

Parkinson's Perspective

*Newsletter of the Colorado Parkinson Foundation, Inc. and
the Colorado Springs Parkinson's Support Group*

www.co-parkinson.org | (719) 884-0103

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Carole Henrichsen, Bill Hicks,
Karen Mein, Dave Moross,
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potluck@co-parkinson.org

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The **Colorado Springs Parkinson's
Support Group** (part of CPF) meets
10AM, the first Saturday of each month
at the Central United Methodist Church,
4373 Galley Rd, Colo Spgs, 80915
(with exceptions to be noted in this newsletter)

THIS NEWLETTER COVERS BOTH JULY & AUGUST

Next Meeting: Saturday, July 5th – 10:00 am – 1:30 pm

We will be NOT be Zooming or recording this meeting

Location: Central United Methodist Church, 4373 Galley Rd-just east of Murray Blvd.

9:30am – Come early for a group sing-along with music therapist, Heather Johnson.

See more about Heather's business under 'Other Opportunities' later in this newsletter.

9:45am – Everyone else come a few minutes early to
check in, greet other members and ask questions.

First time visitors: Be sure to sign in, get a name tag and proceed
to the visitors' table for some special attention and information.

*Knowledge is power and enables us all to live well, so plan to attend
the meetings at Central United Methodist Church.*

July Program Topic: Break-out Sessions

Moderators: Parkinsonians: Kathleen Foster and for the caregivers: Jill Reid & Julie Pfarrer

The Parkinsonians get together in one room and the caregivers in another to discuss their questions
and concerns about their PD journey.

The meeting will be followed by a potluck

The July Potluck –Red, White & Blue Celebratory Foods!

Try to bring red, white or blue food for a colorful Independence Day theme.

If you would like to sign up to be a provider of the main dish or to bring a side
dish/dessert for the meeting, you can contact Bill Hicks at [REDACTED]
or potluck@co-parkinson.org, no later than Wednesday, July 3rd
and tell him what you would like to bring.

Remember that bringing food for the potluck is voluntary.

We look forward to seeing you there!

SUMMER PICNIC - SATURDAY, AUGUST 2ND, 11AM – 1PM

Our annual summer picnic will be August 2nd at Venezia Park at the corner of Union Blvd and Briargate Parkway. Look for three large pavilions with green roofs. The BARN pavilion is the large middle pavilion. There is a parking lot on the west side of the pavilions but you will have to climb a ramp because that parking lot is down a hill from the first pavilion. The main parking lot next to the restrooms (east of the pavilions) is also available.



Directions to Venezia Park:



– From I-25 take the Briargate Parkway exit. Go east on Briargate Parkway where there will be the entrance to the first parking lot that is next to the Bunkhouse Pavilion. A second entrance off of Briargate Parkway takes you to the parking lot that is east of the pavilions or you can go all the way to Union and turn right.

– From Union Blvd., Turn west at the light at Family Place into the park (across from the King Soopers). Wind around until you see the windmill and the large pavilions with the green roofs. The easiest parking lot is the one to the right

(east, next to the HOUSE pavilion) – no inclines or ramps. There is another parking lot on the west side of the 3 large pavilions but you have to navigate an incline (ramp) to reach the pavilions.

Main Dish – your choice of fried or baked chicken & water will be furnished. If you would like to drink something else, please bring your own.

In order to assure that we have a good variety of side dishes, Bill would like for you to let him know what you're bringing to the picnic by contacting him at (719) 238-9955 or potluck@co-parkinson.org.

Attire – if you own one, wear your 'safety green' (actually neon yellow) Parkinson's shirts so we stand out in the crowd by 'glowing'. If not, wear whatever Parkinson's Support Group apparel you might have, otherwise, wear something comfortable.

There are picnic tables with seats furnished but you're welcome to bring a lawn chair.

IF YOU WOULD LIKE TO HELP SET UP OR CLEAN UP, CONTACT: CAROLE HENRICHSEN AT (719) 598-1157 OR BY EMAIL
AT [REDACTED] —OR— [REDACTED] OR BY EMAIL AT [REDACTED]

The President's Corner

Jill Reid-Acting President, CPF & CSPSG



Last month, I started this article by talking about taking notes to capture important ideas discussed during our breakout sessions. These notes will NOT record anything personal that comes up in the sessions but will record ONLY helpful ideas and good solutions to problems. Pat Beatty will take notes in the caregivers' session and Ann Grant Martin will take them in the Parkinson's session. Thanks for volunteering, you two!

Dr. Fife's presentation at the June general meeting was full of great facts about the tremendous benefits of including healthy oils in our diets; these oils, especially coconut oil, feed our brains and are neuroprotective. See later in this issue the article that provides a synopsis of the talk AND how to find the presentation on the Colorado Parkinson Foundation website.

I recently discovered that U-Step 2 walkers (these are especially designed for people with Parkinson's) now come in an upright version as well as the conventional version. I have long advocated the use of U-Step walkers to you during my annual Parkinson's 101 presentation for safety reasons and have also encouraged you to check out upright walkers that don't have the safety features of the U-Step walkers. The big advantages I was seeing in upright walkers was that they keep you from bending over, enable you to look ahead instead of down, help you to walk on the full length of your feet (and not just on your toes—very dangerous!), and keep the walker close to your body (which also keeps you off your toes!). I encouraged you to check out upright walkers, but with reservations since they didn't have the safety features of a U-Step 2. At last, I can recommend an upright walker with no reservations: the U-Step 2 Upright! By the way, Medicare will pay for either version of the U-Step 2 walkers as long as you get a prescription from your provider. Here are the two versions of the U-Step 2 walker:



I don't remember where I found the following information, but I'm quoting it exactly so that you have the opportunity to look into it further:

"A new drug has shown promise in combating Parkinson's disease while minimizing unwanted side effects.

"The once-daily pill, tavapadon, was found to relieve symptoms - including stiffness, coordination, tremors and movement - for a longer period of time for patients who were also taking at least 400 mg of levodopa a day and were experiencing 'motor fluctuations,' which are periods of time when the medication wears off and symptoms return, according to the study. Until now, levodopa has been the standard first-line treatment for Parkinson's patients.

"Levodopa - which is converted into dopamine in the brain and targets the D2/D3/D4/ dopamine receptors - has been linked to side effects including sleep disorders, hallucinations, impulse control behavioral disorders, weight gain, leg swelling and blood pressure changes, according to the researchers.

"In the study, tavapadon - which works by mimicking dopamine and targeting the D1/D5 receptors - was found to have the same benefits as levodopa without the adverse effects, according to Hubert H. Fernandez, MD, lead study author and director of the Center for Neurological Restoration at Cleveland Clinic.

"For those who were recently diagnosed and are having less severe motor symptoms, Fernandez suggested that a once-daily dose of tavapadon could potentially replace the three-times-a-day dosing of levodopa.

"Should they require levodopa at some point, they will need a lower dose and less frequency, which then reduces their likelihood of developing motor fluctuations and dyskinesia and other side effects," he noted in a press release.

"For those with more advance Parkinson's tavapadon could be paired with levodopa.

"So regardless of when it's used, whether in the very beginning or as an adjunctive therapy to levodopa, we think it's a gain overall," Fernandez added."

This month's comedy is *Music for Millions*, starring Margaret O'Brien, Jose Iturbi, Jimmy Durante, and June Allyson. The all-star movie is part weepie, part comedy, part morale booster and, all in all, a stirring showcase of works by Chopin, Debussy, Grieg, and others. Jose Iturbi adds his gifted screen presence and talents as an orchestra's conductor. Jimmy Durante provides warmth and comedy relief that includes his nightclub favorite "Umbriago." And Margaret O'Brien's endearing performance as "Mike" capped a year that resulted in a special Academy Award for Outstanding Child Actress of 1944. Enjoy!



Our June 2025 NeuroPong Senior Games participants and winners, L to R: Bill Wheeler, Mike Patterson, Jesse Van Harderberg, Kathleen Foster and Ann Martin. Not shown: Ric Pfarrer.

These six participated in the Senior Games held in Colorado Springs on June 6th & 7th. Jesse and Ann won bronze medals in the Recreation Table Tennis Tournament. They all participated in the NeuroPong Tournament Friday afternoon where Mike Patterson won gold in his group and Ann Martin won silver in hers.

Congratulations to everyone for participating and having a great time!

Ask the Doctor!

Dr. Grabert has generously agreed to answer your questions pertaining to Parkinson's Disease each month in our newsletter column called: "Ask the Doctor!" If you have questions you'd like to submit to Dr. Grabert, email them to Julie, our newsletter coordinator, db_mgr@co-parkinson.org.



HELP SPREAD SOME SUNSHINE TO OUR MEMBERS!



If you know of a Parkinsonian or PD caregiver that is having a tough time (illness, surgery, etc.) or one of our members has passed away, please let our Sunshine Chairman, MJ Thompson know.

She can be reached by calling

[Redacted phone number]

*Thank you
for for helping!*

A big **THANK YOU** to everyone who brought food to share and to those that helped with setup & cleanup at the last meeting!

September Newsletter Input Deadline: August 15th

Call or e-mail Julie with your input for the newsletter at:

info@co-parkinson.org

July & August CSPSG Executive Committee Meetinga

July 8th and August 5th @ 09:30am

(Location: Place to be determined - you will be notified by email)

Contact Jill Reid at: president@co-parkinson.org, if you haven't been to an Executive Meeting so we will know that you're coming and to get you the address. Leave your email address so Jill can contact you if anything changes.



• Jyl Alexander
• Calvin Anderson
• Tim Binkley

• Gary Bradley
• Sally Clark
• Mala Cobey
• Andy de Naray
• Mark Fleck
• Shelly Fly
• Shirley Gloss-Soler
• Rex Helmsing

• John Henricks
• Delories Heyliger
• Brenda Jensen
• Gary Jensen
• Heather Johnson
• Anita Layman
• Louise Maestas
• Karen Mein

• Patricia Meredith
• Ruth Modaff
• Debbie Nelson
• Beverly Noe
• Julie Pfarrer
• Lorraine Scott
• Dot Semmens
• Steve Telatnik

Your birthday isn't listed?
Fill out the membership form
and check BD listed YES!



• Kathy Ader
• Bethany Andreen-Bailey
• Becky Arneson
• Randall Austin
• Allen Beauchamp

• Peg Blackwell
• Charles Bogues
• Terry Bresee
• Sharon Carlson
• Barbara Carr
• James Coen
• Marc Collins
• Mike Davis
• Melinda Drinen
• Jim Egolf
• Reva Epler
• June Essing
• Freda Frazer

• Larry Grubaugh
• Lorraine Helminski
• Sonya Hero
• Roger Hill
• Andrea Joiner
• Lowell Kayser
• Michael Lippincott
• Carl McKellip
• David Mein
• Manuel Pedraza
• Jim Prior
• Frank Quidachay
• Lil Ray

• Catherine Reed
• Mark Rupert
• Alfredo Serrano
• Mary Taylor
• Bruce Terrell
• MJ Thompson
• Ron Thompson
• Laura Torgerson
• Bill Wheeler
• Alice Wilson
• Peter Wolcott
• Carol Zier
• Zinn Charlie

Potluck Favorites — Shakin' & Bakin' Cookbook

Cookbooks Are Here!

The price is a donation or free if you can't afford to donate. You can order them from Vicki Patterson at project@co-parkinson.org.

The cookbooks are bound so that new recipes can be added in the future. So continue to send in your favorite recipes — old or new family recipes, newly discovered favorite recipes, etc. We only want recipes that you have actually tried and liked — not ones that you think should be good but haven't tried or tasted. All favorite recipes are welcome.

Send them to project@co-parkinson.org.

Recipe of the Month: Oregano, Feta & Tomato Salad

Our low carb/good fat ketogenic study showed incredible results. Not only was there remarkable improvement in the symptoms of Parkinson's but also with overall health in general (including the health of caregivers who chose to change their diet along with their Parkinsonian). Since it seems clear that everyone's health would improve exponentially if we all changed our diet to eat this way and since we have potlucks, we thought we would feature an easy low carb/good fat recipe or two in the newsletter each month to promote healthy eating.

If you have a favorite low carb/good fat recipe you'd like to share, please send it to Julie at: info@co-parkinson.org.

Ingredients:

6 medium tomatoes	1 tsp dried oregano
7 oz block feta cheese	1 tsp kosher salt
3 Tbl olive oil	1 tsp black pepper
2 Tbl red wine vinegar	2 oz arugula

Directions:

- Remove the core from the tomatoes and slice each tomato into thick wedges.
- Arrange the tomatoes in a circle on a large plate.
- Cut the feta into thick slices and place in the center of the plate.
- Drizzle with olive oil and vinegar over the tomatoes and feta.
- Crush the oregano between the palms of your hands over the salad and sprinkle with salt and pepper.
- Arrange arugula on plate around the outside of the tomatoes and serve at room temperature.

Parkinson's Disease Related Providers:

If you are seeing a provider not listed here that has given you excellent care with any Parkinson's issue, let Julie know at info@co-parkinson.org so that they can be added to this list.

The following providers have been recommended by multiple members:

Colorado Springs

Dr. Bradley Priebe, MD — Neurologist at Peak Neurology, PC; (719) 445-9902

Steven Swank, PharmD, BCACP — Peak Neurology, Clinical Pharmacist Specialist; (719) 445-9902

Dr. Aparna Komatineni, MD — Neurologist at Centura Penrose Hospital and UCHealth; (719) 694-3595

Dr. Andrea Manhart, DO — Neurologist at UCHealth; (719) 365-7300

Dr. Lael Stander, MD — Neurologist at UCHealth; (719) 365-7300 Note: Does well w/ PD vision issues

Elizabeth Harmon, PA — UCHealth; (719) 365-7300

Melinda McClenden, NP — UCHealth; (719) 365-7300

Dr. Kevin Scott, MD — Neurologist at UCHealth; (719) 365-7300

Dr. Monica Stanton, MD — Primary Care Physician at UCHealth in Monument; (719) 364-9930

Dr. David Stevens — Neurologist at CS Neurological Associates; (719) 473-3272

Bettner Vision — Neuro-Ophthalmology Vision Therapy; (719) 282-0400

Denver

Dr. Michael Korsmo, MD — Neurologist at UCHealth, Anschutz Medical Campus; (720) 848-2080

Dr. David VanSickle, MD — Neurosurgeon at Neurosurgery One; (720) 638-7500
Note: DBS expert

Erin Van Dok, OD — Neurological Optometrist at UCHealth Sue Anschutz-Rodgers Eye Center; (720) 848-2020

Dr. Victoria Pelak, MD — Neuro-ophthalmology, UCHealth Sue Anschutz-Rodgers Eye Center; (720) 848-2020

Dr. Trevor Hawkins Neurologist at UCHealth Neurosciences Center, Anschutz Medical Campus; (720) 848-2080

Other Local Support Groups:

Parkinson's Caregivers Support Group

All family caregivers of persons with Parkinson's are invited to come and participate in our discussion meetings. They are the monthly on the 3rd Thursday, from 10:00-12:00 at Central United Methodist Church, 4373 Galley Rd, Colo Spgs, 80915.

We're looking for a replacement for Brenda Hicks to head up the Parkinson's Caregivers Support Group.

If you are interested in helping out, call Brenda to find out what the position entails.

You can contact her at [REDACTED] or [REDACTED] 369.

Ladies w/ Parkinson's Support Group

If you are a fun-idea person, please consider volunteering to lead this valuable group.

If you're interested please notify Julie Pfarrer at info@co-parkinson.org or [REDACTED].

Essential Tremor Support Group

Meeting Location: ENT Conf Rm, Pikes Peak Library District; Colo Spgs Library 21c, 1175 Chapel Hills Drive. Contact Jim Sanchez for meeting dates/times at [REDACTED] or [REDACTED].

Tri-Lakes Parkinson's Support Group

Meets the 3rd Saturday of the month at 10am at the Monument Community Presbyterian Church, 238 3rd Street, Monument. Contact Syble Krafft at [REDACTED] /Barry Hanenburg [REDACTED].

Other Opportunities:

Trazer — Brought to you by the YMCA of the Pikes Peak Region:

Designed for injury recovery, injury prevention, and enhancing performance, Trazer aligns perfectly at the point where biology, technology, and data intersect to track, measure, and improve physical and cognitive function regardless of age or capability.

A multi-purpose technology with wide-ranging applications spanning healthcare, senior care, sports, wellness, orthotics and prosthetics, Trazer helps every body move better.

For more information or to schedule, stop by the YMCA front desk.

Adult Speech Therapy:

Outpatient speech therapy services.

Personalized speech therapy for restoration of function due to illness or injury.

Treating:

Parkinson's - Voice & Swallowing
- SPEAK OUT!
- LSVT

Contact Jana Hothan, MA, CCC-SLP at slp@janahothan.com or call (719) 338-8165 or for more info.

Parkinson's Sing-a-Long Group:

Square Music Co offers individual music therapy services with Heather Johnson, MT-BC! Individual sessions can be held in person in the Colorado Springs area or via telehealth.

Heather has over 5 years of experience working with neuro populations and hosts a Parkinson's singing group before each support group meeting at 9:30 am as well! Music therapy with Parkinson's works towards vocal strength, control, and longevity, increasing fine and gross motor skills, gait training, and other types of therapeutic goals through individualized music experiences.

To learn more or schedule a free consultation, call Heather at (719) 345-2887 or email heatherjohnson@squaremusic.co.

PD Exercise Classes:

Falcon Exercise Group

Mon & Fri: 11:00 – noon, Grace Community Church. For more info contact Catherine Reed at [REDACTED].

UCCS Center for Active Living at the Lane Center

Power Moves group exercise and Balance & Agility classes. For more information call (719) 255-8004 or email CAL@uccs.edu.

NIA Class

Moving to Heal – the art of feeling better; slower movements with joy and purpose. NIA works with balance, breath, cognitive mind/body function, mobility and stability. You can go at your own pace. Stop if you want, sit down and dance while sitting in a chair for a while. All while dancing to music from all genres; Jane, the instructor, often asks what we need that day and works her routine around what can help. She has done a wonderful job making the routines fit our Parkinson's needs.

Cost: \$10 a class

When: Every Friday at 10:30 am

Where: 525 E Fountain Blvd.

MACS–corner of Fountain & Royer

One-on-One Physical Therapy

For people with Parkinson's Disease and all movement disorders. Provided by Danielle (Spivey) Mulligan, PT, MSPT who is a Physical Therapist, Certified Vestibular Therapist, LSVT and PWR for Parkinson's.

Where: 5818 N. Nevada Avenue, Suite 325
Phone Number: (719) 365-6871.

Neuroping for Parkinson's

Table tennis for Parkinsonians who want to improve both motor and non-motor symptoms and avoid mental decline.

When: Tuesdays & Thursdays

Time: 1:00 - 3:00 p.m.

Location: Downtown YMCA
207 North Nevada Avenue
In the Small Gym

To sign up call the front desk at (719) 473-9622

For more information contact Travis Lerma at (719) 495-5130 or terma@ppymca.org.
Neurologicrehab.com

Rock Steady Boxing – Boxing with Love

New Rock Steady Boxing for folks with Parkinson's Disease at the Boxing with Love Gym Tues @ noon (please come 15 min early if your first time) 1710 Briargate Blvd. Ste 100 (Next to Dicks Sporting Goods).

For more info contact Karen Bishop PT, DPT at love@rsbaffiliate.com.

Max Capacity NeuroFitness

Free Boxing, PWR Bootcamp and Cardio Circuit for people with Parkinson's. Cognitive Cardio class available for \$10/class!

Physical therapist Emily Moncheski at Max Capacity, PLLC, offers individual Parkinson's physical therapy, most insurance accepted Conveniently downtown

525 E. Fountain Blvd. Suite 150

Contact Emily at emily@maxcapacitypt.com or call: (719) 213-3996, fax: (719) 284-4624.

Dance for Parkinson's

Moving with joy, creativity, and community to support people living with Parkinson's.

All are welcome and care partners are encouraged to move with us! Classes meet in person every Tuesday at 11:30 am and every Friday at 11:00 am at Ormao Dance Company, 10 S. Spruce Street.

\$5/class | Free for care partners

You can also join us for this class online.

Visit our website www.ormaodance.org and click on "Dance for Parkinson's" under the "Outreach" tab to get the Zoom link.

Contact Laura at laura.hymers@gmail.com or (719) 640-8478

YMCA PD Exercise Classes

We utilize exercise as medicine to increase quality of life so that you can get better and stay better.

Tri-Lakes YMCA: PWR!Moves;
Tues & Thurs, 1:00-2:00 PM

Briargate YMCA: PWR!Moves;
Mon, Wed, Fri, 1:30-2:30 PM

YMCA at 1st & Main; PWR!Moves;
Mon & Wed, 1:15-2:15 PM

For more info contact Travis Lerma at terma@ppymca.org.

Colorado Springs Rocksteady Boxing

"Let's kick some PD BUTT!" Tues, Wed, & Thurs: 10am–11:15am & 11:45am–1:00pm
Location: Otis Park. 731 Iowa Ave. For more info, call Bill O'Donnell at (719) 243-9422.

Neuro Logic Rehabilitation and Wellness

One-on-one physical therapy and wellness services for people with Parkinson's Disease and other movement/neuro disorders in the comfort of their home with outpatient mobile services. We come to you, to meet you where you are in your treatment & diagnosis!

Board Certified Clinical Specialist in Neurologic Physical Therapy Certified PWR! (Parkinson's Wellness Recovery) Moves Therapist

For more information, contact Ryan Mueller, PT, DPT, NCS at (719) 306-0009 or ryan@neurologicrehab.com

or visit neurologicrehab.com / Fax: (719) 691-7994

Program Review: June 7, 2025

| Pat Beatty, Secretary

Program: Coconut Oil and Parkinson's Disease — Speaker: Dr. Bruce Fife

NOTE: this video is available in its entirety on our website, www.co-parkinson.org click on 'Resources' and select 'Meeting Videos'.

Dr. Bruce Fife is an author, speaker, certified nutritionist, and naturopathic physician. He has written over 20 books, including *The Coconut Oil Miracle*, *The New Arthritis Cure*, and *Stop Alzheimer's Now!: How to Prevent and Reverse Dementia, Parkinson's, A.S., Multiple Sclerosis, and other Neurodegenerative Disorders*. He is the publisher and editor of the *Healthy Ways Newsletter* and serves as the president of the Coconut Research Center, a non-profit organization whose purpose is to educate the public and medical community about the health and nutritional aspects of coconut and related foods. Dr. Fife is considered one of the world's leading experts on dietary fats and oils. He is a popular speaker and travels throughout the world lecturing at health fairs, conferences, hospitals, and spas. He has appeared on hundreds of radio and television programs worldwide.

He begins his presentation by reminding us that diet and nutrition are essential for good health. After mentioning the benefits of whole natural foods like fruits and vegetables, meats, dairy, and eggs, he mentions 'functional foods' like turmeric and the benefits thereof. He then focuses on coconut oil and its numerous benefits and why it is so effective. Some of the health benefits include:

- Antioxidant
- Anti-inflammatory
- Healthy Digestive Function
- Boosts Immune Function
- Antibacterial
- Antiviral
- Antifungal
- Protects against: Cancer, Diabetes, Obesity, Glaucoma, Macular Degeneration, Alzheimer's, Parkinson's, and other Neurodegenerative Disorders

The history of coconut as a food in many cultures is impressive, and its use has been proven to be an effective remedy for many common illnesses. So what makes coconut oil so special and different from other oils? Dr. Fife then goes on to give a scientific explanation of fatty acids... what they are, the different kinds, and the effect of each. Even though coconut oil is a saturated fat, it is a 'medium-chain' fatty acid and has been recognized to be beneficial and helpful rather than harmful; such as in heart disease.

According to Dr. Fife, the most amazing thing about coconut oil is the effects on the brain. He goes on to cite a case in which a doctor shared that her husband had Alzheimer's and she was able to successfully treat the disease and actually reverse it! Unlike the process of getting energy for the body from glucose, the brain needs an alternative source for energy. This source has been identified as 'ketones', which are made in the liver from fatty acids.

The normal increase and decrease of blood glucose has a direct effect on blood ketone levels and how, in turn, they (ketones) increase and decrease. How these respective increases and decreases work in a normal, healthy brain differ from how they work in the brain with a neurodegenerative disease. Ketones are a super fuel for the brain! Dr. Fife says it's like putting high-performance gasoline in your car; you get better gas mileage, more power, and less wear and tear on the engine. Ketones have a similar effect on our brains. There are four major benefits to the brain from increased ketones:

1. They provide a high-potency alternative fuel to glucose (critical for PWP).
2. They increase blood flow to the brain, improving circulation and oxygen delivery.
3. They activate certain proteins (brain-derived neurotrophic factors) that regulate brain cell growth, repair, and function, which allows the brain to heal and repair itself.
4. They provide the basic lipid building blocks for repairing damaged brain tissue and generating new brain cells.

According to the Doctor, all this really isn't anything new. In the early 1900s, fasting (in treating epilepsy) became popular, and that led doc-

tors to devise a diet known as the Ketogenic Diet. Because of the success achieved using the ketogenic diet in treating epilepsy, they wondered how it would work with other neurodegenerative diseases, among them, Parkinson's. In every case, the ketogenic diet proved highly successful.

The classic ketogenic diet consists of 2% carbohydrate, 8% protein, and 90% fat. Preparing meals and eating them with these exact proportions proved to be very difficult, and the ability to sustain it was almost impossible. This is where coconut oil and ketones come in. Coconut oil is automatically converted into ketones regardless of what the rest of the meal consists of, and you can raise blood ketones to therapeutic levels simply by eating coconut oil!

Many studies have been done with Coconut Oil and Parkinson's, and the results are very encouraging. Dr. Fife then reads the following letter:

"I'm 74 years old and have Parkinson's Disease, diagnosed 3 1/2 years ago. A year ago, even though I was taking medications, my symptoms progressed to severe slowness, unsteadiness, chronic stiffness and joint pain, frequent freezing episodes, and I dragged my left leg. I had lost all facial expression, and my left leg was retaining a significant amount of fluid and was very swollen. This past April, I began taking coconut oil, working up to 4 tablespoons daily; 2 at breakfast, one at lunch, and one at dinner. I saw significant improvements in a couple of days. My wife and friends are astonished at my apparent recovery. It is strikingly noticeable. Here are some of the things I noticed:

- My speed on the elliptical trainer changed from 2 mph to 3.5 mph in a few days.
- I can do the DUI tests (close eyes, stand on one foot, etc.).
- I can rise from any chair unassisted.
- I can do football agility drills (shift right, shift left, step forward, step back, in response to random commands).
- Past and present photos show a pronounced change in my facial expression.
- I can smell again.
- My osteopath has noticed a pronounced improvement in joint flexibility.
- The swelling in my left leg has disappeared.
- I walk normally, but still have a tendency to stoop.
- My primary care physician has declared my improvement as miraculous. I have no delusions that this is a cure. I still have Parkinson's symptoms, but my quality of life has vastly improved. We are at the end of two months using the coconut oil, and the benefits are maintained."

Dr. Fife then shares a YouTube video of a PWP who had similar results.

So, how do I use coconut oil? Dr. Fife recommends using it in all your cooking. Any recipe that calls for butter or margarine, shortening, vegetable oil...just substitute coconut oil. You can add it to soups, put it on salads, or use it as a spread like butter. He recommends taking it with food. You can take it by the spoonful, but this should be done at mealtime. He recommends working up to 4 to 5 tablespoons a day, starting with just 1 tablespoon a day, taking 1/2 tablespoon at breakfast and the other half at lunch or dinner. If you don't have any problems, you can increase it by 1/2 tablespoon at a time.

He also explains the difference between liquid and solid coconut oil, which is dependent upon its melting point. It is usable either way. There are two types of coconut oil: virgin and non-virgin, the difference being that the non-virgin is processed while there is minimal processing with the virgin.

Because this video is readily available on our website, I highly recommend watching it again (or for the first time if you weren't at the meeting) to pick up on information that I was unable to include in this review. It will be well worth your time.

The Case for the Keto/Low-Carb, High-Fat Lifestyle

| By Julie Pfarrer

I wrote this article for the newsletter several years ago based on what I've learned about diet that has drastically improved my health over the 10+ years I have been eating a low-carb/high-fat diet. This article also provides some practical tips to help you get started eating this way. I thought it was fitting to republish this as a follow-up to Dr. Fife's June presentation.

Multiple scientific studies show that A LOW-CARB, HIGH-FAT DIET CAN PREVENT, SLOW DOWN OR REVERSE NEURODEGENERATIVE DISEASES LIKE PARKINSON'S DISEASE!

Some background. The government guidelines recommending a low-fat, high-carb diet was introduced to us in the 1970s. They called it the Food Pyramid. Since then the number of cases of obesity, diabetes, heart disease and strokes in the US has sky-rocketed as well as the number of cases of neurodegenerative diseases such as Alzheimer's, ALS, Bi-Polar and Parkinson's. There are several reasons for that but I'll talk about the top 4. 1) it has been well documented from numerous research studies that inflammation is the root cause of most health issues and diseases that our society suffers from, including cancer, heart disease, diabetes, epilepsy, high blood pressure and obesity as well as neurodegenerative diseases. The cause of inflammation? Carbohydrates! 2) carbohydrates raise your blood sugar levels. 3) your brain requires good fat and cholesterol to function properly...that's how we're made. The low-fat craze has caused us to starve our brains of the nutrients it needs. 4) and the cholesterol scare that has us on cholesterol lowering drugs. Again, your brain requires cholesterol to function properly.

To summarize this, by following the Food Pyramid guidelines you are creating inflammation all over your body which can set you up for conditions like cancer, heart disease and strokes; you are raising your blood sugar levels which puts you at risk of diabetes, especially type 2 diabetes; and you are starving your brain which puts you at risk for developing neurodegenerative diseases. What the Food Pyramid recommends is exactly opposite of how we should be eating.

– **Inflammation:** Inflammation is the true enemy of our good health and the cause of most health conditions and diseases. Dr. Dwight Lundell, a heart surgeon who has performed over 5,000 open-heart surgeries in his 25+ years in practice, wrote a piece about what really causes heart disease and strokes as well as diabetes and obesity – Inflammation! Quoting Dr. Lundell, "Simply stated, without inflammation being present in the body, there is no way that cholesterol would accumulate in the wall of the blood vessel and cause heart disease and strokes. Without inflammation, cholesterol would move freely throughout the body as nature intended. It is inflammation that causes cholesterol to become trapped. Inflammation is your body's natural defense to a foreign invader such as a bacteria, toxin or virus. The cycle of inflammation is perfect in how it protects your body from these bacterial and viral invaders. However, if we chronically expose the body to injury by toxins or food the human body was never designed to process, a condition occurs called chronic inflammation. Chronic inflammation is just as harmful as acute inflammation is beneficial. We have simply followed the recommended mainstream diet that is low in fat and high in polyunsaturated fats and carbohydrates, not knowing we were causing repeated injury to our blood vessels. This repeated injury creates chronic inflammation leading to heart disease, stroke, diabetes and obesity." Bottom line: injury and inflammation in our blood vessels is caused by the low-fat, high-carb diet recommended for years by the FDA.

"What are the biggest culprits of chronic inflammation? Quite simply, they are the overload of simple, highly processed carbohydrates (sugar, flour and all the products made from them) and the excess consumption of omega-6 vegetable oils like soybean, corn, sunflower and canola that are found in many processed foods [hydrogenated]."

Harmful trans fats only come from hydrogenated vegetable oils. The hydrogenated process also causes free radicals which do damage by attacking cellular mechanisms including DNA.

"While you may not be able see your delicate, injured blood vessels, rest assured it is there. I saw it in over 5,000 surgical patients

spanning 25 years who all shared one common denominator – inflammation in their arteries."

"The "science" that saturated fat causes heart disease in non-existent. The science that saturated fat raises blood cholesterol is also very weak. Since we now know that cholesterol is not the cause of heart disease, the concern about saturated fat is even more absurd today."

"The cholesterol theory led to the no-fat, low-fat recommendations that in turn created the very foods now causing the epidemic of inflammation. Mainstream medicine made a terrible mistake when it advised people to avoid saturated fat in favor of foods high in omega-6 fats. We now have an epidemic of arterial inflammation leading to heart disease and other silent killers.

What you can do is choose whole foods your grandmother served and not those your mom turned to as grocery store aisles filled with manufactured food. By eliminating inflammatory foods and adding essential nutrients from fresh unprocessed food, you will reverse years of damage in your arteries and throughout your body from consuming the typical American diet."

– **Cholesterol:** I'd like to address the cholesterol myth we've all been fed throughout our lives. We've been told that high cholesterol (above 200) is a huge health risk especially for heart disease and strokes. It's been proven through numerous sound studies that this is not the case. The cholesterol test that is ordered by your physician only tells half the story. HDL is considered the "good" cholesterol and LDL is considered the "bad" cholesterol. The standard test we all receive only reflects those 2 numbers. The truth is LDL cholesterol is made up of both good and bad cholesterol. It's possible that the LDL number can be all good with no bad cholesterol. Unfortunately, those tests don't break down what truly makes up the LDL number so it could be that your LDL is, indeed, all good cholesterol. In order to have a test that actually breaks down the LDL number, you will most likely have to pay out-of-pocket for it since most insurance won't pay for it. Bottom line is your total cholesterol number means nothing. However high that number may be, it's possible that it could all be good. What's important is the ratio of the good (HDL) to the total cholesterol number. Your cholesterol ratio (total cholesterol number/HDL - should be less than 5) and your cardiac risk ratio (triglycerides/HDL - should be below 1) are the only numbers that are important. Statins lower your cholesterol, but, unfortunately it lowers the good as well as the bad cholesterol which, again, contributes to not giving your brain the cholesterol that it needs to thrive and to prevent or reverse brain diseases. My total cholesterol number is 304 which is considered dangerously high according to current standards, but my HDL went from 18 to 100+ and my cholesterol and cardiac risk ratios are beyond exceptional.

– According to investigative journalist Nina Teicholz, the author of "The Big Fat Surprise: Why Butter, Meat and Cheese Belong in a Healthy Diet," there is a vast amount of evidence – more than 74 randomized and controlled trials – proving that low-carb, high-fat diets dramatically improve health. More and more studies are being released. As reported in the New York Times, September 8, 2017, the researchers tracked more than 135,000 participants and found that "High carbohydrate intake is associated with a higher risk of mortality, and high-fat intake with a lower risk."

We are facing a worldwide health crisis. Diabetes, obesity, heart disease, nonalcoholic fatty liver disease, neurodegenerative diseases, cancer and many more conditions are on the rise. These conditions have been firmly linked to persistent inflammation, insulin resistance and poor metabolic health, which is linked to eating excess carbohydrates. Also, eating a low-fat diet deprives our bodies of the essential fatty acids that they cannot make on their own so our bodies must get these essential fatty acids from outside food sources to function optimally and survive. Combine these excessively high blood sugar levels with a lack of essential nutrients and you have the basis for our current epidemic of malnourishment, leading to obesity, type 2 diabetes, autoimmune conditions, heart disease and many more. What we eat is the single most significant factor in how our bodies look, feel and function.

Eating low-carb, high-fat puts your body in a state known as nutritional ketosis, in which your primary fuel is fat rather than glucose, which becomes a secondary fuel. Your body breaks down both stored fat and fat you consume into ketone bodies, which fuel your body. The inability of the brain to metabolize glucose leads to impaired brain function and neurotransmitter action, which decreases brain function. The use of medium-chain triglycerides (MCT) oil has been tremendously successful in halting and treating neurodegenerative diseases because ketones can pass through the blood-brain barrier (a semipermeable membrane separating the brain and extracellular fluid in the central nervous system from circulating blood), thereby providing an alternative energy source for the brain. We have known for some time that sugar feeds cancerous tumors. We also know that excess blood glucose contributes to high triglycerides. Stroke, heart disease and deep vein thrombosis are caused by blockages in the bloodstream and have been linked to excessively high blood triglycerides. Because many modern diseases are connected to excessive sugar consumption and to high-carb, low-fat diets, it is time to make healthy lifestyle choices to reverse the damage that's been done to our bodies and prevent future damage caused by following the guidelines of the Food Pyramid.

Some Success Stories: A few years ago, I put an article in the newsletter about my and Dr. Tidman's dramatic health improvements after following the low-carb/high-fat diet. I think it's worth repeating. The parts in bold are additional improvements that have happened since the original article came out.

A while ago Dr. Melanie Tidman, and Julie Pfarrer started consuming 2-3 tablespoons of coconut oil a day and eating low-carb and have had remarkable results health-wise. The following are the improvements to their health:

Dr. Tidman:

Here is a Brief summary of my results after 1 year of eating Keto (I eat less than 25 gms of carbs per day) and doing 2-3 Tblsp of Coconut Oil per day:

- High Blood pressure gone! Off all 3 Blood Pressure medications
- Cured my obstructive sleep apnea in 9 months and no longer have to sleep with the CPAP equipment. My Sleep doctor said she had never seen someone cure their severe Sleep Apnea (I stopped breathing 52 times per hour which is severe) On CPAP 8 years!
- I am back to exercising and dancing 3 times per week, **now power lifting with my husband (85 lbs squat, 60 lbs bench press and more)**, and working at 2 Rehab Centers with noticeable increase in my energy levels,
- Fasting glucose from an average of 114 to the 80's!
- My HDL (that's the good stuff) rose from 40 to over 100
- My triglycerides (that's the bad stuff) decreased from 150+ to 38!
- My Cardiac Risk Ratio (triglycerides/HDL) decreased from 1.8 to .4 (below 1.0 is no risk of a cardiac event)
- No more Fibromyalgia pain, off meds
- Off my Statin medication with no more side effects
- Episodes of Taccycardia gone! Not 1 episode in over a year - now 4 years
- Episodes of Hypoglycemia gone, I now do not have to eat every 2-3 hours due to nausea and dizziness.
- Moderate Insomnia for several years- cured! Now sleep great without sleep meds
- My mom had many years of chronic constipation. I put her on 2 Tblsp coconut oil per day and no longer had this problem

Julie Pfarrer:

I've been consuming coconut oil and eating low-carb for 10+ years now. But after just 3 months I had my blood checked and here were the results:

- My glucose went from 107 to 82 (should be between 65-99) - now it's 73
- My HDL (good cholesterol) went from 19 to 78 (should be greater than 39) - now it's 100+
- My cholesterol ratio (total cholesterol number/HDL) is 2.7 (should be below 5)
- My cardiac risk ratio (triglycerides/HDL) went from 3.3 to .5 (below 1 = no risk)

- My cardiac calcium scan is zero which means there is no calcium buildup in my heart which can also be an indicator of whether there is calcium buildup in the arteries
- My ketone levels went from zero to 2+ (ideal is 1 to 3 or more) - producing ketones in your body turns your body from a sugar burner to a fat burner. - now it's 5+
- The amount of hair loss I've been experiencing for years has slowed down drastically
- My daily indigestion has gone away...it comes back when I eat carbs
- I'm out of my brain fog... my thinking is so much clearer now.

Jill Reid:

When I moved to Colorado in 1992, I noticed that my blood pressure was higher than it had been in the past and that my triglycerides were high. No amount of exercise/running brought them down. After hearing on the radio a doctor from Denver explain that elevated insulin production in the body causes inflammation throughout the body; that inflammation causes heart disease (including high blood pressure), not cholesterol; and that elevated insulin production is caused by our high-carbohydrate American diet, I decided to go low-carb. I eliminated my daily Mountain Dew and my nearly-daily-pasta intake (influenced by living in Italy for 3 years while in the Navy). Very quickly, my blood pressure returned to its old levels and my triglycerides lowered to normal levels. I became a believer and started being careful about eating other carbs. Several years ago, I developed Irritable Bowel Syndrome from the remaining carbs in my diet and had to eliminate them altogether.

So whether you have Parkinson's or not, this is strong evidence that eating high-fat (saturated fats, like coconut oil) and low-carb improves your overall health. There are hundreds of thousands anecdotal stories similar to ours from people who have seen tremendous improvements to their health by going low-carb, high-fat.

How and what to eat:

The grains we consume today do not resemble the grains grown in ancient times because they have been so genetically altered and processed throughout the years. That is why there are so many people with allergies to grains such as wheat. I recommend you read Dr. David Perlmutter's book, Grain Brain, to learn why grains are so bad for you.

General Guidelines:

- Stay away from all processed foods (which are mostly located in the center of the grocery store).
- Don't buy any packaged food that has ingredients listed that you cannot physically pick up and buy off the shelf.
- Buy only non-GMO (Genetically Modified Organism) products.
- Only buy whole foods.
- Only buy grass-fed meats and dairy; otherwise, you'll be consuming carbohydrates from the grain (mostly corn) that was fed to the animal.
- Throw away all hydrogenated oils such as canola, corn and vegetable oils and only use, primarily, olive oil and coconut oil for cooking (see list for other alternatives listed under Fats).
- Buy organic to avoid eating the pesticides/chemicals that has penetrated into the food
- Stay away from grains, pasta, high sugar and starchy vegetables like potatoes, rice, corn, peas, carrots, beets, sweet potatoes, butternut squash and acorn squash.
- Stay away from all products that claim to be "low or reduced fat." For those products, the fat has been removed and replaced with sugar, for example, skim milk, 2% milk, even whole milk (use heavy cream, instead), low-fat yogurt, part skim mozzarella, etc.
- And, it goes without saying, stay away from sugar of any kind including natural sugars such as honey, agave, maple syrup and dates.
- Avoid regular and even diet sodas because they usually contain artificial sweeteners. A can of artificially sweetened soda can spike glucose even higher than a soda containing sugar.
- If you must have something sweet, use natural sweeteners such as pure stevia, erythritol or monkfruit. There are diet sodas out there that are sweetened with these sweeteners; look for them if you must have soda.

(continued on page 8...)

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The following are alphabetical lists of low-carb foods that you should stick to.

Vegetables & Fruits:

Arugula	Chicory greens	Okra	*Spaghetti squash
Artichokes	Cranberries	Mushrooms	Spinach
Asparagus	Cucumbers	Onions (green is best)	Strawberries
Avocados	Eggplant	Parsley	*Summer squash
Bell peppers	Garlic	Peppers	Swiss chard
Blackberries	Green beans	Pumpkin	Tomatoes
Blueberries	Greens (collard, kale, mustard, turnip)	Radicchio	Watercress
Bok choy	Jicama	Radishes	Wax beans
Broccoli	Kale	Raspberries	Zucchini
Brussels sprouts	Leeks	Rhubarb	
Cabbage	Lemon	Scallions	*minimal amounts only occasionally
Cauliflower	Lettuce (all varieties)	Shallots	
Celery	Lime	*Snow peas	

Proteins:

Bacon (not turkey bacon)	Eggs	Pepperoni	Salami
Beef jerky (watch out for added sugars)	Fish (salmon, bass, carp, flounder, halibut, mackerel, sardines, trout)	Pheasant	Sausage
Beef ribs	Ground beef (not lean)	Pork chops	Shellfish (scallops, shrimp, crab meat, mussels, oysters)
Beef roast	Goose	Pork ribs	Steak (the fatter the better; eat the fat, too)
Bratwurst	Ham	Pork rinds	Tuna
Chicken (dark cuts, skin on)	Hot dog (Nathan's is best)	Pork roast	Turkey (dark cuts are best)
duck	Kielbasa	Quail	Veal

Fats:

Almonds	Butter (Kerrygold is high-quality)	Fish oil (Carlson brand is a fabulous cod liver oil)	Olive oil
Almond butter	Cheese (cheddar, Colby, feta, mozzarella, provolone, ricotta, Swiss and others)	Flax seeds and oil (limit for men because of possible prostate cancer risks)	Pecans
Almond milk, unsweetened	Chia seeds	Ghee	Pili nuts
Almond oil	Chicken fat	Greek yogurt	Pistachios
Avocado	Coconut	Heavy cream	Sour cream
Avocado oil	Coconut milk, unsweetened	Lard	Sunflower seeds
Beef tallow	Coconut oil	Macadamia nut oil	walnuts
Blue cheese	Cream cheese	Macadamia nuts	
Brazil nuts	Dark chocolate (80% or higher)	Mayonnaise (not store bought, use a keto recipe)	

Always check condiment labels for sugar content...better yet, make your own ketchup, mayonnaise, salad dressings, etc. There are lots of keto recipes that teach you how.

The ketogenic diet is very strict on how much fat (80%), protein (15%) and carbohydrates (5%) you can consume each day which can be difficult to do for some people. But you can still improve your health tremendously just by sticking to eating low-carb, high-good fats and moderate protein (excess protein gets converted to carbs) without regard to percentages. The goal is to produce ketones which puts you in fat-burning mode. The low-carb, high-good fat, moderate protein approach works for me and is easier to adhere to. It has kept me in ketosis. I have always had to watch my weight my whole life. It seems that just looking at sweets can cause me to gain weight. For me, I found that even though I ate all the right foods, when I ate them with abandon, I started gaining weight so some of you may need to watch your portions. But most people don't have to worry about calorie intake on this diet. In addition to improving your health, another great benefit of this lifestyle is that eating high-good fat satisfies your hunger for long periods of time, whereas, carbs cause you to be hungry in minimal time. Believe it or not, I have not been hungry in the 10+ years I've been eating this way.

Because Dr. Bruce Fife is a certified nutritionist, naturopathic physician and one of the world's leading experts on dietary fats and oils, I follow his advice and consume 1 ½ tablespoons of coconut oil in a hot beverage in the morning and again at night. For those with Parkinson's or any other neurodegenerative disease, his recommendation is to consume 2 ½ tablespoons of coconut oil twice a day instead to help slow down, stop or reverse Parkinson's and other neurodegenerative diseases. Doing this also helps to boost your daily good fat intake for the keto/low-carb, high-good fat diet.

If you want to check your ketone levels to monitor your progress, there are ketone/glucose meters with test strips similar to the diabetes meters that you can buy.

A word of warning – if your body is not used to high-fat consumption, you need to acclimate your digestive system to it gradually. Start with small amounts of fat (coconut oil, fat on your steak or pork chop, etc.). If your intestines rumble, stay at that level until they don't rumble anymore. Then add a little more and repeat that routine until you get to the proper levels.

An Extremely Important Reminder for those with Parkinson's: We all **MUST** have protein in order to survive and to build and maintain muscle mass. Unfortunately, protein can also interfere with your carb/levo medications. So to maximize the effectiveness of your carb/levo, be sure to avoid consumption of protein within an hour of taking those pills. If occasions come up when that's not possible, simply add an extra ½ pill to that dose to help to overcome the effects of the protein on that particular dose.

Resources:

- There is an extremely informative presentation on how the body utilizes food to maintain health and ward off illness and disease. Go to co-parkinson.org, click on 'Study' at the top of the screen, and scroll down to the June 2023 study video.
- There are many easy to understand books out there that explain in more detail, the points of this article. I recommend Jimmy Moore's books, *Cholesterol Clarity* and *Keto Clarity* and Dr. Gerber's book *Eat Rich, Live Long*.
- If you want to read about the numerous research studies that support the health benefits of eating this way, I recommend Nina Teicholz's book, *The Big Fat Surprise: Why Butter, Meat and Cheese Belong in a Healthy Diet* and Maria Emmerich's *Keto*. And there are many keto recipe books (such as the recipes on the keto-mojo.com website) that can help you make delicious, easy meals.

Getting to Know You, Ann Martin

by Ann Grant Martin



There are many folks at Neuro Pong today. We have a full house; almost too many for our 6 tables. I feel grateful to Jill and Julie for bringing this program to life in Colorado Springs. However, today they have another mission. Remembering that I've written a couple of articles for the newsletter, Jill asks me if I would be willing to revive a column, "Getting to Know You" ... something about interviewing members of our Colorado Springs Parkinson's Support Group.

Of course. I am a curious person and would be happy to learn about people who I see in Neuro Pong and scarfing up pie on the first Saturday morning of each month. I anticipate many fascinating stories. Why not begin with me? It will be easy to find a moment for an interview. Here goes....

First of all, having completed my eighth decade of life, I am not one of the younger members of our group. Diagnosed with PD in August, 2019, I've experienced firsthand the physical challenges of having a lot of age and miles on my body.

"Back in the day" I played flute and piccolo professionally. However, since 2004, when I retired from teaching Elementary Music and giving flute lessons, I've enjoyed learning all sorts of new things. As a Biblioholic (a person who cannot not stop buying books), I always have piles of books by my chair. Favorites include Non-Violent Communication by Marshall Rosenberg and Gathering Moss by Robin Wall Kimmerer. Only Dr. Kimmerer could make moss so interesting. Many books on my list broaden the spiritual truth that All Life is Inter-connected. Thich Nhat Hanh has written many books on this theme. As a devoted Feminist, Women's Empowerment is high on my list. In Healing Our Way Home three BIPOC women tell their stories. Once in a while, I read a novel, something I don't have to study. Mad Honey by Jody Picoult and Jennifer Finney Boylan will be next.

Daily Meditation is something that contributes to my ongoing study of Reiki, a system of receiving and sending universal energy. One of my first projects after retirement was to volunteer at the El Paso County Jail. I taught a program entitled "Singing for Women, an Extra Measure." Lately, creative experimentation with different art media and designs has stimulated my goofy side. It hard to predict how a drawing will end up, but it's sure to inspire a smile. However, and, just so you know, Neuro Pong is always the highlight of my week.

Fortunately, I've been able to travel. One golden moment was having a Beluga Whale make eye contact with me in Hudson's Bay. I was in a kayak, right at the surface of the water when she swam up alongside of me. In May, we were in Florida on a trip to kiss the Ocean once again. I saw the full length of the Milky Way while we were out in the bay one dark, but not stormy night. WOW! How long has it been? It is a sight that quickly puts the perceived importance of our "whole huge little lives" into perspective.

OK, now for the usual stuff. I moved here in 1969 with a husband and later we raised a son and daughter. They both are doing well and enjoying solid marriages that have produced 5 grandsons, ages 7 – 21. I have been happily partnered with Karla for almost 27 years. If we had a sign over our front door, it would say, "Bliss Café." Like each of you, Dear Readers, the intervening years have had their good times and not so good. We each have a story. I'm looking forward to hearing yours.

If you would like to share your story, please contact Ann Grant Martin, [REDACTED].

LENDING LOCKER INVENTORY

If you would like to borrow any equipment listed here, please contact: Mary Sauvain at [REDACTED].

AccVoice TV speaker w/ hearing aid technology
Air mattress
Back brace
Bed canes
Bedding lifters
Bed pan
Bed rails
Bed risers
Bedside toilets
Blood pressure cuff
Canes
Cervical traction machine
Chair-side food tray
Chair/sofa canes
Crutches
Exercise bikes
Exercise floor pedals
Homedic massagers
Hospital beds
Hospital bed food trays
Hoyer Lift
Lazercue for freezing help
Lift chairs
Lift-ware tremor compensating utensils
Monthly med carousel with reminder alerts
Pick-up assists
Punching bag - freestanding
Shower seats/benches
Sock helper
Squatty potty
Standup assist transport lift
Standup Walker
Suction cup hand rail
Swivel seat
Toilet arm assist
Toilet rails
Toilet seats
Transfer poles
Transport chairs
Tub rails
U-step
Walkers with wheels & seats
Waterproof mattress protector (Twin)
Wheelchairs

ITEMS THAT ARE FREE FOR THE TAKING:

Contact Julie Pfarrer if interested in these items at info@co-parkinson.org.

Ankle brace (elastic pull on)	1
Bibs (Adult)	8
Blood Pressure Monitor	1
Easy sip hydrate bottle	1
Gate belt	7
Hospital gown	1
Hospital slippers—XL&XXL	2
Male portable urinals, new in individual pkgs – 32 oz capacity	2
Pill crusher, storage, & drink cup combination	1
Rehab squeeze balls	2
Reusable bed pads	8
Wash cloth (disposable, no-rinse, self-sudsing)	1
Weighted utensils	6
Transfer pads – can handle a person up to 300 lbs	4
Zippered ted socks – black	1 pr
Cardinal health guards for men - extra heavy absorbency -14ct	2 pkgs
Depend men's guards—52ct – 1 unopened and 3 opened with a few missing	8 pkgs
Generic briefs, L/XL – 18ct	4 pkgs
Prevail daily male guards – one size fits all – maximum absorbency-14ct	2 pkgs
Prevail Nu-fit daily briefs w/ fastener tabs – 32"-44" size – maximum absorbency-16ct	2 pkgs
Women's Always Discreet s/m/ p/m maximum protection underwear – 42ct	2 pkgs
Women's Always Anti-Bunch extra long panty liners. Extra protection – 92ct	1 pkg

Music Conductor with Parkinson's Sees Symptoms Improve with Deep Brain Stimulation

By Khloe Quill, Fox News, May 10, 2025

ORCHESTRA DIRECTOR, 70, FINDS RELIEF THROUGH ADAPTIVE DEEP BRAIN STIMULATION

An Ohio music conductor is using deep brain stimulation to combat his Parkinson's disease.

Rand Laycock, 70, the director and conductor of a symphony orchestra, was diagnosed just before his 60th birthday, according to a press release from Cleveland Clinic.

"My doctor at the time told me [a Parkinson's diagnosis] wasn't a death sentence, and there would be advancements over the next few years to help with my treatment," said Laycock.

Even after a regimen of medications, however, Laycock's symptoms continued to progress over the next 11 years.

When tremors in his right hand began increasing in severity and frequency, he began exploring other treatments.

"The tremor would really start to be pronounced if I had a deadline coming up for something with the orchestra," Laycock told Cleveland Clinic.

He also started experiencing dyskinesias, which are involuntary movements that can be a side effect of long-term use of certain Parkinson's medications.

Michal Gostkowski, DO, a neurologist at Cleveland Clinic, introduced Laycock to the alternative option of deep brain stimulation (DBS), which was described as a "pacemaker for the brain."

DBS is a "treatment that involves an implanted device that delivers an electrical current directly to areas of your brain," according to Cleveland Clinic.

There are billions of neurons in the brain, which communicate using

electrical and chemical signals. Some brain conditions, including Parkinson's, can make those neurons less active, the same source stated.

Deep brain stimulation applies an electrical current to make those neurons more active.

In May 2024, Laycock received a brain implant as the first step of the DBS therapy. He then activated and set up his device with programmer Erica Hennigs, the release detailed.

"I know the thought of brain surgery can be intimidating, but it's a life-changing procedure that allows you to become your own self again."

"When it comes to programming the device, we try different settings at first," said Hennigs. "We then adjust those during follow-up visits as we learn more about how his symptoms are being controlled."

After seeing success for nearly a year, Laycock progressed to a more advanced form of DBS called adaptive deep brain stimulation, or aDBS.

"Traditional DBS gives the same stimulation to the brain 24 hours a day. What makes aDBS different is that it can adapt and fine-tune the stimulation in real time," said Dr. Michael Gostkowski, a neurologist at Cleveland Clinic, in the release.

"By tracking a certain frequency in the brain, it can increase or decrease the stimulation as needed to better control symptoms."

Laycock was a good candidate for the advanced therapy because his symptoms fluctuated throughout the day, which means a treatment that could adapt to those fluctuations could be more effective, according to the clinic.

"Since Rand's a music conductor, fine-tuning with aDBS would reduce the risk of him experiencing tremors

if his medication were to wear off in the middle of a concert or performance," said Hennigs.

LAYCOCK WAS A GOOD CANDIDATE FOR THE ADVANCED THERAPY BECAUSE HIS SYMPTOMS FLUCTUATED THROUGHOUT THE DAY. (RAND LAYCOCK)

Because of his previous positive experience with DBS, Laycock jumped at the chance to receive the new version.

"It sounded like it would make my life simpler – not having to worry about adjusting my device settings and medications as frequently," he told Cleveland Clinic.

The conductor's implanted device was able to support new adaptive technology, so it was just a matter of working with Hennigs to update the settings.

Laycock began receiving aDBS in March 2025. Now, his tremors are almost completely gone except for times of extreme stress or anxiety, according to the release.

"And my dyskinesia is pretty well under control," he said. "My symptoms are minimal compared to the way they were, and a lot of that is due to adaptive deep brain stimulation."

Laycock is now approaching his 47th year as a music conductor, the release stated, and he looks forward to spending time with his wife, two children and granddaughter.

Gostkowski encourages Parkinson's patients to ask their doctors about DBS or aDBS as an option to control symptoms and improve quality of life.

Laycock added, "I know the thought of brain surgery can be intimidating, but it's a life-changing procedure that allows you to become your own self again."

New Test for Parkinson's Disease Shows 95% Accuracy: Study

by Steve Bryson, PhD, Parkinson's News Today, April 29, 2025

USING SAMPLES OF CEREBROSPINAL FLUID ALLOWS DIRECT ALPHA-SYNUCLEIN TESTING

A newly developed test was able to distinguish — with an accuracy of 95% — between individuals with and without Parkinson's disease, using samples of cerebrospinal fluid (CSF), the liquid surrounding the brain and spinal cord, according to a new study from Germany.

The researchers noted that Parkinson's often is not diagnosed until the disease is in its later stages, and its hallmark symptoms, like tremor and walking problems, are more evident. By that time, however, the brain is often irreversibly damaged, per the team.

Now, this novel test, which measures a protein called alpha-synuclein that is misfolded in Parkinson's patients, is showing promise for helping reliably diagnose Parkinson's disease — even in its early stages.

"In the future it could be used to monitor disease progression, guide treatment decisions, and accelerate the development of new drugs," the researchers wrote.

The test uses samples of CSF, collected via a spinal tap, to directly test misfolded alpha-synuclein — a molecular hallmark of Parkinson's and related conditions.

The scientists detailed their findings in "[Alpha-synuclein misfolding as fluid biomarker for Parkinson's disease measured with the iRS platform](#)," a study published in the journal *EMBO Molecular Medicine*.

BLOOD TEST MAY DETECT PARKINSON'S IN EARLIEST STAGES: STUDY

USE OF NEW TECHNIQUE MAY ALLOW PARKINSON'S DIAGNOSIS AT EARLY STAGE

Parkinson's is caused by a progressive loss of the brain's dopaminergic neurons, which are the nerve cells that produce dopamine, a signaling molecule essential for motor control.

Diagnosing the condition mainly relies on the onset of motor symptoms, including slowness of movement, medically known as bradykinesia, rigidity, resting tremors, and postural instability. Still, by the time of symptom onset, the disease is often advanced, with more than half of the dopaminergic neurons already lost.

"There is an unmet medical need for fluid biomarkers to improve diagnostic accuracy based on a biological classification," the researchers wrote. The team noted that such biomarkers already have been established for Alzheimer's disease, which also is marked by progressive neurodegenera-

tion.

In Parkinson's patients, the misfolding of the protein alpha-synuclein into toxic clumps called Lewy bodies is thought to interfere with the function of dopaminergic neurons and contribute to their death.

Klaus Gerwert, PhD, a study lead, noted that "these misfoldings make the protein sticky, leading to the formation of larger complexes."

Those complexes are known as oligomers, according to Gerwert, founding and managing director at the Center for Protein Diagnostics at Ruhr University Bochum (PRODI) in Germany, and CEO of Betasense, a university spinoff.

"The oligomers then produce long fibrillar filaments and cause the aggregation of these filaments into macroscopically large Lewy bodies in the brain," Gerwert said in a university news story on the team's discovery.

Now, researchers from PRODI and Betasense found that measuring misfolded alpha-synuclein in the CSF — using this new technique — can aid in reliably diagnosing Parkinson's at an early stage.

The technique is based on a patented immuno-infrared sensor (iRS) platform technology from Betasense, which can directly detect folded versus misfolded alpha-synuclein in bodily fluids that absorb different wavelengths of light.

iRS technology has already been applied to Alzheimer's, which is characterized by the misfolding of amyloid-beta in the brain. A study showed it was able to assess the risk of Alzheimer's dementia at a later stage with high accuracy, up to 17 years before diagnosis.

"We have now transferred this approach to Parkinson's for the misfolding of [alpha-synuclein]," Gerwert said.

STUDY ON SKIN TEST TO DETECT ALPHA-SYNUCLEIN IN PARKINSON'S WINS GRANT

TEST FOR PARKINSON'S DISEASE USES SAME APPROACH AS ONE FOR ALZHEIMER'S

The team used the iRS platform to test 134 CSF samples. The discovery group involved 59 individuals, of whom 17 were diagnosed with Parkinson's. The remaining 42 people, who had no signs of neurodegenerative diseases, served as controls.

The validation group consisted of 75 individuals, 40 of whom had Parkinson's and five with multiple system atrophy (MSA), a neurodegenerative disorder with similar

symptoms to Parkinson's. Because misfolding of alpha-synuclein is also known to occur in MSA, both Parkinson's and MSA patients were called the misfolding-positive group. All other participants were grouped as one disease control. That group comprised those with corticobasal degeneration, frontotemporal dementia, and progressive supranuclear palsy.

First, the team demonstrated that the ratio of two iRS wavelengths of light, 1656.0 to 1623.5 per cm, significantly distinguished between folded and misfolded alpha-synuclein.

Then, using this ratio, the researchers found the ability to distinguish Parkinson's/MSA patients from controls was 90% in the discovery group and 86% in the validation group. When both datasets were combined, the classification accuracy was 90%.

The structure-based biomarker... now enables a biological classification for [Parkinson's disease] for timely identification and intervention, potentially slowing the disease progression and improving patient outcomes.

Based on the levels of the wavelength ratio, the participants were then grouped again. One group comprised individuals with high levels of misfolded alpha-synuclein, indicating they likely had Parkinson's or MSA. The other had those with low levels, who did not show signs of the disease.

When comparing just these two groups, the test identified Parkinson's or MSA with 95% accuracy. It correctly detected 97% of people who had the disease (sensitivity) and correctly identified 92% of people who did not have it (specificity).

iRS readings that fell between these two levels, referred to as the intermediate group, reflected a continuum of misfolding between a healthy and diseased state. These individuals may have an elevated risk of developing diseases related to alpha-synuclein misfolding compared with unaffected individuals, the team noted.

"The structure-based biomarker, which is already established for Alzheimer's, now enables a biological classification for [Parkinson's disease] for timely identification and intervention, potentially slowing the disease progression and improving patient outcomes," the researchers wrote in detailing the study's impact.

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PARKINSON'S PERSPECTIVE

JULY & AUGUST 2025

Coming Events

See inside for more information

July 5th: Reg Mtg at Central United Methodist Church - 10 am

Program: Break-Out Sessions

Moderators: Kathleen Foster-Parkinsonians; Jill Reid & Julie Pfarrer-Caregivers

(Caregivers & Parkinsonians separate into different rooms to talk)

August 2: Save the Date — Annual Picnic at the Park!!

Location & Time: Barn Pavilion at John Venezia Park - 11 am
(see details on front cover of this newsletter)

September 6: Reg Mtg at Central United Methodist Church - 10 am

Program: Mobile Physical Therapy Services for people with PD

Speaker: Ryan Mueller, PT, DPT, NCS

October 4: Reg Mtg at Central United Methodist Church - 10 am

Program: TBD; **Speaker:** TBD

November 1: Reg Mtg at Central United Methodist Church - 10 am

Program: Break-out Sessions

Moderators: Kathleen Foster-Parkinsonians; Jill Reid & Julie Pfarrer-Caregivers

(Caregivers & Parkinsonians separate into different rooms to talk)

December 6: Save the Date — Annual Christmas Party!!

Location & Time: Central United Methodist Church - 10 am

Program: Christmas Party!!

Entertainment: The Song Spinners

More useful websites:

<https://parkinsonsnewstoday.com>; www.parkinsonrockies.org; www.parkinson.org; www.nwpcf.org; michaeljfoxfoundation.org;
<http://caremap.parkinson.org>; <https://www.brainhq.com/world-class-science/published-research/active-study>;
www.davisphinneyfoundation.org/living-pd/webinar/videos/cognitive-nonmotor-symptoms-parkinsons; www.parkinsonheartland.org;
<https://www.pdself.org>; https://www.youtube.com/playlist?list=PLkPlhQnN7cN6dAJZ5K5zQzY84btUTLo_C; pmdalliance.org;
<https://www.michaeljfox.org/foundation/news-detail.php?self-care-tips-for-parkinson-disease-caregivers>