



Restless Legs

A Bruno Byte

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Question: For the last five years I have fought Restless Leg Syndrome. They started me on Gabapentin. It has not stopped it and in fact it has gotten so much worse.

Answer: When you or your doctors talk about having “restless legs” you need to make sure that you’re talking about the right thing. There are two separate sleep disorders that are confused, not only by patients but by sleep doctors themselves: “Restless legs syndrome” (RLS) and “Periodic leg movements in sleep” (PLMS):

- Restless leg syndrome is when people have creeping sensations in their legs and feel that **they** must move their legs.
- Periodic leg movements in sleep are when the leg muscles twitch and jerk **on their own**.

We have done several studies of sleep disorders and polio survivors, focusing on periodic leg movements in sleep, which are part of what we call Generalized Random Myoclonus, since in polio survivors’ muscles can twitch and jump, not just in the legs, but in the arms, hands, chest and abdomen.

We found that the treatment for muscles twitching and jumping is a low dose of alprazolam 30 minutes before sleep. And in spite of what your doctor might say, alprazolam is not addictive because its anti-anxiety effect occurs when you're asleep! Polio survivors do not need more Xanax after an effective dose is found. Post-Polio Institute patients have been on the same Xanax dose to treat muscle twitching for decades!

Sleep doctors will often try to give you dopamine stimulating drugs like Mirapex for both PLMS and restless legs. Polio survivors should never take anything that either stimulates or blocks dopamine receptors in the brain because the dopamine system was severely damaged by the poliovirus and dopamine receptors on neurons either multiply and turn up their sensitivity, or hide and turn down their sensitivity, depending on the medication that is given. These drugs can cause marked fatigue and a permanent Parkinson's-like tremor.

Talk to your doctor or sleep specialist about the difference between RLS and PLMS and how to treat these conditions in a polio survivor.

Bottom line: Polio survivors should never mess with dopamine in the brain!

The Encyclopedia of Polio and Post-Polio Sequelae

contains all of [Dr. Richard Bruno's](#) articles, monographs, commentaries and “Bruno Bytes”
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