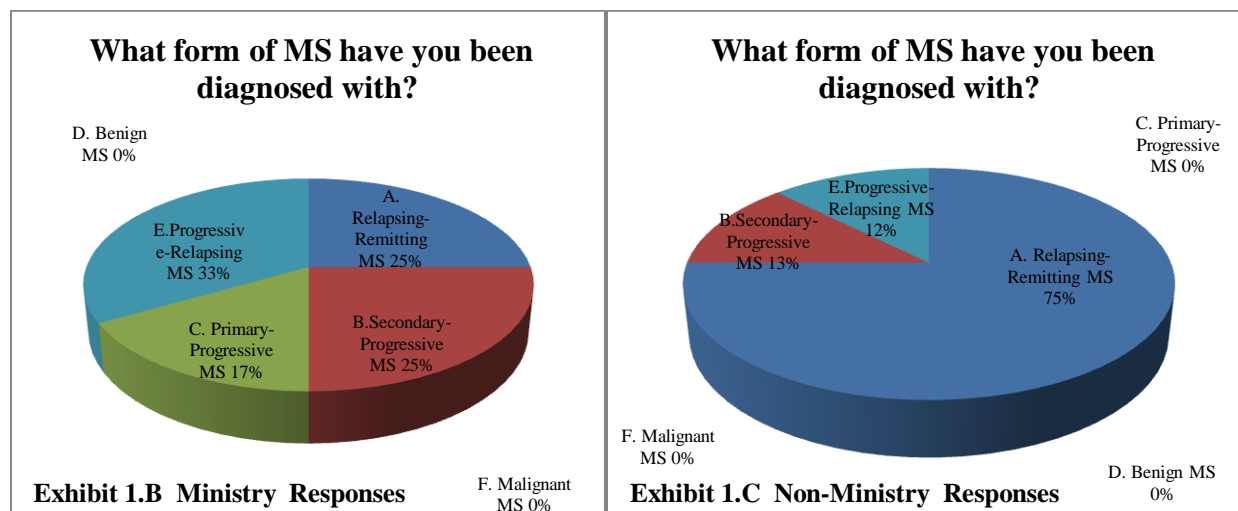


Exhibit 2.A Total Responses

Of those respondents serving in the ministry, 33% have been diagnosed with PRMS, compared to only 12% from the non-ministry category. The comparative charts below, Exhibits 1.B and 1.C, reveal the results between the two categories. This is an important distinction because with this type of MS it gradually worsens over time. Therefore, it becomes even more important to adapt to a new lifestyle that will lead to physical sustainment.



Of the respondents serving in the ministry, 25% have been diagnosed with either RRMS or SPMS. In comparison with those respondents not serving in the ministry, 75% have been diagnosed with RRMS and only 13% with SPMS. This is also a vital comparison due to the relapsing attacks that occur during the course of the disease. Many of these attacks are

debilitating in nature and lead to depression, withdrawal, and effects the patient's entire way of life.

There is currently no cure for MS; however, research that has been conducted over the last few years have developed new methods to treat the disease, symptoms, and attacks. The first method is to use beta interferons, proteins produced by the body in order to attack infections and other foreign attacks on the body. A common example is that when a virus attacks the body, interferons are produced to fight the virus. Gamma interferons actually makes the MS worse because it stimulates the immune system while beta interferons calm the immune system down and has a positive effect on MS. From the beta interferons, the drug Avonex was developed in order to decrease the rate and severity of relapse attacks. The problem is that these interferons do not improve the MS, only stabilize it. These interferons produce side effects and should be discussed with the doctor. The side effects could limit daily life significantly. An alternative treatment is Copaxone. Copaxone is injected daily under the skin and decreases the attack rate as well. This is normally a first line drug therapy. These drugs are very expensive. Copaxone costs approximately \$5,500 per month. As depicted in Exhibit 3.A, 52% of the respondents are currently taking Copaxone. Copaxone is an effective treatment, but sometimes other medications are necessary to take in conjunction with this drug. For example, in extreme cases, a minor form of chemo may be administered on a monthly basis as needed.

**Which of the following
treatment plans for MS are
you currently taking?**

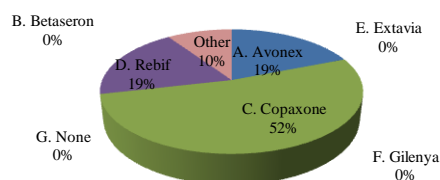


Exhibit 3.A Total Responses

As symptoms occur, it becomes necessary to adapt. “The symptoms normally appear in a vague manner-mild numbness, some tingling, possibly a feeling of weakness, or occasionally some urgency of urination. The initial thought is to deny the problem and ignore it. However, if the symptom persists, fear overcomes denial, often accompanied by self-directed anger. The fear is that of going crazy, of believing that nothing is really wrong and it is all in the imagination.”⁶ Stress is a part of each stage of the adaptation. As the stress level increases, the symptoms become worse and this leads to more stress. It is important to learn to cope with these problems. Eventually, these problems turn outward and effect key relationships. Depression develops on the inside, forcing anger and irritability to the outside. This anger tends to alienate friends, family, and peers when their encouragement and support is vitally important. As the brain cells are affected, many times this causes the patient to lose memory, have difficulty with cognitive skills, and personality changes occur. “Emotional lability is the hallmark of this type of disease, with inappropriate episodes of crying and/or laughing. Older memories are lost last in this type of MS, whereas remembering recent events presents the most difficulty.”⁷ In looking at Exhibit 4.B and 4.C, results show several vital differences between those respondents serving in the ministry and those not serving in the ministry. All respondents report suffering with fatigue as this is a dominant symptom in all MS cases. Many times it becomes necessary to offset the fatigue with other medications such as Provigil, a drug used to combat the effects of narcolepsy. However, it has proven effective in the treatment of MS. This writer is currently taking 400 mg per day of Provigil. This has the effect of steroids and provides energy. In addition, 100 mg of vitamin B is also taken daily. Even with these medications, it is common to drink a pot of coffee

⁶ Randall T. Schapiro, MD. *Symptom Management in Multiple Sclerosis 3rd Edition*. (New York, NY: Demos Medical Publishing Co, Inc., 1998) 145.

⁷ Ibid. 147.

in the morning and in the evening. During the day, this writer drinks two pots of Yerba Mate, a South American drink that provides energy, detoxification, and contains healing properties. As shown, visual disorders are common but normally in the early stages of the disease. During relapse attacks, blurring or double vision may occur. 88% of non-ministry respondents report numbness as a symptom compared to only 42% of the ministry respondents. 75% of the non-ministry respondents reported periods of dizziness as compared with only 25% of the ministry respondents. Bladder and bowel dysfunctions were reported at a higher percentage with non-ministry workers as well at 38% and 25%. Weakness and tremors normally occur during relapse attacks but in some cases may be present all the time. 100% of the respondents reported problems with these areas. In comparison, only 67% of the ministry workers reported symptoms of weakness and 33% reported symptoms of tremors.

Impaired mobility presents a problem when walking becomes necessary. Sometimes what happens when the person is trying to walk the brain sends a message to the legs to move forward. However, due to the short circuit, one leg may shoot straight back or not lift upward when it is necessary. This causes the person to fall.⁸ According to the results reported, only half of the ministry workers reported problems with mobility while all the non-ministry workers reported problems with mobility. The positive side of this difference will be discussed in the model of sustainment. However, the 50% reporting problems with mobility may also be attributed to the type of MS they are suffering with. As mentioned previously, 50% of the ministry respondents reported being diagnosed with a progressive form of MS.

The remaining symptoms of sexual dysfunction, slurred speech, spasticity, swallowing disorders, chronic aching pain, depression, and cognitive problems were all reported at higher

⁸ Montel Williams. *Living Well Emotionally: Break Through to a Life of Happiness*. (New York, NY: New American Library, 2009) 11.

rates within the non-ministry respondents. All of these symptoms could be due to the type of MS the ministry workers have been diagnosed with as well. However, the symptom that stands out the most is depression. 100% of the non-ministry workers reported they have a problem with depression. Only 42% of the non-ministry workers reported a problem with depression.

“Depression can often leave the person feeling guilty about anything and everything. It can cause you to doubt God’s love for you and can even make you wish that life was over.”⁹ The prophet Isaiah addresses this situation clearly, *But those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint.*¹⁰ This verse offers a vital insight into the heart of God. There is no need to feel depressed. If we have faith and hope in the Lord Jesus Christ, He will renew us. We may not be healed, but His grace and mercy is sufficient of any situation. This faith will lead us out of the depression. Jesus also speaks in the Gospel of Matthew, *“Come to me, all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for your souls, For my yoke is easy and my burden is light.”*¹¹ In those periods of depression and relapse attacks, Jesus was very clear that He will make the burden easier. This faith and promise is also a vital factor as to why those serving in the ministry report fewer incidents of symptoms than those not working in the ministry. This will also be discussed further in the model description. “Depression not only affects our ability to heal but

⁹ Mark Sutton and Bruce Hennigan, M.D. *Conquering Depression*. (Nashville, TN: Broadman & Holman, 2001) 4.

¹⁰ Isaiah 40:31, NIV.

¹¹ Matthew 11:28-30, NIV.

directly diminishes our immune system. Anger, bitterness, rage, and resentment handicap the healing process, or abort it entirely.”¹²

Which of the following symptoms of MS do you currently suffer with?

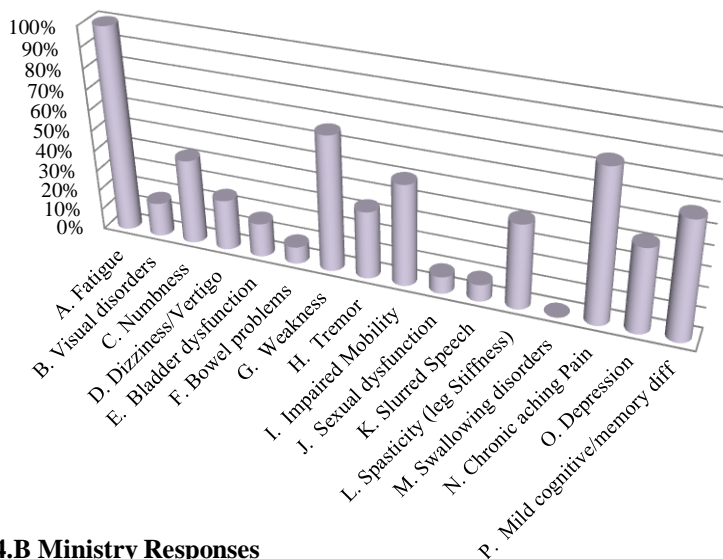


Exhibit 4.B Ministry Responses

Which of the following symptoms of MS do you currently suffer with?

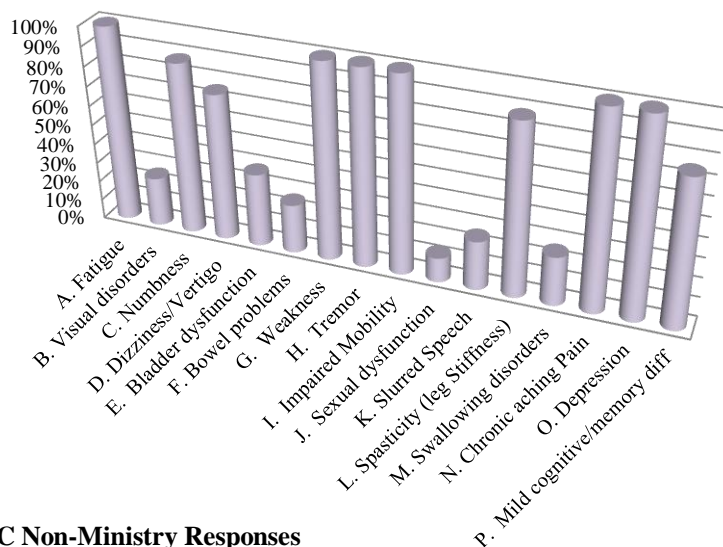
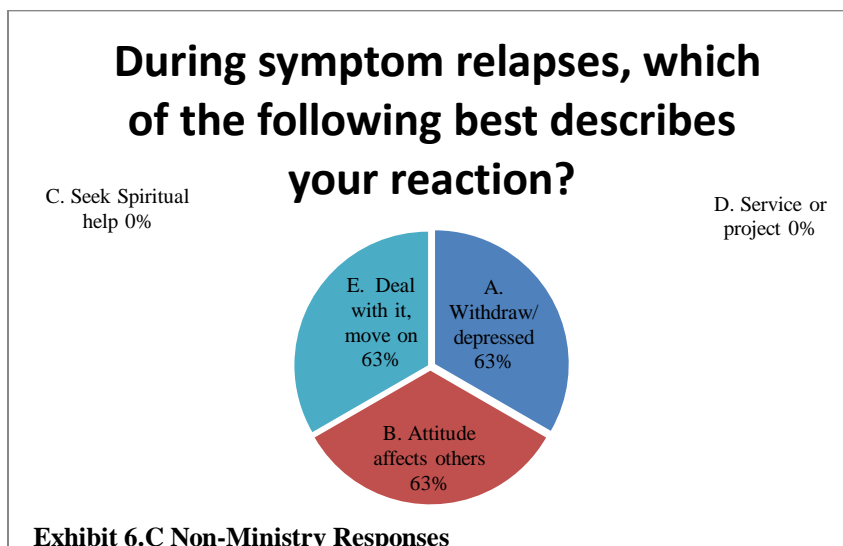


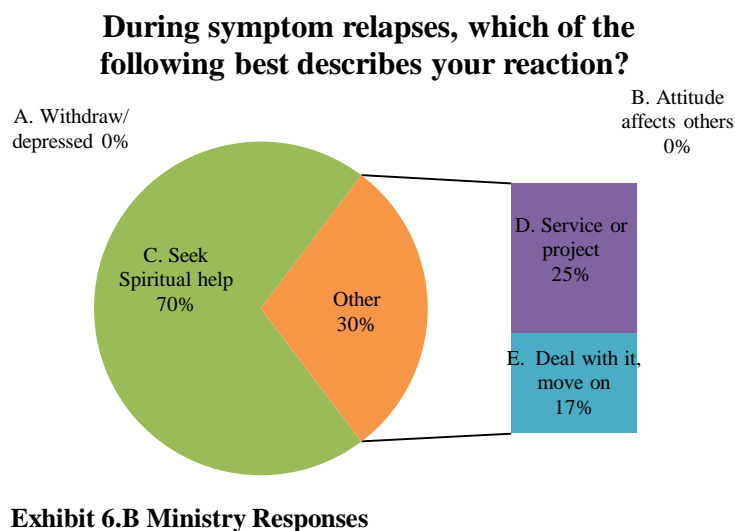
Exhibit 4.C Non-Ministry Responses

¹² Caroline Myss PhD. *Anatomy of the Spirit: The Seven Stages of Power and Healing*. (New York, NY: Three Rivers Press, 1996) 244-245.

In addition to taking steps to avoid falling into a state of depression, the other symptoms all create obstacles in and of themselves. How a person handles the obstacle determines the ability to overcome it. In Exhibit 6.C, the non-ministry respondents all reported negative attitudes and responses to symptoms and relapse attacks.



63% of the respondents reported they would withdraw and become depressed during symptom relapses. 63% also reported their attitude affects others negatively during the symptom relapses. Instead of seeking spiritual help for relief, 63% said they just dealt with it and moved on. In contrast, Exhibit 6.B reports the responses from those people working in the ministry.



It appears the reactions are exactly opposite. None of the ministry respondents reported experiencing bouts of depression and withdrawal. They also did not report having attitudes that affected others. 70% reported seeking spiritual help during the relapse attacks lessened the effects of the relapse. 25% of the respondents reported during attacks they would take part in a Christian related service project to take their mind off the symptom. This is reflective of Isaiah 40:31, *But those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint.*¹³ God provides the strength necessary to perform His work. Only 17% reported dealing with it and moving on. Unlike in the non-ministry category, dealing with it and moving on should not be viewed as a negative attitude in the spiritual world. The book of Romans provides great insight into this thought. Paul writes, *I consider that our present sufferings are not worth comparing with the glory that will be revealed in us.*¹⁴ Whatever the MS brings, the person who relies on his or her faith to get through the attacks, may suffer here but a greater reward will be coming. Paul clarifies this in verse 28. God may be using the suffering and pain to perform a great work in someone else. How the Christian handles suffering may be a testimony to the non-Christian who is going through suffering. *And we know that in all things God works for the good of those who love Him, who have been called according to His purpose.*¹⁵ Therefore, in love, God works for good. This is a direct correlation to the differences in reactions and symptom responses between the ministry workers and non-ministry workers. Paul drives the point home at the end of the chapter when he says *What then, shall we say in response to this? If God is for us, who can be against us? He who did not spare His own Son, but gave Him up for us all- how will He not also,*

¹³ Isaiah 40:31, NIV.

¹⁴ Romans 8:18, NIV.

¹⁵ Romans 8:28, NIV.

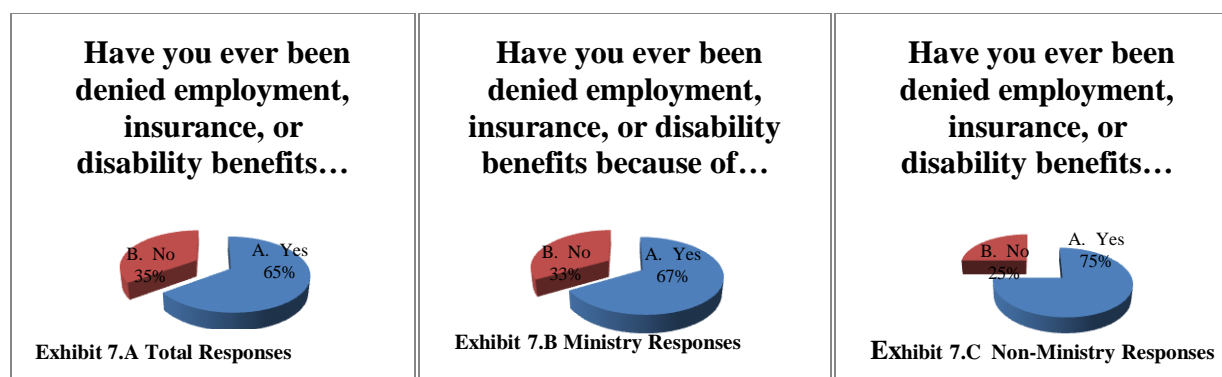
*along with Him, graciously give us all things?*¹⁶ Paul says in this passage that if God is for us, then there is no disease or power on earth that can harm His child. Suffering may come, but mercy abounds. Instead of withdrawing and retreating to a world of depression and bitterness, Paul reminds us to *Be joyful in hope, patient in affliction, and faithful in prayer. Share with God's people who are in need. Practice hospitality.*¹⁷ All of these results are beginning to present a pattern in terms of how people deal with the pain and debilitating effects of the symptoms. The non-ministry workers were not asked whether or not they were Christians, saved by blood of Jesus. It is assumed that the ministry workers have made this decision to accept Christ and because of this decision they have power that only He can give.

Another factor that needs to be considered is in terms of employment, insurance, and disability. "Every human being is made in the image of God and every person is invested with dignity and worth regardless of ability. God in His sovereignty creates some people with appearances and abilities that fall outside the socially arbitrary range of normal. Other people God brings through circumstances that leave them with fewer abilities than they had before. God will often allow what He hates in order to accomplish something richer, deeper and more eternally rewarding than an escape."¹⁸ The problem is that the world does not know this. In fact, a person's worth is sometimes determined by what they can accomplish, how much their contributions can improve the wealth of others or business, and much cost they may add to the bottom line of the company they work for. In looking at Exhibit 7.A, 7.B, and 7.C, we can see that the average is approximately the same across categories. 67% of the ministry respondents

¹⁶ Romans 8:31-32, NIV.

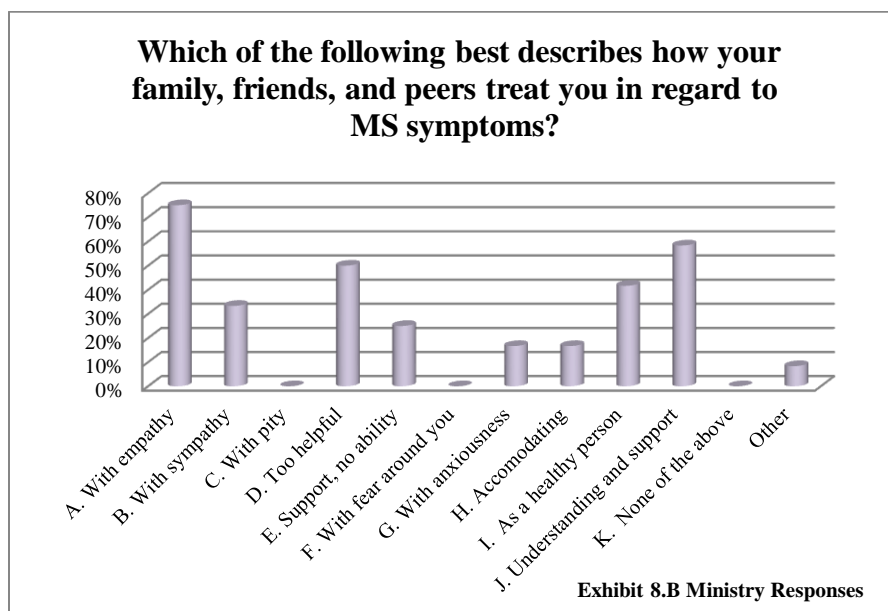
¹⁷ Romans 12:12-13, NIV.

¹⁸ Michael S. Beates.. *Disability & The Gospel: How God Uses Our Brokenness To Display His Grace*. (Wheaton, IL: Crossway, 2012) 150.



report they have been denied employment, insurance, or disability benefits directly attributed to the MS. 75% of the non-ministry respondents report they have been denied benefits due to the MS as well. This is more reflective of society. Employers fail to accept the possibilities that if modifications were made in the person's work environment they may be able to remain employed. This directly improves self-esteem. With any chronic illness, it is important to alleviate stress. Many times the decision to sever employment comes down to a cost factor. It simply costs more to keep the employee than the benefit of letting them go. The Bible relates many stories of how people with disabilities are to be treated. John relates the story of the blind man and how he was healed. He was not as dependent as people thought. Jesus told him to go wash himself and he did. There was no indication that he had help. This miracle became a testimony that brought others to Christ. Luke also related a story about how people with disabilities were to be treated. Jesus told the host to invite the lame to sit at the great banquet. He told the host he would be blessed if he did. This assumes that Jesus saw worth in the lame. The problem with MS is that the symptoms flare up randomly. Each symptom brings a different type of attack. It may last a short time or it may last up to two weeks before subsiding. In the employment world, there are not many jobs that can accommodate this type of schedule. However, adding to the stress of losing a job in the midst of a devastating disease, the patient now has to fight the SSA for the funds he or she has paid in themselves. This creates even more

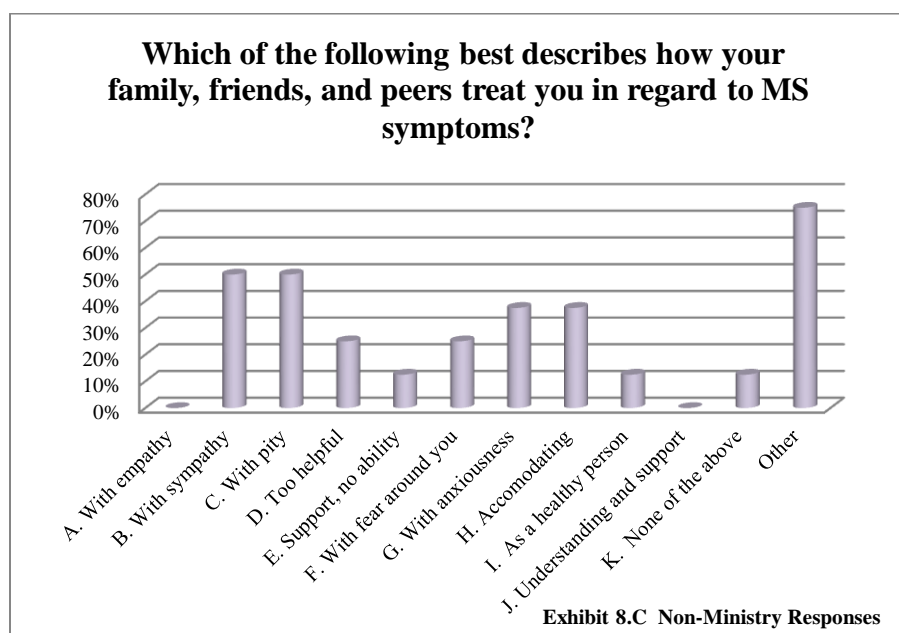
stress. This writer is not advocating that the policies should be less stringent. However, the written policies should be adhered to and at the written response of the doctor confirming the diagnosis; the department should not make it more difficult. What this writer is advocating that the patient diagnosed with a chronic illness needs more than what the world offers for physical sustainment. The patient needs a support structure to include family, friends, and peers. This disease by nature causes a short circuit in the body. The patient cannot in his or her own ability withstand the effects. God has the power to sustain and He will not leave the sufferer alone. John relates what Jesus told the disciples in the sixteenth chapter of the Gospel of John. *But a time is coming, and has come, when you will be scattered, each to his own home. You will leave me all alone. Yet I am not alone, for my Father is with me.*¹⁹ He will not leave the sufferer alone. He is there in the midst of the pain. This must be true because God loves each one. *For God so loved the world that He gave His one and only Son, that whoever believes in Him shall not perish but have eternal life.*²⁰



¹⁹ John 16:32, NIV.

²⁰ John 3:16, NIV.

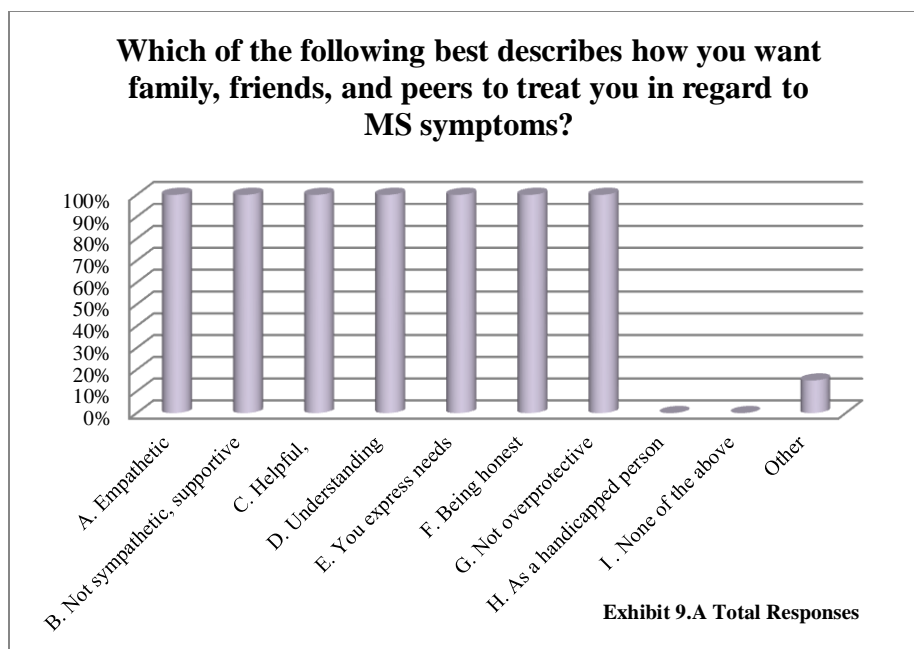
Exhibit 8.B records the responses given by those people with MS who serve in the ministry and how they feel their family, friends, and peers treat them in regard to symptoms. This chart is significant in that it relates to the way the patient responds to his or her symptoms. It also directly relates to the amount of time spent in Spiritual matters and faith. A person whether they realize it or not contributes to the way others respond to them. Comparing these results to those of the non-ministry workers in Exhibit 8.C, the variance becomes clearer.



75% of the ministry respondents reported they felt they were treated with empathy by their friends, family, and peers. However, no one in the non-ministry category felt they were treated with empathy. On the other hand, 50% felt they were treated with sympathy compared to only 33% in the ministry category. 50% of the non-ministry respondents felt that people treated them with pity. None of the ministry responses reported this feeling. Surprisingly, 13% of the non-ministry workers felt they were supported even though they did not have the necessary ability. On the other hand, 25% of the ministry workers made this claim. This could be due in part to misreading the question. The first part of the response insinuated support. 25% of the non-

ministry workers reported they felt people had a fear of being around them. None of the ministry respondents reported this fear. 17% did however report that people seemed to be anxious around them. 38% of the non-ministry respondents reported this claim. On the positive side, 42% of the ministry workers felt that people treated them as a healthy person; only 13% of the non-ministry workers reported this. In addition, 58% of the ministry respondents reported that their family, friends, and peers were understanding and supportive of their needs. None of the non-ministry respondents made this claim. On a sad note, other responses were given by non-ministry respondents that would not be healthy in any environment. One perceived that people were nervous around them and asked too many questions in an attempt to show concern. One responded they did not feel that people wanted to be around them. The respondent went on to say that sometimes he or she did not want to be around themselves. Another respondent reported that they have a nurse to come in daily and people would not allow them to do too much. Another one felt that maybe people felt they were not doing enough and was expected to get up and go no matter what. Another respondent reported that people may perceive them as crazy and just seeking sympathy.

Exhibit 9.A reveals the responses from both the ministry and non-ministry respondents in regard to how they want their friends, family, and peers to treat them during symptom attacks and flare-ups. Both categories reported the exact same response.



No matter which category responded, all respondents want their friends, family, and peer's to be empathetic to their needs. They all wanted people close to them to be supportive, but not sympathetic. They also did not mind helpfulness; however, they did respond they wanted to be allowed to perform according to their own abilities. They all wanted to be seen as a person and not as a person with a disease. They all responded they wanted to be able to express times of need as opposed to being viewed as always in need. They all desired honest relationships where people would not be anxious, but standing by during the good and bad times. They also desired support, but not overprotectiveness. This support may come in the form of intercession in prayer. The Bible is clear that we should not be anxious in anything but allow the peace of God to handle the circumstance. *Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your requests to God. And the peace of god which transcends all understanding; will guard your hearts and minds in Christ Jesus.*²¹

²¹ Philippians 4:6-7, NIV.

In the final question of the survey, respondents were asked to record the time amount of time they normally spend in Bible study, devotion, talking with a support person, meditation, and prayer. These responses were the most revealing of any of the other questions and this writer believes is the reason for the negative responses submitted by those people suffering with MS in the non-ministry category. All times listed below are in minutes.

Ministry Respondents	1	2	3	4	5	6	7	8	9	10	11	12
A. Bible Study	45	60	60	30	60	60	30	45	30	45	30	30
B. Devotion	30	15	20	30	30	15	15	15	10	15	10	15
C. Talking to support person	0	0	20	0	0	20	0	0	0	0	0	0
D. Meditation	30	15	20	30	30	30	15	15	10	15	0	10
E. Prayer	60	60	60	30	60	30	30	60	60	30	30	60
Non-Ministry Respondents	1	2	3	4	5	6	7	8				
A. Bible Study	0	0	0	0	0	0	15	0				
B. Devotion	0	0	0	0	0	0	0	0				
C. Talking to support person	0	0	0	60	0	0	0	0				
D. Meditation	0	0	0	0	0	0	0	0				
E. Prayer	0	0	0	0	0	5	15	0				

In the above chart, twelve responses came from the ministry category and eight came from the non-ministry category. From the non-ministry category, only two respondents reported spending time in prayer or Bible study. Respondent seven reported fifteen minutes a day in Bible study and fifteen minutes in prayer. Respondent six reported 5 minutes in prayer. Only one respondent in this category reported spending any time talking with a support person. On the other hand, the ministry respondents all reported they spend thirty to forty-five minutes a day in Bible study. The respondents reported spending ten to thirty minutes a day in devotion. The ministry respondents reported spending ten to thirty minutes a day in meditation. All the respondents reported spending thirty minutes to one hour a day in prayer. In the book of James, a supportive passage can be found that relates to this finding. *Is any one of you in trouble? He*

*should pray. Is anyone happy? Let him sing songs of praise. Is any one of you sick? He should call the elders of the church to pray over him and anoint him with oil in the name of the Lord.*²²

This passage clearly says that if anyone is in trouble, he should pray. He did not say, can pray, but should pray. In the Gospel of Luke, Jesus says, *Ask and it will be given to you, seek and you will find, knock and the door will be opened to you. For everyone who asks receives, he who seeks finds, and to him who knocks, the door will be opened.*²³ As those who are spending time in prayer, meditation, and Bible study, they are obtaining the power necessary to overcome the obstacles they are facing. God has given the Scripture for the purpose of knowing His power, commandments, promises, wisdom, love, and His Son. This project, with the responses received, will be used to develop an approach to the physical and spiritual well-being of the person suffering with MS and help them find peace in knowing the giver of peace.

²² James 5:13-14, NIV.

²³ Luke 11:9-10, NIV.

CHAPTER THREE-PROGRAMS AND PRINCIPLES FOR A BETTER QUALITY OF LIFE

Cycle of Acceptance

After the diagnosis is made, the patient will find there are many methods to cope with the disease. Dr. David Welch, a specialist in the area of pain medicine and rehabilitation, has noted acceptance stages of MS from personal observation. The stages include admission, acknowledgment, accommodation, and adaptation.¹ In the initial stage of admission, the newly diagnosed person begins to admit to himself that a disease is present. This admission is completely personal and private. In this stage, decisions begin to be made that will drastically change all other relationships. As the admission stage moves into the acknowledgment stage, the patient begins to reveal the disease to others. This stage is very difficult because it may affect employment or other personal relationships. The fact is that those relationships closest to the person with MS needs to understand the disease as well in order to provide encouragement, help, and support. The acknowledgment stage will move to an accommodation stage where life changes are made in order to place a priority on the most important needs of the person with MS. During this stage, life changes become more drastic as things the patient enjoyed doing becomes less important to those things that are required. The final stage of the cycle becomes adaptation. The person's environment may need to be altered in order to meet the needs of the patient.² It is during this stage that reality sets in and the patient comes to a cross road. The path taken will determine whether the patient handles the disease or allow the disease to handle them. This writer has walked through each of the stages Dr. Welch presented. Even though decisions were

¹ Randall T. Schapiro MD. *Symptom Management in Multiple Sclerosis 3rd Edition*. (New York, NY: Demos Medical Publishing Co, Inc., 1998) 146.

² Ibid.

made in the initial stages that changed lives forever, this writer made the decision to handle the disease and not be controlled by it.

Suffering comes in many shapes and forms but it comes to everyone. For this writer, suffering has come in the loss of both parents to cancer. Suffering continued with a diagnosis of MS. This diagnosis led to the loss of a successful career, foreclosure of the family home, loss of relationships due to personal attitude and anger, and a change in life plans. It became even more difficult when all of this happened during the early stages of a new ministry and church plant. The suffering turned to questions of “Why?” Why would God allow the suffering? Why would God take a person to a place and leave them? Why would God take away plans, hopes, dreams, and everything that had been worked for? Why God? This became the focal question. In a very real sense, the diagnosis of MS had become an idol. “An idol is anything more important to you than God, anything that absorbs your heart and imagination more than God, anything you seek to give you what only God can give. A counterfeit god is anything so central and essential to your life that, should you lose it, your life would feel hardly worth living”³ This writer had allowed the circumstances of life to become an idol and to take over his thoughts and actions. “One of the great truths we all need to learn is that it is not the circumstances of life but rather our perspective on life that determines the outcome of our life. We spend great effort changing the circumstances of our daily existence, but rarely do we seek to change our perspective.”⁴

Faith can be difficult to hold on to during periods of trial and suffering. It becomes difficult for others to maintain their faith when they see someone suffering as well. Prayer may seem impossible. It appears that service becomes impossible. These feelings intensify the

³ Tim Clinton and Pat Springle. *Break Through*. (Brentwood, TN: Worthy Publishing, 2012) 77.

⁴ Dr. Frank Page. *The Nehemiah Factor*. (Birmingham, AL: New Hope Publishers, 2008) 175.

depression and lead to more devastating outcomes. However, what this writer learned is that struggling in faith during suffering and pain actually leads to a greater faith. Even in the midst of the pain, God had a plan. It took several months of anger and frustration before the plan came alive. The book of Jeremiah became alive to this writer acceptance of the disease became a way of life. “The patriot-prophet Jeremiah was heartbroken...He had exhausted all his own resources, and there seemed no alternative to deserved judgment. It was just when he had reached this crisis that God gave Jeremiah a vision of hope.”⁵ A verse from the twenty ninth chapter of Jeremiah became a life verse for this writer and the base line for all life decisions. *“For I know the plans I have for you”, declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.”*⁶ As this verse became plum line for future decisions, a plan was established to help in all areas of the life changing disease. In the first step, four new goals were established in order to continue on the path God had opened up. These goals became a process that has become a part of the daily life of this writer. These goals were then developed into a model that can be used by anyone suffering with MS or any other chronic disease to maintain the quality of life they desire without the loss of self-esteem, self-image, and loss of relationships.

The Goals

The First Goal- Seek God

If God has a plan that includes the health, welfare, hope and a future; then it is the responsibility of each person to find out what that plan is. When a person enters college and begins to prepare for a future career, plans are established to take classes necessary to graduate

⁵ J. Oswald Sanders. *The Joy of Following Jesus*. (Chicago, IL: Moody Press, 1994)129.

⁶ Jeremiah 29:11, NIV.

and begin looking for employment. Part of that process involves required classes. Another part of the process requires the student to expand their horizons and learn as much as they can from a practical stand point. The psalmist proclaims in the twenty-third psalms *Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me; your rod and your staff, they comfort me.*⁷ If this passage is to be believed, then fear should not be a viable option. MS is a lifelong journey and can be managed with faith and a dependence on the God who spoke the words in Psalms 23. Suffering is a part of life and even though it challenges a person's faith, may actually help the person find other ways to think of God. Nothing has ever taken God by surprise. He sometimes allows the bad to accomplish the good. In his letter to the Philippian church, Paul wrote "*for it is God who works in you to will and to act according to His good purpose*".⁸ While God is unfolding this purpose, He desires a relationship. That relationship requires effort and commitment. Those who suffer with MS, suffer from pain and uncertainty. Physical changes lead to depression and lack of mobility. But Jesus says in the Gospel of Matthew, "*Come to me, all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy and my burden is light.*"⁹ This verse makes it clear that the person with MS does not need to suffer alone. Suffering is not always a crisis in faith; it may be something that leads to a crisis in faith. Suffering may also speak to the meaning of faith. Jesus says in the Gospel of Luke, "*So I say to you: Ask and it will be given to you, seek and you will find, knock and the door will be opened to you. For everyone who asks receives, he who*

⁷ Psalms 23:4, NIV.

⁸ Philippians 2:13, NIV.

⁹ Matthew 11:28-30, NIV.

seeks finds, and to him who knocks, the door will be opened.”¹⁰ When the loneliness comes and the feelings of doubt and abandonment take over the calm, turning to God will provide relief in that at some point or period of time, God will reveal Himself in a glorious way.

The question is not if we are prepared to make it through the day to day struggles here on earth suffering with a chronic illness. The question is if we are prepared for the “final healing?”¹¹ As people express negativity toward people of faith, the life of the sick person could be used as a testimony. However, that sick person must understand the grace of God and how the ultimate testament of their faith is to be healed eternally. That cannot happen without a relationship with the Savior. That relationship comes by seeking Him.

The Second Goal-Pray in Faith

Suffering has a way of affecting prayer in a person’s life. Many times in prayer, the person may feel detached from God. It becomes hard to pray. The effort becomes a job. The fact is that the effort of praying is not a job, it is praying. Praying when it is hard and there is no desire to pray is one of the strongest expressions of faith. Paul reminds us in the book of Romans to “*be joyful in hope, patient in affliction, and faithful in prayer. Share with God’s people who are in need. Practice hospitality.*”¹² In the midst of the suffering, it is important to pray. Prayer changes the situation and the outcome. Prayer also provides a source of encouragement and support. Prayer is the vital ingredient to any sustainment model. Without prayer, the model will not work because the support base has been removed. Prayer and seeking God in the midst of the disease becomes the foundation for the rest of the model.

¹⁰ Luke 11:9-10, NIV.

¹¹ Bob and Judy Fisher. *Life Is A Gift*. (New York, NY: Faith Words, 2008) 210.

¹² Romans 12:12-13, NIV.

The Third Goal-Don't Turn Back

MS has a way of turning a person against himself. It robs the joy out of life and close relationships. MS turns the focus on the disease and the devastating effects of the disease. Left untouched, the disease will take over every aspect of a person's life and control actions, responses, and relationships. When the diagnosis comes, it does not become a time to give up and turn back. It does become a time for new direction, but there can be no turning back. As the psalmist proclaims, *"If the Lord delights in a man's way, He makes his steps firm; though he stumble, he will not fall, for the Lord upholds him with His hand,"*¹³ turning back is not a viable option. God will provide the strength necessary to live. In the book of 2 Timothy, the writer reminds us that *"God did not give us a spirit of timidity, but a spirit of power, of love and of self-discipline."*¹⁴ This also speaks to the fear and desperation that comes with the diagnosis of MS. Just because a disease has invaded the body does not mean that God's spirit has left the body. God gives a spirit of power, love, and self-discipline that provides the means of moving forward. For this writer, it became necessary to understand that healing may not come and that God's plan was to allow the disease so that He could be seen instead of this man. This writer has always maintained high standards for self and family. Those standards included doing whatever it took to succeed and provide the best of everything to his family. Humility was not a part of the plan. This writer believes that God needed to bring him to a point of humility and brokenness in order to be used for greatness. As Paul proclaimed, *"To keep me from becoming conceited because of these surpassingly great revelations, there was given me a thorn in my flesh, a messenger of Satan, to torment me. Three times I pleaded with the Lord to take it away from me. But He said*

¹³ Psalms 37:23-24, NIV.

¹⁴ 2 Timothy 1:7, NIV.

to me, *“My grace is sufficient for you, for my power is made perfect in your weakness.”* Therefore I will boast all the more gladly about my weaknesses, so that Christ’s power may rest on me. That is why, for Christ’s sake, I delight in weaknesses, in insults, in hardships, in persecutions, in difficulties. For when I am weak, then I am strong.”¹⁵ Embracing this goal in the life of this writer, meant coming to a point of brokenness. If healing occurred, it is highly possible that the old man would reappear and God’s purpose may not be fulfilled. In weakness, God gives strength. In that strength, His glory and power are revealed to the world. It comes down to the priorities of life. What should be taken care of in order to achieve the greatest gain? Exercise, meditation, prayer, eating right, Bible study all have a part in the emotional and physical makeup of the human being. When suffering with a chronic illness, these areas cannot be ignored. “Many of us take poor care of the bodies God has given us. Yet caring for our bodies can be as spiritual as prayer and worship.”¹⁶ Therefore, for this writer, moving forward required going backward and implementing changes in the current lifestyle in order to continue moving forward for God. The methods for continuance include a daily quiet time alone with God in Bible study and meditation, exercise, a change in diet and nutrition, and personal time. These methods will become the model for sustainment that will include spiritual growth and physical sustainment.

The Fourth Goal-Reach Out to Others

Suffering has a way of making a person turn inward and turn away from those who care the most about them. Many of the symptoms of MS directly affect this self-withdrawal. However, by reaching out to others, differences can be made in other people’s lives while

¹⁵ 2 Corinthians 12:7-10, NIV.

¹⁶ Peter Scazzero. *Emotionally Healthy Spirituality*. (Nashville, TN: Thomas Nelson, 2006) 205.

making a difference in the patient's life. Instead of closing the door to the outside world, it is important to throw the doors open wide and open the curtains to let the light in. Too many times people measure their worth as to their ability or what they possess. However, material things go away as other material things captivate interest. "It is amazing how we measure progress sometimes- not by an accumulation of things to keep but by the heap of things to be thrown out."¹⁷ All of us in our hearts have the ability to keep what is important. Instead of throwing us out because of a disease, God uses that disease to mold and make us to what He desires.¹⁸ The prophet Isaiah speaks to this when he says *"For I have refined you, though not as silver; I have tested you in the furnace of affliction."*¹⁹ Paul instructs the Corinthian people in regard to this fact. *"Brothers, think of what you were when you were called. Not many of you were wise by human standards; not many were influential; not many were of noble birth. But God chose the foolish things of the world to shame the wise; God chose the weak things of the world to shame the strong. He chose the lowly things of this world and the despised things, and the things that are not, to nullify the things that are, so that no one may boast before Him. It is because of Him that you are in Christ Jesus, who has become for us wisdom from God-that is, our righteousness, holiness, and redemption. Therefore, as it is written, Let him who boasts, boast in the Lord."*²⁰

God can use MS to reach other people. He can use it to encourage those people who are suffering through the trials of life. God can use the MS to bring the unbeliever to salvation in Jesus Christ by seeing God's glory in the faith of the infected believer. Reaching out to others not only provides relief for the sufferer of MS, but helps others who suffer in life. "The question here is in

¹⁷ Irene Harrell. *Ordinary Days with an Extraordinary God*. (Waco, TX: Word Books, 1971) 77.

¹⁸ Ibid.

¹⁹ Isaiah 48:10, NIV.

²⁰ 1 Corinthians 1:26-31, NIV.

what way(s) is God inviting me to serve Him at this stage of my journey? In what way can I use my time, talents, resources, and gifts for others?”²¹ God’s ways are not the ways of man. He uses the weak to reach the strong.

A Holistic and Spiritual Model for Physical Sustainment

The Benefits of Daily Bible Study and Devotion

Exhibit 6.B identifies the responses from the ministry respondents. 100% report seeking spiritual help during attacks. 30% of those responses were comments such as enlisting prayer partners, devotionals geared toward depression, and spending additional time with God. On the other hand none of the non-ministry respondents represented in Exhibit 6.C reported they sought spiritual help. 25% of the ministry respondents reported during attacks they would engage in some type of mission or service project. 17% reported they would just deal with it and move on. The non-ministry category was evenly split. 63% reported withdrawing and becoming depressed; 63% reported their attitude would affect others; and 63% reported they would just deal with it and move on. These results show that those who seek spiritual help have better reactions. One reason is that the mind is taken off the worry. Another reason is that God truly hears the prayers of His people. “Faith is the key. God’s promises are activated by Faith. Faith is not passive, it is an action...Many people are filled with worry and want to have hope but have never read the Bible. They might carry it and respect it and defend it, but they’re not living in it. They’re not opening it like the Word of life and drinking from it like someone thirsting in a desert.”²² Those people who are finding success in this research are those who are living in the word.

²¹ Ibid. Scazzero 205.

²² James MacDonald. *Always True: God’s 5 Promises When Life Is Hard*. (Chicago, IL: Moody Publishers, 2011) 101.

Perseverance is hard but God delivers the strength to persevere. When the circumstances come that cause stress, the best thing to do is deliver a punch to the enemy by persevering through the stress. “Throw the first punch. Seize the opportunity to see God fight for you rather than let your adversary destroy you blow by blow. And don’t stop swinging. Don’t give up. Don’t compromise or abandon your faith the first time things don’t go your way.”²³ Your emotions do not belong to the enemy if you are a Christian, they belong to God. Perseverance breaks the cycle of defeat. Giving up is no longer an option. Fighting depression and stress gives the person more control over the emotions. Confidence is built that shortens the amount of time. This confidence and control also shortens the length of the relapse attack. By using the weapon of perseverance regularly builds strong, positive, powerful habits that helps the symptoms and improves relaxation.²⁴ In 1 Peter, we are reminded to *cast all your anxiety on Him because He cares for you.*²⁵ If this can be embraced, then relaxation becomes possible. During times of mediation, soft music can be used for a time of rejuvenation. “Meditation is an extremely important part of the healing package. Some feel it is the most important part. It is doubly important for those with chronic illness.”²⁶ Many experts recommend that a person meditate twice a day. Unfortunately, busy schedules between family, work and other areas of life do not always allow times of mediation. Dr. Jerry Falwell wrote “first you need to hear the word of God... This means you need to listen to the exhortation from Scripture... Second, Christians are told to read God’s Word... You ought to read daily because you have daily needs. You ought

²³ Steven Furtick. *Sun Stand Still*. (Colorado Springs, CO: Multnomah Books, 2010) 143.

²⁴ Mark Sutton and Bruce Hennigan M.D. *Conquering Depression*. (Nashville, TN: Broadman & Holman, 2001) 109-110.

²⁵ 1 Peter 5:7

²⁶ <http://www.overcomingmultiplesclerosis.org/Recovery-Program/Meditation/>. Accessed January, 2013.

to read expectantly because God promises to reveal Himself through the Word. You ought to read every book in the Bible because all Scripture is about God...Finally, you should meditate on Scripture.”²⁷

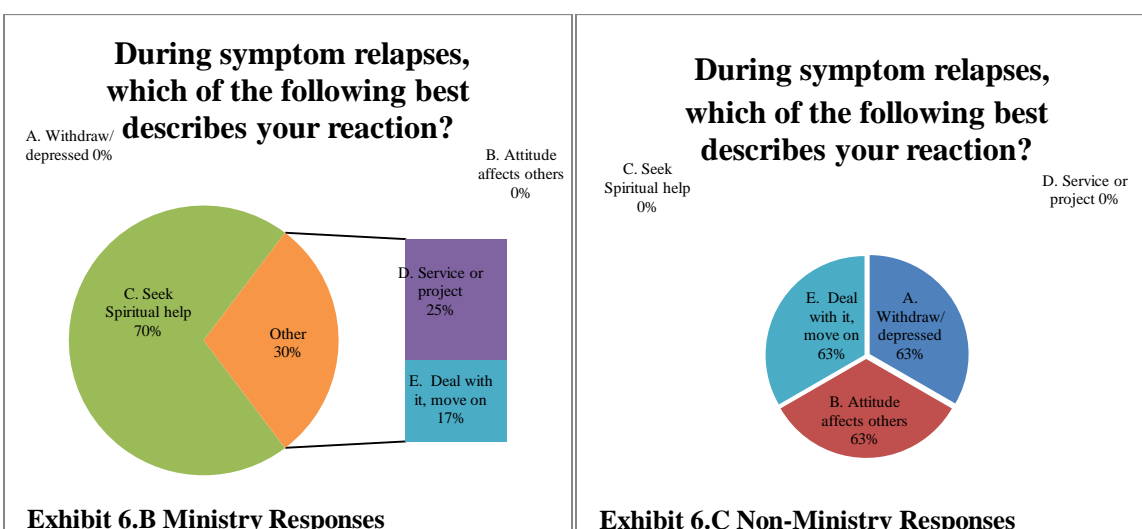
This writer during those times of extra stressful circumstances, will retreat to a quiet room, light several candles, put on soft native Peruvian instrumental music, turn the lights off, and just sit in the recliner and allow the thoughts to drain out. During this time thoughts are re-directed to Peru, the mission field where God called this writer. Thoughts of the people in Peru and the conditions they live under, the love of the people, and God’s power take over the negative and the current circumstances just do not seem to matter. “Practicing the presence of God is a skill, a habit you can develop...You must train your mind to remember God. At first you will need to create reminders to regularly bring your thoughts back to the awareness that God is with you in that moment.”²⁸ Bible Study has a way of strengthening the soul and providing energy that was missing before. As God speaks in His word, the word comes alive in the heart of the believer. When the word is alive in the believer, circumstances will not matter. Paul says in Romans *I consider that our present sufferings are not worth comparing with the glory that will be revealed to us.*²⁹ The sufferings that are being experienced on earth are nothing compared to what God has planned. This thought provides a source of energy when believed that changes the outcome. It provides a means of changing lifestyles and focusing on what God has planned. Those who do not grasp this thought do not have this source of energy. Therefore, they rely on their own abilities which lead to further suffering. The psalmist proclaims *If I say, surely the darkness will hide me and the light become night around me, even the darkness will*

²⁷ Dr. Jerry Falwell. *Building Dynamic Faith*. (Nashville, TN: World Publishing, 2005)110-112.

²⁸ Rick Warren. *The Purpose Driven Life*. (Grand Rapids, MI: Zondervan, 2002) 89.

²⁹ Romans 8:18, NIV.

*not be dark to you; the night will shine like the day, for darkness is as light to you.*³⁰ As we walk in the light, God will provide and take care of our needs. Those respondents in the ministry category reported better reactions because of faith, Bible study, and service to the Creator God. They have allowed the opportunity of suffering to change them. “Suffering helps us learn that God’s way of living is best. Suffering is essential to distinguish our motives. Suffering helps keep us from pride and changes our ambitions. Suffering can reveal our idols, which enables us to find God. Suffering enables us to give.”³¹



The Benefits of Exercise For the MS Patient

It is normal for people with MS to be told to rest, don't overdo, and give up activities because of fatigue and lack of mobility. The problem is that a lack of mobility may lead to further muscle breakdown unless methods are taken to maintain strength. An exercise program adopted by this writer can be found in EXHIBIT C. A study, completed in 2005, showed that

³⁰ Psalms 139:11-12, NIV.

³¹ Anonymous. *Embracing Obscurity*. (Nashville, TN: Broadman & Holman Publishing, 2012) 110-112.

people with MS do less exercise than those in the general population.³² “It is important to consider the benefits of this lifestyle change, not only for general health, but specifically for MS. It is important to say here that not only does exercise improve symptoms in MS and prevent depression, it has been suggested that it may also modify the course of the illness through a neuro-protective effect.”³³ Exercise has proven to provide benefits in slowing the progression in other degenerative diseases; therefore it seems plausible to believe that exercise would have a beneficial effect with MS. In a study conducted with 611 people who had been diagnosed with some form of MS, results showed that an effective exercise program had a positive impact on the symptoms, progression of the disease, and the quality of life of the patient.³⁴ Physical fitness can actually lead to a decrease in fatigue. “The role of exercise in MS has become somewhat controversial, partly because the meaning of the term exercise is misunderstood. For many people, exercise is defined as stressing their bodies to the point of pain...But it has become quite clear that if a person with MS exercises to the point of pain, fatigue will set in and weakness will increase.”³⁵

³² MW Nortyedt, T Riise, JG Maeland. “Multiple sclerosis and lifestyle factors: the Hordaland Health Study” *Neurological Science* 2005; 26:334-339.

³³ C Heesen, A Romberg, S Gold, et al. “Physical Exercise in Multiple Sclerosis: Supportive Care Or A Punative Disease-Modifying Treatment”. *Neurotherapy* 2006; 6:347-355.

³⁴ <http://www.overcomingmultiplesclerosis.org/Recovery-Program/Exercise/>. Accessed January, 2013.

³⁵ Schapiro, 130.

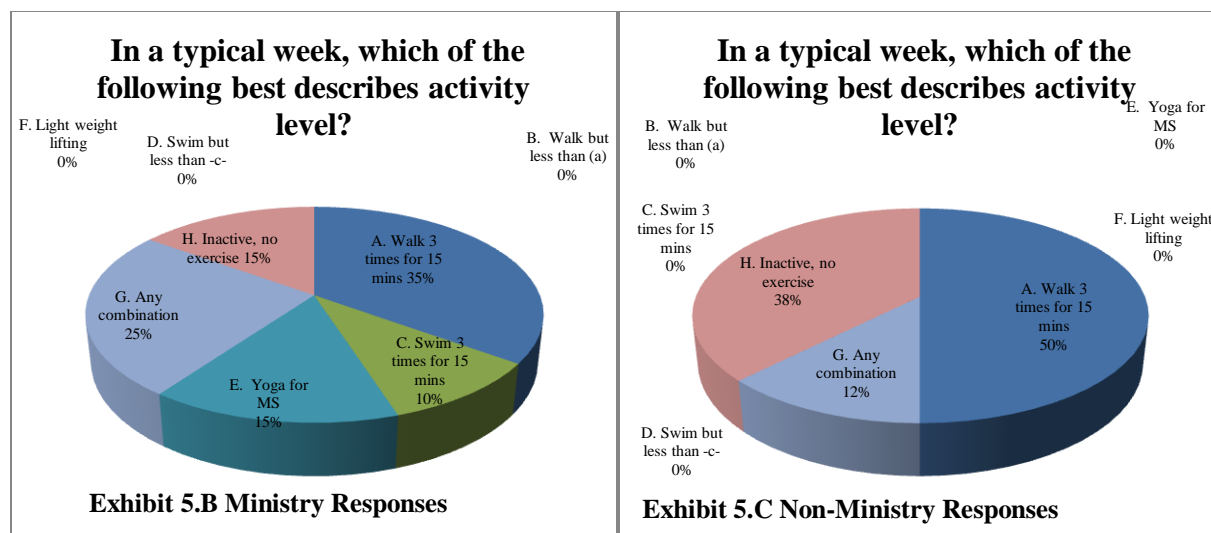


Exhibit 5.B and 5.C show the results from the responses received from the ministry and non-ministry categories. All respondents in the ministry category report they participate in some type of physical activity each week. However, in the non-ministry category, 38% reported they do not participate in any physical activity during the week. These results also support the conclusions in the model for physical sustainment.

A factor that must be taken into consideration with MS patients and exercise concerns the heat factor. Extreme exercise increases core body temperature. Nerves have a myelin coating around them that protects them from a rise in temperature. However, since the myelin coating in MS patients is damaged because of the disease, the rise in body temperature intensifies the symptoms and may trigger a relapse. Because of these factors it is necessary to determine the appropriate exercise program. As with any exercise program, the patient should seek medical advice prior to beginning. “An exercise program needs to match the abilities and limitations of the individual. A physical therapist who has worked with people with MS can design a well-balanced exercise program.”³⁶ This writer, with the help of a trainer specialized in MS therapy,

³⁶ Maria M. Myer and Paula Derr RN. *The Comfort of Home: Multiple Sclerosis Edition*. (Portland, OR: CareTrust Publications, LLC, 2006) 245.

developed a program to maintain physical endurance. The program has been maintained for a period of three years.

One of the first areas to consider is balance. Balance problems can be a major symptom with the MS patient. Due to the fact that muscles burn more energy in order maintain balance, exercises designed to improve balance will reduce weakness.³⁷ One of the common symptoms of MS is spasticity, which is muscle stiffness normally in the calf, thigh, buttock area, groin region, and occasionally the back.³⁸ This symptom can be reduced by physical therapy, medications, and stretching exercise. Physical therapy and medications are costly. However, anyone can develop a series of stretching exercises that can be done at home. Stretching exercises will help to reduce the effects of balance related issues. Water therapy is extremely beneficial because the buoyancy of the water allows the body to move freely and with less energy. Water therapy is particularly good for MS patients because of the limited range of movement.

Yoga is also a prescribed exercise program for MS patients which allows for stretching, relaxation, and movement. “Yoga is an exercise system and a method to achieve the union of your individual self with the you who is much bigger, such as your spiritual self, your true self, or your soul.”³⁹ There are several different forms of Yoga that will help the patient in concentration as well as energy. The type that has proven most effective for this writer is Hatha Yoga. This type focus on balancing the energy levels in the body. The principles of Hatha Yoga include cleansing and purifying the organ and muscles. It involves stretching and relaxing the muscles and joints. The principles will improve balance and posture. The exercise focuses on

³⁷ Schapiro, 131.

³⁸ Ibid. 34.

³⁹ Ravi Dykema. *Yoga for Fitness and Wellness*. (Belmont, CA: Thomson Higher Education, 2006) 3-4.

breath control and increasing the capacity for breath and oxygen. The body movements and positions are relaxing to the point of forgetting the pain. It allows for meditation to help improve positive thoughts and decrease the negative thoughts.⁴⁰ “Clinical studies have shown that patients who do Yoga have fewer hospital visits and less need for drug therapy...Analysts at the University of Virginia reviewed seventy of the studies and concluded in 2005 that Yoga shows promise as a safe and cost-effective intervention.”⁴¹ In addition a study was conducted in 2011 that received support from physicians in Taiwan that involved the benefits of Yoga in the improvement of balance and slow deterioration of the spinal regions. Thirty-six people were studied. The results of the study revealed that the people who participated in Yoga over a period of time had significantly less degenerative disease than the control group.⁴² The reason for the decision was because the physicians agreed that spinal flexing may have caused beneficial nutrients to flow into the vertebrae region of the back. They also concluded that the repeated compression and tension of the disks stimulated healing and growth factors that limited the aging process and effect of degenerative disease.⁴³

Swimming and water aerobics are an excellent source of exercise. Most people have access to a pool year-round. The water has an added benefit of providing resistance through buoyancy. Walking is an excellent means of exercising for the MS patient. As the disease progresses, walking may become an issue. It is important to the MS patient to maintain some form of independence and walking provides help in this area. Walking also encourages the

⁴⁰Ibid. 36.

⁴¹ William J. Broad. *The Science of YOGA: The Risks and the Rewards*. New York, (NY: Simon & Schuster, 2012.) 40.

⁴²Ibid. 41.

⁴³ Ibid.

patient to continue on and not giving up. “The longest-lived peoples in human history usually walked everywhere they went, trailed their animals and herds, hunted wild game on foot, built rugged shelters, or cultivated fields at an active pace each day with intermittent periods of rest.”⁴⁴ This writer implemented a program that can be completed at the gym, but also while traveling or at home.

The Benefits of Proper Diet for the MS Patient

“A very coherent picture of the effect of dietary fat in MS development and progression emerges from many papers in reputable medical journals. There is also substantial literature on the distribution of MS world-wide and how it relates to diet, particularly fat consumption. The most important research, however, is the life-long work of Professor Roy Laver Swank of the Swank Multiple Sclerosis Clinic in Portland, Oregon, in the USA.”⁴⁵ Swank concluded that the incidence of MS appeared to be higher with the consumption of saturated fat, particularly from dairy products. The study looked at how the consumption of fat in the USA had increased during the twentieth century. In 1909, people in the US consumed on average 125 grams of fat per day. This rate had risen by 1948 to 141g. In 1972, the percentage of fat grams consumed per day had risen to 150g. This rate of consumption was even higher in Western Europe. In addition to these increases, the percentage of calories derived from fat increased to over forty percent. From the results of the study, Swank showed that the daily fat intake in countries correlated with how many cases of MS were diagnosed.⁴⁶ Swank’s study spanned a total of thirty-four years. Patients who had been diagnosed with MS were placed on a special diet plan. Dr. Swank monitored

⁴⁴ Jordan S. Rubin. *The Makers Diet*. Lake Mary, FL: Siloam, 2005.

⁴⁵ <http://www.overcomingmultiplesclerosis.org/Recovery-Program/Diet/>. Accessed January, 2013.

⁴⁶ Roy L. Swank, MD, PhD and Barbara B. Dugan. *The Multiple Sclerosis Diet Book*. (New York, NY: Doubleday, 1987) Location 203 of 8578.

these patients during the course of the study. Many of the patients were not able to maintain the strict requirements of the diet. The study, one of the most detailed in the study of MS, was funded through grants and supported by the MS Societies of the United States and Canada. In addition, a number of papers were written and published in some of the world's major medical journals providing hope to people suffering with MS.⁴⁷ Only six of the participants were lost in detail for whatever response. However, seventy-two patients maintained the diet and consumed less than 20g of saturated fat per day. The remaining seventy-two did not stick to the diet plan and could not remain below 20g of fat per day.⁴⁸ In order to apply a basis for the study, a neurological disability scale was utilized. The scale ranged from 0 (essentially unimpaired) to 6 (deceased). Point 1 on the scale represented normal performance physically and mentally. Point 2 on the scale represented a mildly impaired performance. Point 3 represented a severely impaired performance. Point 4 on the scale represented the necessity for a wheelchair. Point 5 represented a confinement to a bed and chair.⁴⁹

The results of the study determined that regardless of the level of disability at the beginning of the study, those who maintained good eating habits and maintained the diet program did not significantly deteriorate due to complications with MS. The positive results appeared at each level of the scale. On the other hand, those patients in the study who did not maintain the diet deteriorated at a more rapid pace with many ending up in a wheelchair. The level of activity also decreased. The death rate among those patients who did not stick to the program was extremely high. Fifty-eight of the seventy-two people died prematurely. Forty-five

⁴⁷ Ibid. Location 1208 of 8578.

⁴⁸ Ibid.

⁴⁹ Ibid. Location 1220 of 8578.

of those deaths were attributed to complications with MS.⁵⁰ In addition, those who did not maintain the diet during the course of the study reported lower levels of activity. As a person's activity level decreases, weight gain may become a problem. Weight gain could also trigger symptoms due to the increased energy needed to move. In addition to this factor, certain foods can actually trigger MS attacks. Foods such as beef, shell fish, foods rich in acid, and products made from yeast or whole wheat can increase inflammation in the body and trigger attacks. "All pain is ultimately due to inflammation."⁵¹ As food can cause inflammation, food can also be seen as a powerful drug that can bring the body back to a state of wellness.⁵²

Through a better understanding of how proper nutrition helps the MS patient; the journey will become easier. If a proper dietary plan is followed by the MS patient, he will be able to think better, perform better, look better, and ultimately feel better. Thinking clearly comes about as the blood glucose levels are stabilized. Increased energy will result as the body fat decreases. As weight is lost, a feeling of self-esteem will develop. Stress levels will decrease because of the decrease in excess levels of cortisol.⁵³ Water is necessary in everyone's diet but becomes even more important for those suffering with chronic illness. The water helps to eliminate toxins in the body, prevents dehydration, and provides a source of energy. "A person's quality of life can often be improved by focusing on those aspects of health that can be changed. Good health has a lot to do with what you do each and every day. Eating right and being physically active are areas

⁵⁰ Ibid. Location 1404 of 8578.

⁵¹ Dr. Barry Sears. *The Anti-Inflammation Zone*. (New York, NY: Harper Collins, 2005) 5.

⁵² Ibid. 7.

⁵³ Ibid. 148-149.

in which you can be in control.”⁵⁴ A sample diet plan that has been adopted by this writer can be found in APPENDIX D.

In addition to the diet plan, this writer sought herbal and ancient remedies to help with inflammation and pain. Yerba Mate, a green tea that originated in the jungles of South America, provides a natural antioxidant. It has become more of a social drink among South Americans. The tea is prepared in a dried gourd. Loose leaves are placed in the gourd and hot water poured over the leaves. A straw, or bombilla, is used to drink the tea. The server prepares the tea and drinks the first round. He then pours more water in the gourd and passes it to the next person who drinks from the same straw. This process continues until all have participated. The ingredients come from a dried evergreen tree or shrub. The tea aids in digestion, inflammation, weight loss, blood pressure regulation, migraine headaches, fatigue, provides energy, circulation, and other medical benefits.⁵⁵ In addition to these health benefits, drinking the yerba mate provides time of mediation and relaxation.

The Benefits of Personal Time for the MS Patient

Stress does not come as a result of MS, it also triggers symptom relapses. Stress may impede the ability to cope with daily events. Stress not only affects mental health, it also affects physical health. Personal time is necessary in order to step back, evaluate, and energize. The following steps will help make personal time sacred. One of the first steps is to establish boundaries. “The concept of boundaries comes from the very nature of God. God defines himself as a distinct, separate being, and He is responsible for Himself.”⁵⁶ Since we are created

⁵⁴ Myer and Derr 242.

⁵⁵ Barrett, John. *The Pan American Union*. “Yerba Mate: The Tea of South America”. Washington Government Printing Office, 1916.

⁵⁶ Dr. Henry Cloud and Dr. John Townsend. *Boundaries*. (Grand Rapids, MI: Zondervan, 1992) 35.

in His image, we also need to establish boundaries in order to complete what God has planned for us to accomplish. People suffering from MS not only need to establish boundaries for other people; they must also respect the boundaries of others. Saying no seems to be a confrontational word at times. However, most people do not understand MS. The patient does not look sick every day. The problem comes when they overdo an activity. The person with MS needs to understand his or her limitations and say no when it is appropriate. On the other hand, there are times of need. The patient with MS should understand that others have a life of their own and respect the boundaries of others as well. Examples of boundaries include personal Bible study time, family time, rest time, personal meditation time, and other important times that are established with the help of a person's inner circle. One of the benefits of having healthy boundaries is it gives the person the ability to be emotionally attached to other people without giving up a sense of self and the identity they have when apart. Another benefit is the ability to say no when it is appropriate without fear of losing the friendship, support, or love. It also gives the ability to accept no when it is appropriate without withdrawing and becoming depressed.⁵⁷

The MS patient needs to learn to relax. MS patients have a natural tendency to worry. Changes come every day that may be different and unrecognized. Every relationship changes when the diagnosis is made. Finances and employment may become a concern. Many thoughts run through the patients mind. Paul reminds us in Romans, *"What then, shall we say to this? If God is for us, who can be against us? He who did not spare His own Son, but gave Him up for us all-how will He not also, along with Him, graciously give us all things?"*⁵⁸ Again in 2 Timothy, the Christian is reminded, *"For God did not give us a spirit of timidity, but a spirit of power, of*

⁵⁷ Ibid. 75.

⁵⁸ Romans 8:31-32, NIV.

love and of self-discipline.”⁵⁹ There is no need to worry. “Stress is not the circumstance; it is our response to the circumstance.”⁶⁰ All the difference is made in the circumstance depending on what type of reaction is made. When the stress response becomes negative, it places the body in distress. If the distress is resolved little damage is noticed. However, many people hold to stress and allow it to consume them. This becomes destructive.⁶¹ Setting priorities will help a person relax. If everything is important, then how can everything get accomplished with the same passion in order to maintain balance? Priorities allow the person to put the most important things first, set boundaries on the rest, and move toward balance in their life.⁶² With MS patients, symptom attacks trigger stress and depression.

A great way to promote relaxation is to engage in a fun activity. This seems crazy to even consider, especially when the symptoms take over and make it impossible to feel good. However, the activity takes the mind off of the circumstance. It may only be a movie, spending time with a spouse, reading a book, or going to a ballgame. It may be difficult to mobilize, but once you are there, the activity takes over. This also gives power over the symptom and the patient will feel better through it. In a study conducted at The University of Michigan in 2008, researches looked at the level of learning and rest that could be accomplished after a period of refreshing and a period of fatiguing the brain. The results of the study revealed that people learned significantly more after a walk in nature than a walk in a dense urban area.⁶³ Downtime allows the brain to take a break. It allows negative thoughts to have a chance to re-compute.

⁵⁹ 2 Timothy 1:7, NIV.

⁶⁰ Dr. Richard A. Swenson. *Margin*. (Colorado Springs, CO: NavPress, 2004) 44.

⁶¹ Ibid. 45.

⁶² Ibid. 186-188.

⁶³ Agus, David B. MD. *The End of Illness*. (New York, NY: Simon & Schuster, Inc. 2011) 255.

Everyone needs a time-out. Relaxation is the body's desire and paradise. As the attacks come, the body seeks refuge. When too many forces converge, the paradise becomes unbalanced.⁶⁴ Part of this simply becomes mind over matter. "When you become mentally convinced that you can make a come-back from any adversity, then all of your creative forces will come to your aid."⁶⁵

The Benefits of Memory and Cognitive Help for the MS Patient

Since approximately one-third of MS patients suffer with cognitive difficulties, it is also necessary to exercise the brain. As memory becomes difficult, steps can be taken to help in this area. It is recommended that all MS patients record in a journal everything that is happening to them. This can also be used as a record in the event it becomes necessary to appeal the disability process. It also allows the patient to record exactly how he is feeling at a particular point in time. It also allows them to track changes in symptoms over time. By recording the thoughts and circumstances, they will be able to develop a pattern to the disease and have a better understanding of how to persevere through the attacks. As short term memory is affected it becomes difficult to remember appointments, events, or other items that used to be remembered easily. Post-it notes can become the best memory jogger. This writer placed post-it notes all over the house and office. Do not be embarrassed about logging notes. The calendar program on the Apple iPhone can also be used to log important information. The phone will send a reminder when it is time. Practice- MS patients may need extra help during the times when speech becomes a problem, walking is not possible, and taking care of normal routines. The best alternative is to practice. Practice repeating difficult words. Utilize word charts or elementary

⁶⁴ Ibid. 293.

⁶⁵ Dr. Laina Turner-Molaski. *MS Project: Orange is the New Pink. Volume I.* (United States, 2011) Location 515 of 2485.

spelling books. Practice walking with a cane, holding on to something, or with other aids in order to gain strength. The important thing is to actively try. Classes could be an alternative. As the ability to reason and make decisions are affected, it may become necessary to do something that will force cognitive thinking. This writer enrolled in seminary classes because he needed an extra incentive to keep thinking. Seminars, Bible studies, puzzles, and hobby classes all provide a means to exercise the brain. The point is that if the muscles are not exercised, they will deteriorate. The same principle applies to the brain; without exercise it will deteriorate.

Other Thoughts

Many people believe that when they accept Christ as their Savior, all the problems they have experienced are now over. The truth is that many times they pick up a few. In reading Scripture it is easy to see that Jesus Himself experienced stress. He was upset as He watched Mary and Martha grieving over Lazarus. He was in distress as He was waiting on the cross and waiting for Judas to betray Him. He was distressed in the temple. But as His death came near, Jesus comforted His disciples by saying *“Do not let your hearts be troubled. Trust in God, trust also in me. In my Father’s house are many rooms; if it were not so, I would have told you. I am going there to prepare a place for you. And if I go and prepare a place for you; I will come back and take you to be with me that you also may be where I am.”*⁶⁶ “We need to return to this passage whenever we are besieged by worry. Remember, Jesus didn’t say these words as He stood beside a Galilean stream on a sunny day, without a care in the world. He said them as He stood near the jaws of hell itself.”⁶⁷ While circumstances of life seek to take the focus away and draw us from where God wants us to be, the Holy Spirit wants us to exercise our faith in God

⁶⁶ John 14:1-3, NIV.

⁶⁷ Dr. David Jeremiah. *Living With Confidence In A Chaotic World*. (Nashville, TN: Thomas Nelson, 2009) 5.

and know that when we trust Him, our faith will be rewarded. “When you live according to His principles, He will bless your obedience. He stands ready to reward your desire to follow Him.”⁶⁸

The person going through the suffering of MS may feel they have stepped on a landmine. All their hopes and dreams are blown away with the diagnosis. But God always has a much greater plan in mind for the lives of His called out ones. The reward is greater and the service much more fulfilling.

⁶⁸Charles F. Stanley. *Landmines In The Path of the Believer*. (Nashville, TN: Thomas Nelson, 2007) 115.

CHAPTER FOUR-CONCLUSIONS

The Blessings Found in Adversity

Adapting to any chronic illness begins the moment the symptoms first appear. Whether the adapting involves the healing process or the DMT program; the person who has been diagnosed is faced with life changing decisions. As the symptoms appear, the initial thoughts might be to ignore the symptoms. As the symptoms continue and increase in severity, the initial denial may lead to fear and apprehension. This fear many times leads to behavioral changes that may lead to a break down in personal relationships. With MS, the fear and stress will become worse over time until all the tests are completed and the official diagnosis is provided. When the diagnosis is made, the patient may feel relieved that the problems were not manifestations in their own mind. Unfortunately, this period of relief and acceptance does not last. Because MS is a disease of many unknowns, anxiety will increase as the symptoms persist. Depression occurs as the patient sees his or her life changing around them. This depression leads to grief. Out of despair and anger, these feelings are directed at those vital relationships that are the most important: family, friends, and co-workers.

As the depression increases in the person with MS, many times they will not be able to sleep, eat, or even feel they can continue to care for themselves. These symptoms lead to a loss of self-esteem. They are faced with life changing decisions. They may begin to feel they are worthless and their lack of independence will place an undue burden on their family. The patient must understand that all these phases are normal. However, they must also realize that a diagnosis of MS is not a death sentence or an opportunity to withdraw from main stream society. The diagnosis of MS can be a blessing in the midst of adversity. If allowed, the pain can cause the patient to fall into an endless cycle of hopelessness. When pain is felt because of the disease, the pain itself intensifies the hopelessness. The less hopeless the patient feels, the fewer

endorphins and enkephalins are released. As fewer chemicals are released biologically, the person's ability to feel hope is diminished. The cycle can only be broken by sparking a sense of hope.¹

This writer has experienced all these cycles since the diagnosis of PRMS. When the diagnosis was given, the immediate thought was of denial. There was no way that God would allow this to happen; especially since we were part time church planters. How would the family survive on small endowment? How would the bills be paid? There was a \$1500.00 mortgage, three car payments totaling approximately \$1500.00, credit cards, our son's college expenses, and other bills. The situation was hopeless. With the total cost of testing and treatments, it would be impossible to survive. On top of these thoughts, the loss of a successful career was thrown in the mix. As the depression increased every day worrying how the family would survive, God's presence was evident. He provided hope by taking care of our needs. As Jeremiah 29:11 was burned into my heart and mind, "*For I know the plans I have for you, declares the Lord, plans to prosper you and not to harm you, plans to give you a hope and a future,*"² His plan began to unfold. It was hard trying to survive but in the midst of the MS, God was always there preparing the passage and taking care of daily needs.

As others are serving in the ministry in the same position as this writer, some do not have the hope they need to survive. Maybe the hope was lost in the midst of the suffering. There are others who have MS who are not in the ministry, some maybe who have never accepted Christ as their Savior, who have lost hope. They need a spark to re-light their flames of passion for life and maybe spread that passion to others who are discouraged. This passion transcends to love and a

¹ Jerome Groopman M.D. *The Anatomy of Hope: How People Prevail in the Face of Illness*. (New York, NY: Random House, 2004) 255.

² Jeremiah 29:11, NIV

burden for the lost. God can and will use the weak to fulfill His purposes. The purpose of this project is to present a situation experienced by a real person who was able to keep the flame burning by the grace of God. This model can be used by anyone suffering with a chronic illness to live life to the fullest while serving the creator God.

The Problem Restated

Since MS has many symptoms that appear differently with each patient, the diagnosis is difficult. The central nervous system is attacked which affects different parts of the body. Some of the cases come on slowly but they never improve. As soon as the symptoms appear, the person's lifestyle is changed forever. Most people who are diagnosed with MS are afraid to disclose the disease to their employer for fear of suffering the consequences and maybe losing the job. "Given the wide range of medical and psychological symptoms that can accompany MS, the unpredictable disease course and related adjustmental issues, and the negative impact that the illness can have in virtually every aspect of life, it is not surprising that employment and career development are prominent concerns for people with MS."³ If the disease is disclosed, many churches and the International Mission Board will reject the person's application because of the potential cost and medical care needed. This also becomes an issue in the secular work force. Patients with MS are many times temporarily unemployed at various times during relapse periods. "More than ninety percent of Americans with MS have employment histories; that is, they have worked at some time in the past. Some sixty percent were still working at the time of the diagnoses, even given the lengthy time period that often intervenes between the onset of initial symptoms and confirmed diagnosis. As the illness progresses, however, people with MS experience a sharp decline in employment. It is estimated that only twenty to thirty percent of

³ Phillip D. RumRill Jr. and Mary L. Hennessey and Steven W. Nissen., *Employment Issues and Multiple Sclerosis*. (New York, NY: Demoss Medical Publishing Co. Inc., 2008) 19.

Americans with MS are employed fifteen years after diagnosis, and only thirty-five to forty-five percent of people with MS in the United States are currently employed.”⁴ Even more recently, people that have been diagnosed with progressive forms of MS are least likely to be employed. It has also been discovered that people that have persistent relapsing symptoms of MS are more likely to be unemployed than those with other forms of MS. The study also found the employer’s attitude greatly influenced the person with MS’s decision to disclose the disease to their employer.⁵ As a person’s livelihood is attacked, their sense of well-being and self-worth decrease. The patient should understand that life will be tougher, but the diagnosis is not a death sentence. In fact, the disease can be used as a testimony to reach others to the gospel message. Using this model of sustainment, modifying to individual needs, and committing to a positive lifestyle change, the person with MS will have a tool to turn the obstacles into opportunities.

Multiple Sclerosis can be diagnosed in six different forms. The most common forms of MS include RRMS, SPMS, PPMS, and PRMS. All these types are defined as resulting in symptoms that occur without notice and present themselves in moderate to severe attacks. There is currently no cure for MS; however, DMT’s are available for patients with MS. “The National MS Society has developed a practice guideline stating, in summary, that those with MS should be treated as soon as a diagnosis is made and a relapsing course is established.”⁶ The most prescribed DMT’s today are the A-B-C drugs: Avonex, Betaseron, and Copaxone. Copaxone has been shown to be effective in most cases of MS and presents the least side effects of any of

⁴ Ibid. 20.

⁵ Ibid. 25-29.

⁶ Randall T. Schapiro, M.D. *Managing the Symptoms of Multiple Sclerosis 5th Edition*. (New York, NY: Demos Medical Publishing Co. Inc., 2007) Location 347 of 3598.

the other DMT's.⁷ The problem becomes financial due to the fact that the Copaxone costs an average of \$5,500.00 per month.

The Theory Restated

As previously mentioned, this project is designed with pastors, missionaries, and other Christian workers with MS in mind. In the research process, respondents were surveyed who have MS and serving in some type of ministry. In order to gain a comparison, some of the respondents are not serving in the ministry but have MS. The goal was to provide a motivational tool to help those ministry workers with MS to use their disability to the glory of God. While the project is specific to those serving in ministry, this project can serve as a motivational tool that can be used by those patients with MS who are not serving in the ministry find a method of physical sustainment that will improve their current quality of life. Because of the nature of the hypothesis, the project did not cover in detail all the symptoms of MS and the affects to the patient and family. The side effects were not covered in detail. The discussion was focused on more of the social consequences to the disease and how the patient deals with the symptoms.

God will often permit suffering, just as He is allowing it in this writer's life. "God is the one who takes suffering like a jackhammer and breaks apart the rocks of resistance. He takes the chisel of the pain and the bite of the hardship and chips away at one's pride. And then sufferers are driven to the cross by the overwhelming conviction that they have nowhere else to go. No one is naturally drawn to the cross. Human instincts do not naturally lead people there."⁸ Suffering can increase the believer's desire to seek God and serve Him for a greater need. God's power will always be revealed in weakness. This promise is given in I Peter. *And the God of all*

⁷ Ibid. Location 331 of 3598.

⁸ Larry J. Waters and Roy B. Zuck. *Why, O God? : Suffering and Disability in the Bible And the Church*. (Wheaton, IL: Crossway, 2011) Location 256 of 7290.

*grace, who called you to His eternal glory in Christ, after you have suffered a little while, will Himself restore you and make you strong, firm and steadfast.*⁹ According to this passage, “people who suffer with disabilities can be the best symbol of truth from God’s Word. It becomes ministry of redemption. If the cross can be viewed as a symbol of hope and love instead of torture and degradation; then a disability can be redeemed from a symbol of pity and confinement to representation of an intimate relationship with Jesus Christ.”¹⁰ Since MS is a relatively new disease, many of the symptoms affects are still relatively unknown. No two patients suffer the same symptoms in the same way. Because of this is becomes even more important to determine a support system and faith structure in order to sustain the physical and emotional attacks. That sustainment will serve as a positive testimony to the Gospel of Christ.

The Diagnosis is Made, Now What?

The diagnosis is difficult to make due to the multitude of symptoms. As brain lesions are discovered from MRI testing, the diagnosis period begins. The brain lesions do not normally cause MS symptoms to occur; however, they can cause problems with cognition and memory. Early symptoms of the disease may present itself in various forms. Numbness of the extremities, vision problems, weakness, spasticity, and lack of coordination may be apparent in the early stages. Numbness is normally one of the first symptoms recognized by the affected person. In the early stages of the disease, a lack of coordination and loss of balance is normal in most cases. This may develop in one or both legs. It normally becomes necessary for the affected person to use support devices such as a cane, crutch, or other device. As the symptoms develop, the first reaction by the affected person is normally embarrassment as they have difficulty in walking, standing, or maintaining balance. This writer has experienced many of these symptoms

⁹ I Peter 5:10, NIV.

¹⁰ Ibid. Waters and Zuck, Location 301 of 7290.

and continues to struggle with a progressive form. In the past twelve months, nine months were recorded as some form of relapse or corrective action. This writer has suffered a stress related heart attack, eight documented relapse attacks, and two surgeries to correct the feet due to problems associated with MS. Even with these things occurring, it is not an option to give up. “Three of the keys to living with MS are to be prepared, to be informed and to never, never, never, never give up.”¹¹ The goal is to learn how to be a survivor instead of being a victim to the disease. It is necessary in the process to have knowledge of your own body in order to recognize the warning signs that an attack is imminent. Although the attacks cannot be avoided, they can be managed. It is how the attacks are managed that people recognize around the MS patient. The diagnosis of MS forced this writer to simplify his life and search for balance. Being diagnosed at the age of forty-seven was a shock especially since the disease is more prevalent in women than men in this age group. The significant detail overlooked by physicians was that this writer has an aunt and a cousin with different forms of MS. Even though MS is not considered to be a hereditary disease, family history does have a part. Another demographic factor in the diagnosis of this writer that led to further research was the geographic factor. The further away from the equator, the higher the rate of MS.¹² This factor may be influenced by the amount of vitamin D from sun exposure the population experiences. Along with this, many alternative medicines derived from the jungle were taken for centuries by the South American people.

Testing takes several months after the diagnosis to complete for an accurate determination of MS. Several types of MRI's are completed in order to obtain a positive

¹¹ HowExpert.com. *How To Live With Multiple Sclerosis: Your Step-By Step Guide to Living with MS*. (www.HowExpert.com, Copyright 2011) Location 98 of 1231.

¹² Jeff T. Bowles. *Why Is There No Multiple Sclerosis At The Equator?: How Brazilian Doctors Are Curing MS In 6 Months With High Dose Vit D3*. (Publishing Information not provided in Kindle purchase from Amazon, 2013) Location 2 of 8846.

diagnosis. Laboratory tests also include a spinal tap in order to test the amount of antibody production within the spinal column. Other tests conducted include a number of blood tests, reflexology testing, brain wave conduction testing, and other testing directly related to nerve sensitivity. After laboratory profile has been completed, a clinical profile is developed. This profile records the number of attacks and the description of each attack. The profile records all symptoms related to the diagnosis as well as the responsiveness of the patient.

As the diagnosis becomes more and more accurate, a patient can be classified into one of the four main forms of MS as described previously in chapter four. In normal cases, as the patient ages and the disease progresses, symptoms of pain, fatigue, cognitive and memory difficulty, and bladder and bowel problems will become more evident. Many times the pain is due to inflammation. The pain comes in a wide range of types and may appear without notice. Because the symptoms appear sporadically, it becomes difficult in the treatment. Some of the symptoms may cause the patient to be immobilized, making it difficult to maintain a normal work schedule. The associated fatigue requires a lifestyle adjustment. This affects all areas of the patient's life. "The habits and routines that have been performed without thinking for so many years can now seem exhausting. For one thing, many of these activities consume high levels of energy. Showering is akin to aerobic activity. In the shower, you stand, bend, reach, and move your arms and legs nonstop for a period of time. Then you get out of the shower and perform the same motions by drying off... This has just been a complete aerobic workout."¹³ Emotions also

¹³ Nancy A. Lowenstein. *Fighting Fatigue in Multiple Sclerosis: Practical Ways to Create New Habits and Increase Your Energy*. (New York, NY: Demos Medical Publishing Co. Inc., 2009) Location 152 of 2338.

eat up valuable energy and lead to fatigue. “Anger, depression, and stress all require large amounts of emotional energy.”¹⁴

These effects are not the only associated problems that arise after the diagnosis. When a person is diagnosed with MS, every relationship in that person’s life will be changed forever. Loved ones react in different ways. Many of the reactions that occur are the same emotions that the patient has. These emotions affect interactions and any care that is necessary for the patient. One person with MS wrote, “I left the clinic with two feelings; relief for knowing what I had, and an underlying grief because things would never be the same. I was in better shape than my husband and cousin, though. They walked out with heavy hearts. They kept telling me how brave I was. This was not bravery. This was my life.”¹⁵

In addition to these emotions, as it becomes more and more difficult to maintain a normal work schedule, applying for disability benefits may become necessary. The process of filing for disability can be a frustrating and lengthy process. Simply filing for disability may be viewed by some people as shameful. Since symptoms are not always easily recognized, people tend to judge those who are on disability as living off the government for no reason. This writer was approved for disability after two long years of struggle. The best thing out of the process was a mindset change. This writer tends to notice more and more those people who unnecessarily park in the handicapped spots. They place the placard in the window and go where they want. Many appear to have no sign of disability. This causes those who need the space to walk further distances. This writer has a parking placard; however, it is only used on those days where symptoms make it difficult to walk. This is not a matter of pride; it is a matter of doing what is right. Small things

¹⁴ Ibid. Location 226 of 2338.

¹⁵ Marlo Donato Parmelee. *Awkward Bitch: My Life With MS*. (Central Milton Keynes, UK: AuthorHouse UK LTD, 2009) 134.

make a difference to the disabled person. Parking sometimes is not a small thing. Being created in the image of God, every person deserves to be treated with dignity and respect regardless of their abilities. However, God has created people with abilities that may seem to fall outside the socially acceptable range. Because of this, people with disabilities are needed in the ministry. It should never be viewed as shameful or embarrassing to apply and ask for help. MS is a humbling disease. The patient and caregiver cannot manage on their own resources. Support assistance is necessary at times and they must be encouraged to ask. It may be that God is using them to perform an even greater miracle.

One of the greatest challenges facing people who have been diagnosed with MS is finding the best way to live with the form of MS they have. It is easy to just give up and allow the symptoms to control the patient, instead of facing the disease head-on and turning the challenges into opportunities. As with any chronic illness, MS can become the identity of the person who has it. Their reaction to the relapses will also determine the reactions they received from caregivers, family, friends and peer groups.

The program in this project has been effective in controlling the relapse attacks, physical sustainment, and emotional and spiritual development of this writer over the last four years. The project has combined holistic and Spiritual factors in order to develop a plan for a better quality of life. The basis of the plan was to maintain a balance in life. This meant prioritizing, eliminating, consolidating, and streamlining activities in all areas.¹⁶ It was necessary to review finances, insurance and look for ways to make the home more accessible. The plan required a change in diet and exercise and resting when it became necessary. The plan involved asking for

¹⁶ Shelly Peterman Schwarz. *Multiple Sclerosis: 300 Tips For Making Life Easier*. (New York, NY: Demos Medical Publishing Co, Inc., 2006) 1.

help when it was needed and utilizing technology and labor saving devices.¹⁷ The diagnosis of the disease changed everything in this writer's life. The problem was more than the disease. The problem in this writer's life was that he had never fully surrendered to the will of God and allowed Him to control every aspect of life. This was a period of deep emotional struggles as it is with any MS patient. God's timing is always perfect. The first blessing this writer experienced after the diagnosis of MS was that God's timing is always perfect and right on time no matter what the circumstance or situation. During a time where material wealth had become an idol, this church planter lost site of the meaning of service. The second blessing was the loss of employment due to the MS. It was only then this writer experienced the brokenness that caused him to fall on his knees at the cross. Looking back to Jeremiah 29:11; this disease was not a surprise to God. It was written in the blue prints of this writer long before time began. In His wisdom and majesty, He knew that this writer would need this wake-up call in order to experience the needed life change. The third blessing of this disease was not only was this writer's eyes open to Spiritual matters, his eyes were opened to the suffering of others which is a large part of the ministry God has called him to. For those people suffering from MS, you will suffer frustration trying to pray and read God's Word. You will lose focus on everything when an attack occurs. But at that point the desire to be close to God will overpower the frustration and point you in the right direction. MS is no match for God."¹⁸ It is in the lowest points of life that God works best. It no longer matters that the symptoms are bringing pain and suffering, what will matter is that God is forever present and providing comfort.

¹⁷ Ibid. 2.

¹⁸ Jane Reed. *Blessed with MS*. www.blessedlifeministries.com (Published by Blessed Life Ministries, 2011) 27.

Summary of the Survey Results

In order to show the effectiveness of the plan: a survey was completed that involved respondents were serving in the ministry as well as respondents who do not serve in the ministry. The first step of the process was to develop a survey of ten questions that identified the type of MS the person was diagnosed with and the symptoms experienced. In addition to the information collected in regard to the person's occupation, questions were asked in regard to the level of activity they participated in during the week. A question was asked as to how the patient feels other people react to them in regard to the symptoms. The follow-up to this question was how do they want people to react to them during attacks? The final question asked the amount of time spent in daily Bible study, prayer, meditation, and devotion. This is important to the final results and will prove the benefits of spiritual growth to physical healing. The surveys were forwarded to thirty people who have been diagnosed with MS and twenty responded. This survey was completely confidential and there were no names recorded anywhere on the survey or response. Participants were selected on the basis of personal knowledge, publications from the MS Society of America, and MS World. MS World is an online social network comprised of people who have MS or caregivers of those patients with MS. The risks were communicated to each participant and a listing of support centers was provided to them in the event of personal emotional stress as a result of a renewed awareness of their condition. Three categories of response were recorded which included total responses, ministry responses, and non-ministry responses. The intended result was to show the differences in physical sustainment between the ministry and non-ministry categories. All results can be reviewed in APPENDIX A.

Of those respondents serving in the ministry, 33% have been diagnosed with PRMS, compared to only 12% from the non-ministry category. This is an important distinction because

with this type of MS it gradually worsens over time. Therefore, it becomes even more important to adapt to a new lifestyle that will lead to physical sustainment. Of the respondents serving in the ministry, 25% have been diagnosed with either RRMS or SPMS. In comparison with those respondents not serving in the ministry, 75% have been diagnosed with RRMS and only 13% with SPMS. This is also a vital comparison due to the relapsing attacks that occur during the course of the disease. Many of these attacks are debilitating in nature and lead to depression, withdrawal, and effects the patient's entire way of life. As the stress level increases, the symptoms become worse and this leads to more stress. It is important to learn to cope with these problems. Eventually, these problems turn outward and effect key relationships. Depression develops on the inside, forcing anger and irritability to the outside. This anger tends to alienate friends, family, and peers when their encouragement and support is vitally important. As the brain cells are affected, many times this causes the patient to lose memory, have difficulty with cognitive skills, and personality changes occur. All respondents returning the surveys reported suffering with fatigue as this is a dominant symptom in all MS cases. Many times it becomes necessary to offset the fatigue with other medications such as Provigil, vitamin B, an herbal remedies. This writer has been drinking Yerba Mate as a supplement. "Unlike many pharmaceuticals, herbs have multipurpose, multi-effective applications; they aren't limited in action to a narrow physiological effect."¹⁹ "Yerba mate cleanses the blood, decreases the appetite, and stimulates the mind, the respiratory system, and the nervous system. It is said to help users better tolerate hot, humid weather...It is often used to improve memory and concentration and delays the buildup of uric acid in the body."²⁰ This writer drinks the tea for a

¹⁹ Brigitte Mars, A.H.G. *Healing Herbal Teas*. (Laguna Beach, CA: Basic Health Publications, Inc., 2006) Location 299 of 1759.

²⁰ Ibid. Location 1071 of 1759.

variety of applications. Yerba Mate targets depression, headaches, inflammation, high blood pressure, low blood pressure, obesity, toxicity, stress, chronic pain, diabetes, allergies, arthritis, and inflammation.

Impaired mobility presents a problem when walking becomes necessary. According to the results reported, only half of the ministry workers reported problems with mobility while all the non-ministry workers reported problems with mobility. The remaining symptoms of sexual dysfunction, slurred speech, spasticity, swallowing disorders, chronic aching pain, depression, and cognitive problems were all reported at higher rates within the non-ministry respondents. All of these symptoms could be due to the type of MS the ministry workers have been diagnosed with as well. However, the symptom that stands out the most is depression. 100% of the non-ministry workers reported they have a problem with depression. Only 42% of the non-ministry workers reported a problem with depression. Faith is necessary to combat the feelings of depression. Depression comes with a loss of hope and a feeling of despair. The writer of Hebrews proclaimed *Now faith is being sure of what we hope for and certain of what we do not see.*²¹ Exercising faith eliminates the feelings of depression as the believer knows that eternal healing is coming. The results revealed the non-ministry respondents all reported negative attitudes and responses to symptoms and the relapse attacks. 63% of the respondents reported they would withdraw and become depressed during symptom relapses. 63% also reported their attitude affects others negatively during the symptom relapses. Instead of seeking spiritual help for relief, 63% said they just dealt with it and moved on. On the other hand, none of the ministry respondents reported experiencing bouts of depression and withdrawal. They also did not report having attitudes that affected others. 70% reported seeking spiritual help during the relapse

²¹ Hebrews 11:1, NIV.

attacks lessened the effects of the relapse. 25% of the respondents reported during attacks they would take part in a Christian related service project to take their mind off the symptom. As the psalmist proclaimed, *If I say, Surely the darkness will hide me and the light become night around me, even the darkness will not be dark to you; the night will shine like the day, for darkness is as light to you.*²² Whatever the MS brings, the person who relies on his or her faith to get through the attacks, may suffer here in this life but a greater reward will be coming. As the light of God shines around them, the suffering will seem like nothing. Paul reminds us in Romans, *And we know that in all things God works for the good of those who love Him, who have been called according to His purpose.*²³ This is a direct correlation to the differences in reactions and symptom responses between the ministry workers and non-ministry workers. The results were expected based on the reactions of this writer. Those people who walk in a closer relationship Jesus Christ have a more positive attitude to the effects of the MS than those who do not. Even though the non-ministry workers did not report whether or not they were Christians, they did not report seeking any form of Spiritual help. This was an intended approach to the survey because this writer felt that if they had responded as to their Spiritual maturity, they may have felt they needed to respond differently to the Spiritual question.

In regard to the respondent's perceptions of how they feel people react to them and how they want people to react toward them presented the same expected outcome. 75% of the ministry respondents reported they felt they were treated with empathy by their friends, family, and peers. However, no one in the non-ministry category felt they were treated with empathy. On the other hand, 50% felt they were treated with sympathy compared to only 33% in the ministry category. 50% of the non-ministry respondents felt that people treated them with pity. None of

²² Psalms 139:11-12, NIV.

²³ Romans 8:28, NIV.

the ministry responses reported this feeling. Surprisingly, 13% of the non-ministry workers felt they were supported even though they did not have the necessary ability. On the other hand, 25% of the ministry workers made this claim. This could be due in part to misreading the question. The first part of the response insinuated support. 25% of the non-ministry workers reported they felt people had a fear of being around them. None of the ministry respondents reported this fear. 17% did however report that people seemed to be anxious around them. 38% of the non-ministry respondents reported this claim. On the positive side, 42% of the ministry workers felt that people treated them as a healthy person; only 13% of the non-ministry workers reported this. In addition, 58% of the ministry respondents reported that their family, friends, and peers were understanding and supportive of their needs. None of the non-ministry respondents made this claim. On the other hand, no matter which category responded, all respondents want their friends, family, and peer's to be empathetic to their needs. They all wanted people close to them to be supportive, but not sympathetic. They also did not mind helpfulness; however, they did respond they wanted to be allowed to perform according to their own abilities. They all wanted to be seen as a person and not as a person with a disease. They all responded they wanted to be able to express times of need as opposed to being viewed as always in need. They all desired honest relationships where people would not be anxious, but standing by during the good and bad times. They also desired support, but not overprotectiveness.

In the final question of the survey, respondents were asked to record the time amount of time they normally spend in Bible study, devotion, talking with a support person, meditation, and prayer. Again, the respondents were not asked whether or not they were Christians. All ministry related responses reported time spent in Bible study, devotion, meditation, and prayer. On the

other hand, only two of the non-ministry respondents reported seeking any type of Spiritual help during symptom attacks. This provides a direct correlation with the hypothesis of this project.

The Model of Success

This writer in an effort to change the negative impact developed a model that has proven to be effective while serving in the ministry after a diagnosis of MS. The plan began with a set of goals. The goals included seeking God, praying in faith, never turning back, and reaching out to others. These goals have been accomplished by spending time every day with God in Bible study and devotion. Each day begins in prayer, followed by Bible study and meditation, more prayer. The Lord's Prayer is used every day to begin the time alone with God. This time is planned for six a.m. every day. This is the best time of day, and God deserves the best.

In order to serve God, it was necessary to adjust activities in order to limit fatigue and pain. An exercise program was developed to provide strength to make it through the day. With the help of a trainer specialized in MS therapy, this writer developed a program to maintain physical endurance. The program has been maintained for a period of three years. Balance was a major symptom for this writer. A series of stretching exercises were developed to help with balance. In addition, YOGA was prescribed by the neurologist that helps with strength, balance, and breathing. "Regular, moderate physical exercise is good for the body, mind and spirit. For those with MS, exercise is an important tool to help maintain function, mobility, and help manage symptoms such as depression, fatigue, and weakness."²⁴ The neurologist also prescribed swimming therapy. The local YMCA provides water aerobics classes that are beneficial because of the resistance provided by the water.

²⁴ Lori Newell. *The Book of Exercise and Yoga for Those with Multiple Sclerosis: A Program To Improve Balance and Manage Symptoms of Pain and Fatigue*. (Montauk, NY: Living Well Yoga and Fitness, 2011) Location 116 of 1848.

In addition to the Spiritual growth and exercise, it is necessary to review diets and determine the type of foods that should be eliminated. It was determined for this writer that meat would have to be eliminated. Fish is acceptable. All fruits and vegetables are fine to eat except for tomatoes, dried beans, and spinach. Milk was eliminated as well as all milk products. In addition to the diet plan prescribed by the physician, every Monday is scheduled as a day of fasting.

In order to provide help in the areas of cognitive thinking and memory, mind exercises are performed. This writer returned to school in order to maintain a structured level of intense learning. Memory aids are utilized such as post-it-notes, phone reminders, calendar notations, and a small notebook to write down daily reminders. A journal is used every day to record symptoms, reactions, thoughts, and feelings. This information is then used to log relapse details that can be used by the physician. This information was also used by the judge who made the final decision in regard to disability. A detailed listing of the model this writer developed and continues to use can be found in APPENDIX. APPENDIX B covers the Bible study and devotional model. APPENDIX C covers the exercise program. And APPENDIX D covers a detailed diet plan.

Final Thoughts

This project has focused on a model of sustainment for the person suffering with MS. However, it should be recognized that part of that sustainment comes from significant relationships. It is important that caregivers not neglect their own physical health. A good plan of action would be to join the patient on the journey. Following the proper diet plan, implementing an exercise program, and growing spiritually by committing to daily Bible study, the caregiver can take steps to remain strong. Both the caregiver and the person with MS deserve to have

healthy partners along the journey.²⁵ It is also good to invite friends and peers into the steps of the journey. This helps with understanding and support. A simple checklist can be used by the person with MS that will help to decrease anxiety.

- Be realistic. Make small changes over time. Small steps can work better than giant leaps.
- Be daring and try new foods.
- Be flexible. Balance food intake with physical activity over several days. Don't focus on just one meal or one activity each day.
- Be sensible and practice not overdoing it. Listen to your body.
- Be active and choose activities that you enjoy and that fit into the rest of your life.²⁶

Recognizing that any life change requires some mental resilience, even when you are in the best of health, this project was designed to focus on Spiritual maturity and faith as the foundation of developing a holistic model of physical sustainment. “When confronted with a diagnosis of a life-challenging illness, people will respond in differing ways. First, many people take a hands-off or do it to me approach. They deal with the emotional trauma of the diagnosis as best they can, but ultimately they rely almost entirely on medical interventions that can be made by their doctor or surgeon. They become like spectators. A second common response is to react in a state of panic. The patient tries everything and visits anyone who has been suggested as having a cure to their illness. The third approach is like that of a successful athlete. He chooses the best coach he can get, the successful health recovery will involve the best medical advice, together with optimum and proven approaches to mind, emotion, nutrition and exercise so that

²⁵ Maria M. Myer and Paula Derr RN. *The Comfort of Home: Multiple Sclerosis Edition*. (Portland, OR: CareTrust Publications, LLC, 2006) 159.

²⁶Ibid. 244.

the body's own self-healing abilities are maximized."²⁷ This project is structured in a way to look at the personal experience of this writer as a testament of credibility. This writer chose Jesus Christ as his coach. Paul wrote to the Corinthians, *No I beat my body and make it my slave so that after I have preached to others, I myself will not be disqualified for the price.*²⁸ As the coach instructs, guides, and provides strength, this church planter who has MS will continue to follow the game plan until the coach calls for a replacement. That work will not be complete until the final game is over. In addition, this writer sought medical advice from MS specialists from Duke University and the North Carolina Baptist Hospitals before deciding on the neurologist who would be treating this illness. With his guidance and the help of a physical trainer, the plan was placed in motion for holistic healing looking at every area of life. As a means of instruction for those people who have been newly diagnosed, a history of MS was discussed that included the forms of MS, symptoms of MS, and the current FDA approved disease modification therapies available. A discussion of the problem was applied to show the social consequences of people who have been diagnosed with MS. This problem was then broken down into a series of questions and forwarded to thirty people who have been diagnosed with MS. From the results, information was obtained that provided credibility to this writer's claims. From this information, a holistic and Spiritual model for physical sustainment was provided to show those who suffer with MS they can have a better quality of life than what they might believe. God's desire is not for anyone to give up, but to lean on Him for strength. He desires that we give Him glory, honor, and praise in every circumstance of our life. Until that happens, we are living in disobedience. MS can be a blessing to others just as it has this writer. MS was a blessing that saved the life of

²⁷ Dermot O'Connor. *The Healing Code*. (Dublin, Ireland: Y Books, 2011) Location 112 of 4102-Location 127 of 4102.

²⁸ I Corinthians 9:27 (NIV).

this church planting pastor who would have given up, walked away, and cursed the name of God. Instead, His mighty hand touched this body and applied the grace that is sufficient for sustainment. Instead of the goals stated in the model, the final goal is on the horizon. This writer is striving to run the race well, share with whoever will listen to this testimony, and preach the Gospel of Christ as long as God desires. The goal is the finish line to hear the words from Jesus, *“Well done, good and faithful servant. You have been faithful with a few things. I will put you in charge of many things. Come and share your master’s happiness.”*²⁹

²⁹ Matthew 25:21, NIV.

APPENDIX A

Research Questions and Results

1. What form of Multiple Sclerosis have you been diagnosed with?
 - a. Relapsing-Remitting Multiple Sclerosis (RRMS)
 - b. Secondary-Progressive Multiple Sclerosis (SPMS)
 - c. Primary-Progressive Multiple Sclerosis (PPMS)
 - d. Benign Multiple Sclerosis
 - e. Progressive-Relapsing Multiple Sclerosis (PRMS)
 - f. Malignant Multiple Sclerosis

Response	Total Responses %	Ministry Responses %	Non-Ministry Responses %
A. Relapsing-Remitting MS	45%	25%	75%
B. Secondary-Progressive MS	20%	25%	13%
C. Primary-Progressive MS	10%	17%	0%
D. Benign MS	0%	0%	0%
E. Progressive-Relapsing MS	25%	33%	12%
F. Malignant MS	0%	0%	0%

2. Which of the following professional categories best describe your position?
 - a. Pastor
 - b. Missionary
 - c. Other Christian related ministry
 - d. Not serving in the ministry

Response	Total Responses %	Ministry Responses %	Non-Ministry Responses %
A. Pastor	20%	33%	0%
B. Missionary	30%	50%	0%
C. Other Christian related ministry	10%	17%	0%
D. Not Serving in the Ministry	40%	0%	100%

3. Which of the following treatment plans for Multiple Sclerosis are you currently taking?

- | | |
|--------------|------------|
| a. Avonex | e. Extavia |
| b. Betaseron | f. Gilenya |
| c. Copaxone | g. Other |
| d. Rebif | h. None |

Response	Total Responses %	Ministry Responses %	Non-Ministry Responses %
A. Avonex	20%	25%	13%
B. Betaseron	0%	0%	0%
C. Copaxone	55%	58%	50%
D. Rebif	20%	8%	37%
E. Extavia	0%	0%	0%
F. Gilenya	0%	0%	0%
G. None	0%	0%	0%
Other	10%	17%	0%

**Note: One respondent from the “Ministry” category; stated they are also taking chemotherapy treatments through an IV drip. Another respondent from this category stated in addition to the prescribed DMT the doctor had prescribed, they were also taking alternative treatments such as using Ginkgo Biloba, vitamins, and drinking green tea.*

***Note: The percentage totals for the “Total Responses %” and “Ministry Responses %” do not add to 100%. This is because some of the respondents take more than one DMT.*

4. Which of the following symptoms of Multiple Sclerosis do you currently suffer with? Check all that apply.
- | | |
|------------------------|---|
| a. Fatigue | h. Impaired mobility |
| b. Visual disorders | i. Sexual dysfunction |
| c. Numbness | j. Slurred speech |
| d. Dizziness/vertigo | k. Spasticity (leg stiffness) |
| e. Bladder dysfunction | l. Swallowing disorders |
| f. Bowel problems | m. Chronic aching pain |
| g. Weakness | n. Depression |
| h. Tremor | o. Mild cognitive and memory difficulties |

Response	Total Responses %	Ministry Responses %	Non-Ministry Responses %
A. Fatigue	100%	100%	100%
B. Visual disorders	20%	17%	25%
C. Numbness	60%	42%	88%
D. Dizziness/Vertigo	45%	25%	75%
E. Bladder dysfunction	25%	17%	38%
F. Bowel problems	15%	8%	25%
G. Weakness	80%	67%	100%
H. Tremor	65%	33%	100%
I. Impaired Mobility	65%	50%	100%
J. Sexual dysfunction	10%	8%	13%
K. Slurred Speech	10%	8%	25%
L. Spasticity (leg Stiffness)	60%	42%	88%
M. Swallowing disorders	10%	0%	25%
N. Chronic aching Pain	85%	75%	100%
O. Depression	65%	42%	100%
P. Mild cognitive/memory diff	65%	58%	75%

**Note: The percentage totals for each type of response do not add to 100%. This is due to the fact that each respondent suffers from multiple symptoms. Therefore, each symptom should be analyzed by its own merit.*

5. In a typical week, which of the following best describes activity level?
- Walk at least three times a week for 15 minutes
 - Some walking, but less than in (a)
 - Swim at least three times a week for 15 minutes
 - Some swimming, but less than in (c)
 - Yoga for Multiple Sclerosis
 - Light weight lifting
 - Any combination of walking, swimming, yoga, or weight lifting
 - Inactive, no exercise program

Response	Total Responses %	Ministry Responses %	Non-Ministry Responses %
A. Walk 3 times for 15 mins.	35%	25%	50%
B. Walk but less than (a)	0%	0%	0%
C. Swim 3 times for 15 mins.	10%	17%	0%
D. Swim but less than c	0%	0%	0%
E. Yoga for MS	15%	25%	0%
F. Light weight lifting	0%	0%	0%
G. Any combination	25%	33%	12%
H. Inactive, no exercise	15%	0%	38%

6. During symptom relapses, which of the following best describes your reaction? Check all that apply.
- Withdraw and become depressed
 - Increased pain causes an attitude change that affects others
 - Seek spiritual help for relief
 - Participate in service or other project to take your mind off the relapse
 - Deal with it, move on

Response	Total Responses %	Ministry Responses %	Non-Ministry Responses %
A. Withdraw/depressed	25%	0%	63%
B. Attitude affects others	25%	0%	63%
C. Seek Spiritual help	60%	100%	0%
D. Service or project	15%	25%	0%
E. Deal with it, move on	40%	17%	63%

**Note: The percentage totals for each type of response do not add to 100%. This is due to the fact that each respondent may have multiple reactions. Therefore, each reaction should be analyzed by its own merit.*

7. Have you ever been denied employment, insurance, or disability benefits because of Multiple Sclerosis? Yes or No

Response	Total Responses %	Ministry Responses %	Non-Ministry Responses %
A. Yes	65%	67%	75%
B. No	35%	33%	25%

8. Which of the following best describes how your family, friends, and peers treat you in regard to MS symptoms? Check all that apply.
- With empathy.
 - With sympathy.
 - With pity.
 - Too helpful, attempts to do everything for you.
 - Support you, but feel that you do not have the ability to perform.
 - With fear of being around you.
 - With anxiousness around you, uncomfortable.
 - Accommodating only because they feel they have to.
 - As a healthy person free from MS.
 - With understanding and support of your needs.
 - None of the above.
 - Other _____

Response	Total Responses %	Ministry Responses %	Non-Ministry Responses %
A. With empathy	45%	75%	0%
B. With sympathy	40%	33%	50%
C. With pity	20%	0%	50%
D. Too helpful	40%	50%	25%
E. Support, no ability	20%	25%	13%
F. With fear around you	5%	0%	25%
G. With anxiousness	30%	17%	38%
H. Accommodating	30%	17%	38%
I. As a healthy person	35%	42%	13%
J. Understanding and support	30%	58%	0%
K. None of the above	5%	0%	13%
Other	25%	8%	75%

**Note: One respondent from the “Ministry” category stated that he/she felt his/her family, friends, and peers sometimes avoided the issue and acted like they did not notice but it was obvious they did. There were numerous “Other” responses from the “Non-Ministry” category and listed below:*

- *Nervous, ask too many questions and try to show me they are concerned.*
- *Don't think they want to be around me sometimes and sometimes I don't want to be around myself.*
- *They don't want me to do too much and I have a nurse that comes daily.*
- *They expect me to get up and go no matter how I am feeling*
- *They think I am crazy, think I just want sympathy.*
- *Wife constantly tells me I am doing too much.*

****Note:** The percentage totals for each type of response do not add to 100%. This is due to the fact that each respondent may feel that his/her family, friends and peers have several reactions toward them. Therefore, each reaction should be analyzed by its own merit.

9. Which of the following best describes how you want family, friends, and peers to treat you in regard to MS symptoms? Check all that apply.
- a. Empathetic.
 - b. Not sympathetic, but supportive and understanding of your needs.
 - c. Helpful, but allow you to perform with your own abilities.
 - d. Understanding and accommodating because of who you are as a person, not what disease you have.
 - e. Allow you to express times of need rather than assuming that you are always in need.
 - f. Instead of being anxious, being honest with you during symptom flairs ups.
 - g. Supportive and concerned but not overprotective.
 - h. As a handicapped person.
 - i. None of the above.
 - j. Other _____

Response	Total Responses %	Ministry Responses %	Non-Ministry Responses %
A. Empathetic	100%	100%	100%
B. Not sympathetic, supportive	100%	100%	100%
C. Helpful,	100%	100%	100%
D. Understanding	100%	100%	100%
E. You express needs	100%	100%	100%
F. Being honest	100%	100%	100%
G. Not overprotective	100%	100%	100%
H. As a handicapped person	0%	0%	0%
I. None of the above	0%	0%	0%
Other	15%	0%	25%

***Note:** Two respondents from the "Non-Ministry" category stated that he/she wanted his/her family, friends, and peers to help them by encouraging them. This person stated they did not want up, they wanted emotional support, someone to cry with them and not throw them out when the going was rough. They also wanted people to believe them when they said they were hurting.

****Note:** The percentage totals for each type of response do not add to 100%. This is due to the fact that each respondent may want his/her family, friends and peers to respond to their symptoms in several ways. Therefore, each reaction should be analyzed by its own merit.

10. Currently, how much time daily do you spend in the following areas:

- a. Bible Study _____
- b. Devotion _____
- c. Talking to a support person (family, friend, accountability partner) _____
- d. Meditation _____
- e. Prayer _____

APPENDIX B

Model for Bible Study, Devotion, Meditation, and Prayer

Before you begin this journey, take an honest assessment of your daily habits. Currently, how much time daily do you spend in the following areas?

- Bible Study
- Devotion
- Talking to a support person (family, friend, accountability partner)
- Meditation
- Prayer

These things I have spoken to you, that in Me you may have peace. In the world you will have tribulation; but be of good cheer, I have overcome the world. (John 16:33, NKJV)

1. Begin every day with prayer. Try to establish a determined time each day and make this a habit. A life changing experience will occur if you pray fifteen, thirty, forty-five or sixty minutes each day. When we begin the day in prayer, we are coming into the very presence of God. There are many models for a personal quiet time. One of the most effective models is to use the Biblical model. Establish a place for prayer. This should be away from distractions. Set a realistic goal that you will be able to keep, but add some stretch in to it. This writer has established a pattern of prayer of one hour every day broken up into four fifteen minute segments. On Monday morning, this writer schedules one hour for prayer in the morning devoted to praise, thanksgiving, and petitions for the coming week.

A Guide to Establishing an Effective Prayer Time

- Begin each day by praying the Lord's Prayer. "By saying the Lord's Prayer, in one minute we could express everything that we needed to say to God. We don't leave anything out."¹
- Pray the Scriptures and specific prayers associated with them. For example, the prayer of Nehemiah is found in Nehemiah 6:9. "Nehemiah prayed '*They were all trying to frighten us, thinking, Their hands will get too weak for the work, and it will not be completed. But I prayed, Now strengthen my hands.*' God does not make it easy on His people. Just because we are trying to do as God wants does not mean that we will be immune to problems, frustrations, and attacks. Just the opposite is true. Yet, Nehemiah fought on by fighting from his knees."²

¹ Elmer L Towns. *How To Pray When You Don't Know What to Say*. (Ventura, CA: Regal Books, 2006) 21.

² Dave Earley. *The 21 Most Effective Prayers of the Bible*. (Uhrichsville, OH, 2005) 103.

- Pray the names of God. For example, Yahweh Rophe, The Lord who heals. God is the source of all healing. “As you pray to Yahweh Rophe, ask Him to search your heart. If He reveals sin in your life, take the time to ask forgiveness and then pray for healing.”³

Claim the provision of El Shaddai and rest in His presence. “God is not just a powerful creator who is far removed from believers. He is as close as a mother or a shepherd. Along with this comes obedience. If you do not sense that God is using hardships in your life to move you closer to Him or to reveal un-confessed sin, it may indicate that you aren’t really His child.”⁴

2. **Develop a habit of studying the Bible every day.** One day in an attempt to trick Jesus, the Sadducees used Holy Scriptures to question Jesus about the afterlife. Jesus responded to them “*Are you not in error because you do not know the Scriptures or the power of God?*”⁵ “This is still true today; the Scriptures are God’s primary means of disclosure. We cannot expect to know God if we do not know his Word. Heart knowledge goes with head knowledge.”⁶

The Scripture gives us all we need. In 2 Peter, we find the promise that God will take care of our needs when we have learned about Him and have a relationship with Him. *His divine power has given us everything we need for life and godliness through our knowledge of him who called us by His own glory and goodness.*⁷ “Many people underestimate God’s Word. It is far more powerful than many realize. From Genesis to Revelation God’s Word has the power to speak directly to a person’s heart. By the Holy Spirit, God takes His written Word and applies it specifically to people’s lives.”⁸ This writer utilizes the reading plan located in the Word of Life Quiet Time Journal. This method allows for reading through the Bible within one year. The following plan is based on this writer’s method of study.

A Guide to an Effective Bible Study

- When studying God’s Word, it is good to have several translations in order to compare the wording.
- A good Bible commentary can be used in order to receive an understanding of the context and scholarly opinion.
- A journal should be used to write down what is revealed during the study.

³ Ann Spangler. *Praying the Names of God*. (Grand Rapids, MI: Zondervan, 2004) 98.

⁴ Elmer L. Towns *My Father’s Names*. (Ventura, CA: Regal Books, 1991) 49-52.

⁵ Mark 12:24, NIV.

⁶ Stan Guthrie. *All That Jesus Asks*. Grand Rapids, MI: Baker Books, 2010.

⁷ 2 Peter 1:3, NIV.

⁸ Henry and Richard Blackaby. *Hearing God’s Voice*. (Nashville, TN: Broadman & Holman, 2002)91.

- Several different color highlighters can be used to highlight key points and link other passages together. It is also helpful to write reference verses in the margins.
 - Reading through the Bible and Bible study are two different things. For Bible study, it is good to select a particular passage and spend time studying the passage and then meditating until the Spirit reveals understanding.
 - At the same time, following the plan to read through the year is helpful in that the reader is reading through Scripture. It also reveals other passages the Spirit places upon your heart to study further.
 - Bible study would not be complete unless a life application is applied. As the Spirit reveals explanation, ask the Spirit to help you see a life application. This may come in the form of sin being revealed. When this happens, the reader should stop and ask forgiveness.
 - The study can be used in prayer time as well to pray over the Scriptures as mentioned previously.
 - There are many good Bible study tools that are helpful. Online studies, printed media, devotional guides, and others are all helpful. However, the plan that is chosen should be taken from Biblical and doctrinally correct information.
 - Lifeway Christian Book Store would be an excellent resource to start any Bible study plan.
3. **Spend time in devotion every day.** “To stay focused on the Lord, you have to discipline your mind, which naturally wants to dart from one thing to the next. When you find your thoughts beginning to drift away from the Lord, make a conscious effort to refocus on Him...Once you train your mind to focus on the Lord, any location can become a place of worship. Even in the midst of a turbulent, chaotic day, you can focus on the Lord and hear his soothing voice.”⁹

God has a way of speaking through circumstances. Unless our heart is prepared, we may miss what God has said. In Colossians, the writer reminds us “*Since then you have been raised with Christ, set your hearts on things above, where Christ is seated at the right hand of God. Set your minds on things above, not on earthly things*”.¹⁰ This writer carries a devotional guide every day. The devotional book used is from Word of Life and comes complete with a Bible study guide, note pages, and reference notes. During the day, normally at lunch, the devotion for the day is read and notes are made in an accompanying journal. This is done separately from the daily prayer time and Bible study. The devotion is used for rejuvenation in the middle of the day.

⁹ Ibid. 243-244.

¹⁰ Colossians 3:1-2, NIV.

A Guide to an Effective Daily Devotion

- Select a devotional that can be easily carried.
- Purchase a journal to record thoughts and revelations.
- Take time to read the daily devotion and write in the journal how you can apply it to your life and how God spoke to you.

4. **Meditate on the Word and what has been revealed to you.** “Christians face the constant temptation of treating God’s Word lightly. It is incredible to think that Almighty God speaks to us through His Word, yet we casually skim the Bible before racing off to our first appointment. Meditation is God’s invitation to take his Word seriously.”¹¹

God says in Jeremiah 29:13: *You will seek me and find me when you seek me with all your heart.*¹² As you meditate, you are inviting God to explain His word to you and reveal Himself to you. You are asking Him to open your heart, mind, and soul to His instruction. This means staying with the Scripture until the Holy Spirit enlightens you with the meaning and application.¹³ This writer spends fifteen to thirty minutes during Bible Study in meditation each day.

A Guide to Effective Meditation on God’s Word

- Take time and do not rush.
- This may be a time of worship. It is fine to have soft music playing as your focus is drawn to God.
- Select an amount of Scripture that is reasonable and will maintain your attention.
- Allow God to lead. You may begin in one passage, but the Spirit directs you to another passage.
- Consider each word as you read the passage. Sometimes the simplest words will have the greatest meaning.
- Consider each phrase, reading it several times.
- Consider the text carefully.
- Ask the Spirit to reveal the truth in the passage to you.
- Seek the Spirit’s application for your life.¹⁴

5. **Talk to an accountability partner.** 2 Kings 6 relates the story of Elisha who was helping a young prophet who had lost his edge. The young man was cutting wood by the river and the head of the ax broke off and fell into the river. He cried out in desperation to Elisha that the ax was borrowed. He had lost his edge. Elisha calmly asked where he had lost the edge, broke a stick, and lifted it out. *The man of God asked, “Where did it*

¹¹ Ibid. 107.

¹² Jeremiah 29:13, NIV.

¹³ Ibid. Blackaby.

¹⁴ Ibid. 108-109.

fall?” When he showed him the place, Elisha cut a stick and threw it there; and made the iron float. “Lift it out”, he said. Then the man reached out his hand and took it.¹⁵

We all need someone to help us find our edge. “Elisha’s response to the young prophet gives us simple steps to take when we realize we’re swinging hard at life but our effectiveness is slipping away. Or maybe has already sunk out of sight.”¹⁶ “Jesus had friends with Him as He prayed in Gethsemane, Peter, James, and John was His accountability partners, people with whom He could be transparent and from whom He could receive encouragement.”¹⁷ If Jesus needed accountability partners then how much more do we need them? In Ecclesiastes, Scripture tells us *“Two are better than one, because they have a good return for their work. If one falls down, his friend can help him up. But pity the man who falls and has no one to help him up!”*¹⁸ This writer has an accountability partner that I love and trust with my life. We communicate daily either by text, email, or phone. Many times it is simply in prayer that we commune. We meet once a week and talk openly about our life. We ask questions of each other to make sure that we are staying on track. We are honest with each other.

A Guide to an Effective Accountability Relationship

- Select a partner you can trust. Everyone cannot keep confidential information.
- Commit to meet at least once per week. However, commit to pray for each other daily.
- Be prepared to be honest and to accept honesty. The purpose is to confess your temptations with each other in order to avoid the temptation. However, be prepared for the truth when you don’t want to hear it.
- Ask questions of each other in regard to their temptations. Be specific.
- Be prepared to accept the consequences of not adhering to God’s word and the honesty of your friend.
- Allow time for both partners to share, don’t control the conversation
- Open and close the meetings with prayer.

When implementing any study and devotional time, start with a commitment. Pray and ask for guidance to begin the plan. Ask for help in maintaining a schedule and then schedule the time with God and understand this time is sacred. Nothing is more important. God is a God of covenants and when a covenant is made it will require sacrifices. God will honor those sacrifices as we are obedient.

God’s Word:

- Produces results
- Carries a cost

¹⁵ 2 Kings 6:6-7, NIV.

¹⁶ Steven Furtick. *Greater*. (Colorado Springs, CO: Multnomah Books, 2012) 149.

¹⁷ Barry C. Black. *The Blessing of Adversity*. (Carol Stream, IL: Tyndale House Publications, 2011) 177.

¹⁸ Ecclesiastes 4:9-10, NIV.

- Changes lives
- Brings life
- Tests us
- Requires understanding
- Holds promises
- Gives guidance
- Requires meditation¹⁹

Lord Jesus, My desire is to know you more. In order to know you more, I need to spend more time with you. Lord as I begin to study your Word, I pray that your Spirit will impress upon me meaning, purpose, and where it should be applied in my life. Lord I ask for guidance through your Word. Lord I pray that through your word, you will change this life and change other lives through me. Today Lord, I commit to spend time daily with you in the following areas:

- Bible Study _____
- Devotion _____
- Talking to a support person (family, friend, accountability partner)_____
- Meditation_____
- Prayer_____

Lord I ask your blessings on this request and I pray for protection for the enemy as he will seek to take this time away. In the name of Jesus Christ I pray, Amen.

¹⁹ Ibid. Blackaby 109.

APPENDIX C

Model for an Effective Exercise Program

It is recommended for the MS patient to participate in at least 30 Minutes of vigorous exercise five days per week.

- Stretching- All exercises completed daily.
 - Sitting stretch- The exercise is performed by sitting upright in a chair while placing a belt, towel, or rope under the foot of one leg and lifting up to an outstretched position while pushing against the object with the foot. This exercise targets the ankle and calf muscles. After ten repetitions, the same series is completed with the other leg.
 - Lying on back stretch- The exercise is performed by lying flat on the floor and placing the belt, towel, or rope under one foot and lifting the leg upward to as close to a 45 degree angle as possible. This stretches the thigh muscles. After 10 repetitions, the series is completed using the other leg.
 - Lying on stomach stretch- The exercise is performed by lying flat on the stomach on the floor. The rope, towel, or belt is placed underneath the foot while lifting the leg upward. Force is placed against the object which stretches the calf muscles. This exercise also stretches the lower back muscles as the pressure is applied. After 10 repetitions, switch legs and repeat.
- Water Aerobics- Three times weekly
 - The best option for success is to obtain a membership from the local YMCA or gym in the area. At the YMCA, water aerobics classes are offered several times during the week. Some of the programs are free depending on the type of membership is obtained. The classes all last thirty minutes to one hour each. The class is designed around the needs of the members of the class. After the class has finished, free swim time is normally available. It is good to swim and allow the muscles to relax after the workout. Swimming is also available year round and makes it possible to get the exercise in during the winter months. If a pool is available outside during the summer, this would be beneficial due to the added benefit of Vitamin D from the sun.
- Yoga- Three times weekly
 - Pelvic tilt in modified corpse pose- This pose is good for relieving lower back pain and help to build strength in the lower back. The exercise is performed by lying flat on the floor and placing one or two bed pillows under the knees so they bend with heels of the feet flat on the floor. The pelvis should be tilted so that the lower back is near the floor. The pelvis should be so close to the floor that a flat hand cannot slide easily between the pelvis and floor. Place a rolled up hand towel under the neck in order to support the arch. Hands should be placed on the upper thighs or hips with

- the elbows resting on the floor. Once in position, move the pelvis slightly in circular movements gradually. After several movements, lift the pelvis higher off the floor and hold in position for a few seconds. Continue until the position can be held for a period of ten to fifteen seconds. After two or three minutes, pull the knees slowly toward the chest and using hands, pull legs closely into the chest. Hold for a few minutes and slowly return to the original position. Perform two repetitions of this pose. Return to original position and remove pillows from underneath the knees.
- **Belly turning pose-** This pose is good for strengthening lower back muscles and pelvic muscles. It is also good for love handles. The exercise is performed by lying flat of the back with arms stretched out flat to each side. The legs should be together. When in position, bend the legs up with knees bent turning to the left side. The head should turn to the right side. During this combined motion, the back should remain as flat to the floor as possible. Hold the position for ten to fifteen seconds and return to the starting position. Immediately reverse the move to the other side. After five repetitions, return to the original position. Pull the legs straight up while placing hands on the toes. With the hands pushing down on the toes, stretch the legs away from the body keeping the legs as straight as possible. Hold position for a few seconds and return to the original flat position.
 - **Incomplete plow pose-** Still lying flat, place the elbows on the floor. Place hands on the hips while raising the hips off the floor. Stretch legs back over the head position. Hold this position for a minute or two before returning to the original position.
 - **Child pose-** After completing the previous pose, roll over on the stomach. The exercise is performed by rising up to a sitting position resting on the knees and calves. Bend over till the forehead touches the floor pulling the arms back resting on the floor with the hands by the feet. Pressure is applied as the hands reach for the toes with the forehead still touching the floor. After a minute, return to the sitting position and move the arms forward with the forehead touching the floor and the arms stretching as far forward as possible without moving the head. Hold position for a minute. Complete three repetitions and return to the starting position.
 - **Tiger breathing-** After completing the previous pose, move into a position where the body is on hands and knees. The exercise is performed by stretching the back upward as far as possible with removing the knees and hands from the floor. The face should be looking forward. During this exercise, as the back moves up, a deep breath is taken. Hold the position as long as the breath can be held. Lower the back when exhale is necessary. Repeat for five to ten repetitions. Return to the original position.
 - **Cricket action-** This exercise is performed from the same position as the tiger breathing pose. When in the proper position, stretch the right leg out and upward reaching for the sky. Remain as straight as possible. Hold for a count of ten and return to the original position. Perform the same routine on the left leg. Repeat for five to ten repetitions. After completion, return to original position.

- Sitting side bend- The exercise is performed by sitting on the floor with legs folded in place in front of the body. Place arms over the head and join hands with the palms upright. Begin by leaning as far to the right as possible, holding for a count of ten to fifteen. Repeat on the left side. Repeat of five to ten repetitions.
- Squat pose- Stand from the sitting position and maintain a straight posture. Spread feet slightly apart and bend the knees. The arms should be raised above the head with the hands placed together palm to palm. Slowly bend the knees while stretching the hands upward. Hold for a few seconds before returning to the standing position. Repeat for two or three repetitions.
- Warrior pose- The final pose of the workout is the warrior pose. Begin by getting down on the floor with one leg stretched backward straight with toes supporting on the floor. The hands should be on the floor with the arms stretched straight. The other leg should be pulled forward, bent with the chin resting on the knee. The exercise is performed by lifting the upper body and head straight, while pushing back on the outstretched leg. The arms should be raised pushing off the floor by the fingertips. The leg the chin was resting on should not move. Hold for a few seconds and return to the original position. Repeat for three to five repetitions. Return to the original posture. Switch leg positions and repeat the process. To complete the routine, stretch both legs back with feet on the floor and push the buttocks up with the hands flat on the floor. Hold for a few seconds before bending knees to touch the floor. Slowly stand.
- Walking- Three times weekly

Walking is a great exercise to relieve stress and anxiety. If a sidewalk is available, this is a good option. If not, the local mall is an excellent place to walk. Many malls open before hours which make it easier to make the circles. The MS patient, if physically able, should walk a minimum of fifteen minutes three times per week. A treadmill is an excellent option at home to walk.

APPENDIX D

Model for an Effective Diet Plan

Foods That Should Be Eaten:

- All vegetables
- All fruits
- Nuts, legumes, seeds, pulses and grains (this includes most pastas, rice, oats, corn, and barley. Whole wheat should be avoided)
- White fish. (Shell fish and Salmon should be avoided due to the levels of purine that may cause inflammation.)
- Egg whites

Using these ingredients, healthy meals can be planned. This list also provides a guide that can be used while eating away from home. This diet should be reviewed with the physician. Some vegetables such as dried beans may cause inflammation.¹

Foods That Should Not Be Eaten:

- Meat, including processed meat, salami, sausages, canned meat
- Eggs except for egg whites
- Dairy products (that is, avoid milk, cream, butter, ice cream and cheeses. Low fat milk or yoghurt is not acceptable. Soy products or rice or oat milk are good substitutes).
- Any biscuits, pastries, cakes, muffins, doughnuts or shortening, unless fat-free
- Commercial baked goods
- Prepared mixes
- Snacks like chips, corn chips, party foods
- Margarine, shortening, lard, chocolate, coconut and palm oil.
- Chocolate (Cocoa in an occasional glass of soy milk is fine)
- Fried and deep fried foods except those fried without oil or with just a dash of olive oil.
- Most fast foods (burgers, fried chicken, etc.)
- Other fats and oils²

¹ <http://www.overcomingmultiplesclerosis.org/Recovery-Program/Diet/>. Accessed January, 2013.

² Ibid.

APPENDIX E

Consent Form

Serving God in the Midst of Multiple Sclerosis:
A Holistic and Spiritual Model for Physical Sustainment
Timothy W. Harville
Liberty University
Liberty Baptist Theological Seminary
Doctor of Ministry Program

You are invited to be in a research study of the symptoms of multiple sclerosis. You were selected as a possible participant because you have been diagnosed with multiple sclerosis or have an immediate family member who has been diagnosed with multiple sclerosis. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Timothy W. Harville, Doctoral student at Liberty Baptist Theological Seminary in the Doctor of Ministry program.

Background Information:

The purpose of this study is to show that Multiple Sclerosis is a devastating disease that affects not only the one who suffers with MS, but also their family and relationships leaving the patient feeling depressed and without hope. If the disease is disclosed, many churches and the International Mission Board will reject the person's application because of the potential cost and medical care needed. I was diagnosed with an aggressive form of Relapsing Multiple Sclerosis in 2008 and have experienced the obstacles. This model will serve as a motivational tool to help all of us who suffer with MS to use the disability for God's glory.

Procedures:

If you agree to be in this study, we would ask you to do the following things:

Please follow the link to Survey Monkey and complete a short survey that should take no more than twenty minutes. You will not be asked to enter your name or personal information at any time. When the survey is completed, your responses will be automatically forwarded to the lead researcher anonymously.

Risks and Benefits of being in the Study:

The study has minimal risks: The risks involved in this study are no more than the participant would encounter in everyday life. However, there is a potential for those suffering with MS or for those who have family members suffering with MS to experience emotional distress as a result of their increased awareness of the impacts of the symptoms of the disease. In the event of

emotional distress, counseling information and resources can be found at the Multiple Sclerosis Association of America 706 Haddonfield Road Cherry Hill, NJ 08002 (800) 532-7667.

The benefits to participation: Participation in this project may or may not benefit the participant directly. However, the overall benefits to other people who suffer from multiple sclerosis will be invaluable because they will have a different way to look at the symptoms. Support individuals will have a tool to use that will help them provide encouragement to the diagnosed person.

Compensation:

You will not receive payment for participation in this study.

Confidentiality:

The records of this study will be kept private in a password protected personal computer file. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely and only researchers will have access to the records. Any personal information of the participant such as name, email address, or phone number will be kept in private in a password protected personal computer file until the study has been completed. None of the identifying information will be linked in any way to the responses of the participants. All survey responses will be kept in the researcher's office in order to analyze the data. The data will be used to show that a holistic approach to the symptoms of multiple sclerosis, along with an effective treatment plan, will improve the quality of life of the diagnosed patient and family members. At the time the data is disseminated, the surveys will be destroyed.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Contacts and Questions:

The researcher conducting this study is Timothy W. Harville. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at 177 Grand Lake Drive Ridgeway, VA 24148, twharville@liberty.edu, (276) 806-4225.

You may also contact Dr. Charlie Davidson, Faculty Advisor, at cdavidson@liberty.edu, (434) 592-4241.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact the Institutional Review Board, Dr.

Fernando Garzon, Chair, 1971 University Blvd, Suite 1837, Lynchburg, VA 24515 or email at fgarzon@liberty.edu

If you would like a copy of the consent information, please contact Timothy Harville at twharville@liberty.edu.

IRB Code Numbers: 1477.121912

IRB Expiration Date: December 19, 2013

APPENDIX F

Survey Script/Introduction

Dear Sir or Madam:

My name is Rev. Timothy W. Harville and I am a doctoral student at Liberty Baptist Theological Seminary. I am conducting a survey in which I will show the devastating effects that multiple sclerosis has on the one who suffers with MS, their family and their relationships. These effects sometimes leave the patient feeling depressed and without hope. If the disease is disclosed, many churches and the International Mission Board will reject the person's application for deployment to a mission site, employment at the church, or the continuance of their current employment because of the potential cost and medical care needed. I was diagnosed with an aggressive form of Relapsing Multiple Sclerosis in 2008 and have experienced the obstacles. I will use the information obtained to develop a holistic and spiritual model that can be used for physical sustainment. Physical sustainment refers to the patient's ability to control the symptoms of multiple sclerosis flare-ups that will help them have a better quality of life. For the caregiver of a MS patient, it will help them understand the symptoms and how they affect the patient. This model will serve as a motivational tool to help all of us who suffer with MS to use the disability for God's glory.

Would you please consider participating in this survey? If so, please take a few minutes and follow the attached link to the survey monkey website and complete the short survey. Before taking the survey, all participants will need to read the informed consent document prior to taking the survey. Thank you very much for your valuable input.

Sincerely,

Rev. Timothy W. Harville

APPENDIX G

Mental Health Professionals Available to MS Patients

Multiple Sclerosis Association of America
706 Haddonfield Road
Cherry Hill, NJ 08002
msaa@msaa.com
Tel: 856-488-4500/800-532-7667
Fax: 954-351-0630

James Q. Miller Consultative MS Clinic
Fontaine Adult Neurology Clinic
P.O. Box 801018
Charlottesville, VA
Tel: 804-243-5931
Fax: 804-982-3544

Neurology Center of Fairfax
3020 Hamaker Court, Suite 400
Fairfax, VA 22031
Tel: 703-876-0811
Fax: 703-876-0832

Northern Virginia Neurologic Associates, Ltd.
1635 N. George Mason Drive, Suite 420
Arlington, VA 22205
Tel: 703-536-4000
Fax: 703-527-4339

Wake Forest University MS Center
Medical Center Boulevard
P.O. Box 1078
Winston-Salem, NC 27157
Tel: 336-713-8611
Fax: 336-713-858

Triangle Multiple Sclerosis Center
1540 Sunday Drive
Raleigh, NC 27607
Tel: 919-782-3456
Fax: 919-420-1688

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VITA

Timothy W. Harville

PERSONAL

Born: December 3, 1961

Married: Mary Catherine D. Harville, May 7, 1983.

Children: Timothy M. Harville, born May 7, 1986.

Matthew S. Harville, born May 12, 1989

EDUCATIONAL

B.A., Averett University, 1984

MBA University of North Carolina, 1991

MAR Liberty University Baptist Theological Seminary, 2010.

M.DIV Liberty University Baptist Theological Seminary, 2011.

D.MIN Liberty University Baptist Theological Seminary, 2013

MINISTERIAL

License: February 13, 2011, Hillcrest Baptist Church
Ridgeway, Virginia.

PROFESSIONAL

Menasha Corporation, Neenah, WI, 1993-2007

One Source Industries, Irvine California, 2007-2009

QPSI, Burlington, NJ, 2009-2011

Iglesia Bautista Hillcrest, 2008 to present.

PROFESSIONAL SOCIETIES

Multiple Sclerosis Society

IRB APPROVAL/WAIVER PAGE

December 19, 2012

Timothy W. Harville

IRB Exemption 1477.121912: Serving God in the Midst of Multiple Sclerosis: A Holistic and Spiritual Model for Physical Sustainment

Dear Tim,

The Liberty University Institutional Review Board has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and that no further IRB oversight is required.

Your study falls under exemption category 46.101 (b)(2), which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Please note that this exemption only applies to your current research application, and that any changes to your protocol must be reported to the Liberty IRB for verification of continued exemption status. You may report these changes by submitting a change in protocol form or a new application to the IRB and referencing the above IRB Exemption number.

If you have any questions about this exemption, or need assistance in determining whether possible changes to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

Fernando Garzon,
Psy.D. Professor, IRB Chair Counseling

(434) 592-4054