Connecticut Parkinson's Working Group Newsletter

December 2002

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The following is a paper presented at the Movement Disabilities Congress in November 2002. In effect it says that the results of a clinical trial on fetal cell transplants confirms those of a previous trial (following article). Although the cells transplanted grew in the brain, severe involuntary movements resulted in a significant number of people, which had to be dealt with surgically - I assume by DBS. This is not good news for the PD community. Stan

No Symptomatic Benefit in Second Fetal Transplant Double-Blind Trial (MovDis Congress 2002)

Report from the Seventh International Congress of Parkinson's Disease and Movement Disorders, November 10-14 in Miami, Florida. Movement Disorders 2002;17(suppl 5).

Transplantation of fetal tissue does not improve parkinsonian disability, and can cause off-medication dyskinesias, according to results from a new double blind study presented in a platform session. The lack of symptomatic benefit occurred despite significant improvements seen with PET imaging.

Thirty-four patients were randomized to receive bilateral grafting of 4 fetal tissues per side, 1 tissue per side, or sham surgery (partial burr hole without penetration of the dura), similar to the previous double-blind surgical trial by Freed et al. Unlike that trial, tissues were held for less than 48 hours before transplantation, and all patients received immunosuppression for six months after surgery. Other differences included the number of tissues used (4 or 1 vs. 2), the target site (posterior putamen vs. caudate and putamen), trial duration (24 vs. 12 months), and primary outcome variable (UPDRS motor score vs. quality of life). Fluorodopa uptake was assessed via PET imaging in a subset of patients.

Thirty-one patients completed the trial. Two patients died during the trial and 3 afterward, for causes unrelated to the procedure. Post-mortem examination was performed on all patients. While placebo patients showed virtually no tyrosine hydroxylase staining in the striatum, transplanted patients did, indicating striatal innervation ***(innervate - to supply with nerves. Stan)***. In patients with 4 tissues "the surrounding striatum was very well innervated," according to Dr. Warren Olanow, who presented the results.

PET results indicated a significant dose-dependent increase versus baseline in fluorodopa uptake, with no change in placebo patients and an approximate one-third increase in patients receiving 4 tissues.

Despite these histochemical (***see note***) and imaging improvements, no significant differences were seen in clinical measures. Increase (worsening) from baseline in the UPDRS (Unified PD Rating Scale) motor score while off medication was 9.4 for placebo, 3.5 for 1 tissue, and -0.72 for 4 tissues (probability=0.096 for 4 vs placebo). Dr. Olanow noted results for treated patients improved for approximately 9 months, then worsened, possibly suggesting a delayed immune response. No differences were seen for on time without dyskinesias, total off time, ADL scores, or levodopa dose required. Patients with initially lower UPDRS scores did respond significantly better to treatment than to placebo, while those with higher scores did not.

No placebo patients, but 13 of 23 treated patients, developed off-medication dyskinesias, similar in kind to those seen in the Freed trial. Three patients required surgical treatment to control them.

"Despite the hope and promise of open label trials, fetal translation in our study failed to meet its primary or secondary endpoints," Dr. Olanow concluded.

Note: a science that combines the techniques of biochemistry and histology [a branch of anatomy that deals with the minute structure of animal and plant tissues as discernible with the microscope] in the study of the chemical constitution of cells and tissues.

Fetal Cell Transplant Therapy for Parkinson's Now Doubted
Mar. 9, 2001

The effectiveness of fetal cell transplants as a treatment for Parkinson's disease is facing serious questions. The latest study showed some patients suffered serious and irreversible side effects. Dr. Curt Freed of the University Colorado Health and Science Center headed the study and is in Denver to talk to us this morning.

The latest study on transplanting fetal brain cells into patients with Parkinson's disease had mixed to disappointing results. Although there was evidence that the cells grew, there was no benefit for older patients. And although some younger patients reported feeling better, 15% suffered serious irreversible side effects. Freed headed the study and defends the results. He says that this approach is promising and there is need for this research to continue.

Previous research into fetal cell transplantation for Parkinson's patients had shown that many seemed to feel better and some symptoms were alleviated by the procedure. But new research published this week's issue of the New England Journal of Medicine is not so positive.

Researchers concluded that the transplants survive in patients with severe Parkinson's disease and that they result in some clinical benefit for younger but not older patients. Researchers also noted a disturbing side effect in some younger patients who had the treatment. In a year or so, they developed twitching and exaggerated symptoms known as "disabling dyskinesias." These side effects are common with the current drug treatments and usually taking the patients off the drug makes the symptoms go away. With the cell transplant the dyskinesias are permanent.

An article in the New York Times quoted one of the study authors, Green, as saying these results were "devastating" and "horrifying." Others say that unknown side effects are a danger in any experimental treatment and that part of the clinical trial process involves a certain amount of risk despite the regimented phases and rigid scientific safety protocols involved. Green said that he believed we should step back to doing tests in lab animals until we understand this well.

In the study, researchers randomly assigned 40 patients who were between the ages of 34 and 75 years and had severe Parkinson's disease. The patients either received a transplant of embryonic neurons into the brain or underwent a sham surgery that consisted of just drilling holes into the skull.

The study had stirred controversy previously because it was a double blind procedure that required some of the patients to undergo a placebo surgery: Holes were drilled in the skull but no treatment was given. Still, the treatment was in such high demand among patients that even those who participated and were found to have undergone a "sham" surgery were offered a chance of having the real thing afterward.

The latest study doesn't reveal whether the real treatment is more effective than sham surgery: Many patients said they felt better after the placebo surgery.

Interview with Dr. Curt Freed
Q: What kind of side effects did the patients have?
DR F: Fifteen percent had excess movements even after they stopped taking the drugs. In other words their brains were still producing dopamine.

Q: Many other researchers were "horrified" and called the results "devastating," yet you say the outcome was positive?
Dr F: We look at this as a step toward new treatments for Parkinson's disease. Putting a stimulator in the brain can control these side effects and that has been done in some patients. But obviously the procedure needs modification before it can be used as a treatment.
Q: Most other studies have shown that using stem cells have made Parkinson's patients better. How do you explain your results?
Dr F: All studies have a range of results. Some patients don't respond, some respond well, and some over-respond. Our study had that range, too.

The following is Marie's experience and is not a suggestion of this newsletter. Any medical action should always be discussed first with your doctor.

One Person's Perspective on MSM by Marie R.

About four years ago I had knee surgery and it was recommended that I take Glucosamine. It is thought to help cartilage therefore, relieving pain and promoting joint health! I shopped around and purchased FlexAble, which I began taking daily. I think it helps, as I know that I put a great deal of stress on my joints with my balance problem! Fortunately I have not had another joint injury.

I began picking it up in the supermarket a couple of boxes at a time. On one occasion I realized I had purchased one bottle with MSM in it along with the Glucosamine. Not knowing anything about the MSM, I put it to the back and planned to call my doctor and ask him or exchange it!

At this time I was taking Sinamet 4 times per day and with the approval of my doctor I was able to take a fifth dose on occasion when necessary! I can remember asking him what are we going to do if I need it more then five times per day? He assured me that I would be able to take it if needed! I was so afraid of developing dyskenesia! I took my first dose while I was still in bed. I would feel great for 2-2 1/2 hours and then I would need the medication. I used to try to wait the four hours but my speech would get so slurred and I would begin to drool. Many times I had to take it in 3 hours.

I then had a serious fall, causing me to spend a week in ICU. When I arrived home I had no more plain FlexAble and hated to call the doctor, so I used the FlexAble with the MSM (methylsulfonylmethene).

Within three weeks people started to comment how much better I seemed to be doing. My husband commented that I had gotten my "Spark" back! But most importantly, I realized that I was forgetting to take my lunch meds! I found that I no longer had the need to take it so often. I began going 6 hours between doses and I would be up for 1-2 hours before I took my first dose. My husband and I discussed why I was doing so much better. The only thing we came up with was that the rest in the hospital perhaps helped me! We had hoped it would continue; however, in time I found myself needing to take the Sinemet more often no matter how hard I tried to fight it. I was really frustrated with myself.

A few days later in the mail was the CPWG newsletter. I opened it and began to read it eagerly! I had been introduced to the group by Jackie Dorwin but regretfully I was never able to make a meeting as my husband was traveling a lot and always on a meeting day.

I continued to read the newsletter and all of a sudden I just collapsed in the chair. I couldn't believe what I was reading. There was an article in there written to a column called "Ask the Doctor." It is addressed to Dr, Lieberman who is a renowned Movement Disorder Specialist. A doctor (who also has PD) who was started on MSM by his doctor for arthritis pain wrote a letter from Florida. There was no improvement in his arthritis but he did notice that he had to decrease Sinemet as he was getting dyskensia! I immediately went to my medication box and realized that I had been on the Glucosamine without the MSM for about 4.5 weeks! I had no idea how much MSM was in the FlexAble I was taking I had to rely on the

recommendation of the clerk where I went to get a new supply of MSM. He suggested I take 1,000 mg 3 times per day! I went home with 2 large bottles and within 3 weeks I was back to my old "new" self again! I couldn't wait to see my neurologist for him to see how well I was doing. He was very pleased with my progress and he encouraged me continue with the medication I was currently on!

Meanwhile I found the FlexAble with the Glucosamine and MSM 250mg, which I originally took. I have been on this for 1.5 years and feel that I am doing very well!

I have told others about my good fortune with the MSM; as far as I know no one has tried it. Several of the women I spoke to were not able to try it as they were involved in drug trials. I have told others over the past 18 months; one person said I take enough meds already! I decided to continue taking the FlexAble on my own, along with the support and approval of my neurologist. However I had to have elective surgery and the anesthesiologist asked me stop taking the Glucosamine with the MSM as he was unfamiliar with it a preferred not to have any unexpected drug interactions. I certainly agreed and I discontinued the medication as of 7-31-02 for surgery on 8-19-02

Initially I did very well and wondered if I would need to take the supplement again. However by the second week without it I felt the need for more Sinemet. This feeling progressed until I was discharged from the hospital and restarted the FlexAble with MSM. This time the improvement in PD symptoms due to the MSM became apparent earlier. At the same time I noticed the symptoms were also relieved more quickly once the MSM was restarted. The difference was so dramatic I promised I was going to share the "GOOD NEWS."

I urge anyone with PD to try this treatment. Be persistent. I would purchase two bottles and begin taking one dose whenever you take the Sinemet. I do think that by the time you begin the second bottle you will notice a difference. My hope is that you will experience the same benefits as I. I can honestly say that the addition of the FlexAble MSM with Glucosamine has improved the quality of my life tremendously. It has made Parkinson's disease much less of a burden for me.

If anyone has trouble finding FlexAble MSM with Glucosamine you can order it on line at www.flexable.com. The Amerifit Nutrition, Inc. 166 Highland Park Drive, Bloomfield, CT.06002 (800) 722-3476 distributes it.

In closing I would like to tell you that I have connected with the CPWG; it is an excellent group of people with incredible amount of energy and empathy for their peers, as well as their families who share the diagnosis of Parkinson's. The two group leaders are phenomenal people. They are always ready to help a newly diagnosed person or anyone who is struggling. They get the newsletter together and mailed out. I would like to thank Jackie and Stan for all they do for all of us with PD and especially for getting the article in the newsletter way back when. It was that article that helped me make the connection between the MSM and why I was feeling so much better. I am forever grateful to them both.

I apologize for the lengthy article but I had a story that I thought should be told! If anyone has any questions or if you would like to let me know how you responded I would be very interested in hearing from you .You can e-mail me at jimmarieroyatmsn.com. Good Luck!

I have read "The Corrections" and am currently reading "Family Matters". They are worlds apart in style, but both have Parkinson's Disease as a major component of the plot. This tells me that PD is becoming more visible and able to be discussed in current literature. The treatments are mostly accurate, if a bit depressing. Stan

REVIEW: The Corrections

A Novel by Jonathan Franzen
Winner of the National Book Award (reviewer unknown, but an accurate review)

The Corrections is a grandly entertaining novel for the new century -- a comic, tragic masterpiece about a family breaking down in an age of easy fixes.

After almost fifty years as a wife and mother, Enid Lambert is ready to have some fun. Unfortunately, her husband, Alfred, is losing his sanity to Parkinson's disease, and their children have long since flown the family nest to the catastrophes of their own lives. The oldest, Gary, a once-stable portfolio manager and family man, is trying to convince his wife and himself, despite clear signs to the contrary, that he is not clinically depressed. The middle child, Chip, has lost his seemingly secure academic job and is failing spectacularly at his new line of work. And Denise, the youngest, has escaped a disastrous marriage only to pour her youth and beauty down the drain of an affair with a married man -- or so her mother fears. Desperate for some pleasure to look forward to, Enid has set her heart on an elusive goal: bringing her family together for one last Christmas at home.

Stretching from the Midwest at mid-century to the Wall Street and Eastern Europe of today, The Corrections brings an old-fashioned world of civic virtue and sexual inhibitions into violent collision with the era of home surveillance, hands-off parenting, do-it-yourself mental health care, and globalized greed. Richly realistic, darkly hilarious, deeply humane, it confirms Jonathan Franzen as one of our most brilliant interpreters of American society and the American soul.

Paperback: August 2002; $15.00US;

REVIEW: Family Matters

Published Sep. 29, 2002

By: Rohinton Mistry. Publisher: Knopf, 448 pages, $26.

Set in Bombay in the mid-1990s, this thoughtful novel captures the diversity of a huge Indian city and the religious tensions that divide its people.

Reviewed by Lisa Singh

Rohinton Mistry's "Family Matters" is more than the story of a family trying to survive life in a cramped apartment in Bombay, India, a city rife with religious tensions. Repeatedly, it returns to the question: Does religious devotion inevitably lead to extremism? Can faith inspire a middle path?

As with his two previous works, "Such a Long Journey" and "A Fine Balance" (both of which were on the short list for the Booker Prize), Mistry's latest work returns to themes that shaped his own life.

Mistry, born in Bombay to a Parsi family, often writes of that minority community's struggle to preserve its ways in a land deeply divided both by poverty and religious turmoil.

In "Family Matters," we witness the growing strength of Hindu extremists intent on shaping the national character in their image. The ever-dwindling number of Parsi (practitioners of the monotheistic religion Zoroastrianism) grapple with a grim reality -- their community's sharp rise in intermarriage and the flight of their brightest young minds to the West. Among those who remain, there's a growing sense of displacement in Indian society and the question: What next?

As an elder Parsi doctor ruminates: "Is it any wonder they predict doom and gloom for the community? Demographics show we'll be extinct in 50 years. Maybe it's the best thing. What's the use of having spineless weaklings walking around, Parsi in name only?"

Set in the mid-1990s, "Family Matters" draws on real events, most notably the destruction of the Babri Mosque by Hindu nationalists in 1992, which sparked religious riots nationwide and the death of 3,000 people. Against this backdrop, Mistry focuses on the plight of a 79-year-old Parsi man named Nariman whose physical decay from Parkinson's disease mirrors the disintegration of his fractured family, who bicker about how to care for him amid financial worries.

Each character sheds light on some crisis of faith. The bedridden Nariman spends his days recalling his tortured love for a Catholic woman barred to him by his Parsi family. There's Mr. Kapur, the kindly Hindu shopkeeper who dreams of a better day for his city, when all religions will be respected. There's

Husain, a shattered man who tries to keep his sanity amid memories of the immolation of his wife and children by Hindu extremists.

The main witness to all these lives is Yezad, a man whose religious trajectory we follow from one extreme to the next. Guilt and fear eventually lead him from agnosticism to an unsettling and blind devotion to Zoroastrianism that alienates him from his Parsi wife and sons.

At times, Mistry's writing lapses into the mawkish. In other cases, there's a distracting preachiness. But those moments aren't enough to corrupt the heart of this thoughtful novel.

-- Lisa Singh writes for the Weekly Standard, Wall Street Journal and other publications. She is working on a book about her father's village in India.

AMAZING FINDING: PARKINSON'S DISEASE SAVES WORLD

North Podunk, February 30, 2003 - A crack team of genetic researchers have analyzed the DNA of randomly selected human subjects over the last 200 years by accessing graves, museum archives, medical laboratories and other sources of human tissue. They were looking for marker genes for Parkinson's Disease. After years of painstaking work they have isolated three genes that determine, in every case tested, the time of onset of PD, the severity of the disease, and the rate of progression. They no longer call it a "disease", however, for reasons that will become clear; they refer to it as Parkinson's Remedy (PR).

These genetic markers were not discovered earlier because there are three of them, which interact in complex ways, said a spokesperson for the team, Dr. Kream. A colleague, Dr. Jennsing, said that there is absolutely no doubt that these are the markers they were looking for; the ramifications are earth shattering. They call these markers Onset, Level, and Progression; Onset determines, more or less, when the person will develop symptoms of PR, Level determines the severity of PR, and Progression determines how quickly the symptoms get worse.

Drs. Kream and Jennsing have traced the prevalence of these markers for two centuries and have discovered a startling trend: every generation these markers change to half of their former value. At present Onset predicts symptoms will appear at age 50 while severity will be what most people would call moderate and Progression is slow. It is also true that these genes are dominant - if either parent has them, all offspring will inherit them at the modified values. About 6% of the adult population now have these genes.

Dr Jennsing says that a moment's reflection will lead one to the incontrovertible conclusion that in five generations virtually the entire population of the earth will have PR at an onset of one year of age, a severity of very mild, and extremely slow progression. They posit that there is an onset time below which PR will not go - 6 months - and a minimum level of extremely mild, typified by slight tremor when stressed, bradykinesia which results in a performance level of 98%, slight rigidity and balance losses at a minimal level.

In order to put the consequences of these findings in perspective Dr Kream suggest we consider the way nature seems to work: When there is danger of overpopulation nature throws us a plague, a flu epidemic, AIDS. Nature can also protect against disaster. A simple example is the potential gypsy moth infestation of northeaster US forests in the 1980s: after a few years of devastation the trees developed toxins on their own to stop further damage to their population. That is, faced with a seeming disaster to a viable species nature will, if allowed to operate without bungling interference by outside forces (read humans), find a way to deal with the problem in the best possible way.

These doctors are certain that PR is nature's way of dealing with the human species' juggernaut to self-destruction. We don't seem able to handle water use, food production and distribution, waste management, environmental pollution, mutual aggression, development of lethal weapons, overpopulation, treatment of diseases, and so on.

Mostly, we can't seem to get along with each other the way most other species have learned to do, and at all levels, from family unit to nations. Nature has taken care of the problems by developing these three genes.

In less than a century, perhaps much sooner, enough of the world's population will have very mild PR with onset effectively at birth. Crucially, everyone will be on the margin for having symptoms worsen, **regardless of social or economic status**. What will this do? People with PR (PWP) will not want to undergo excessive stress and will surely limit their families to two or, at most, three children, again regardless of status. In a few generations the world's population will stabilize at a sustainable level.

Water use will go down by leaps and bounds. Those living in deserts (Los Angeles, for example) will not want to expend the unnecessary energy, which they will have slightly less of, to maintain lawns and repeatedly wash their cars. Industry will reduce its water usage because there will be no demand for the toxic chemicals they now produce in the name of progress in farming and weapons of mass destruction. Since a PWP, rich or poor, is on the margin, any environmental hazard will seriously compromise his or her quality of life so these hazards will be banned - that is, these toxic materials.

Transportation will go from the ubiquitous use of gasoline fueled cars to fast, efficient, clean, accessible trains, busses and innovative personal transport vehicles. Since everyone is at risk for developing more serious symptoms the wealthy will not want to pollute any more than the poor. For example, large yachts that burn huge quantities of fossil fuel and create oily harbors will not be purchased because of the personal risk ***to the owner***, in contrast to the current situation where the claim is: "If I can afford it no one can tell me not to have it! If the harbor gets polluted let the government clean it up.". The goal of a life will be to minimize stress and toxicity of the environment for all, not any selected group, because everyone is on the margin and what is bad for one is bad for all. Never has a society been able to implement this idea before.

PR will also mitigate other current problems such as waste disposal, environmental pollution, and excessive taxes for military forces.

Perhaps the main effect will be in level of aggression. Aggression is stressful. Also, most PWP are less aggressive by nature. Aggression is often caused by wanting what your neighbor has, whether you need it or not. A PWP is less likely to want more since that just means more to care for, which taxes already diminished personal energy reserves. With diminished aggression there will be much less conflict (stressful) and people will learn to live more peacefully together (calming), with less need to acquire "things" which ultimately would require energy to care for.

Drs Kream and Jennsing have carefully covered all of humanities historically major problems (war, plague, hunger, . . .) and those caused by modern culture (terrorism, overconsumption, belligerence between neighbors, crime, unemployment, pollution, toxic waste), and have concluded, unequivocally, that nature has outdone herself. Low level PR for all humans solves every one. Of course there is the question of how PR affects the quality of life for the individual. Aside from the fact that there will probably never be additional world's records for the 1500 meters race or the hammer throw or the number of home runs in a single season, there should be no drawbacks. Longevity will not be affected, except perhaps to lengthen it due to better diet and greater concentration on fitness. The good doctors also do not see any possibility of a "cure", which would undo Mother Nature's plan since infants will be born, essentially, with PR in place.

Upon hearing this marvelous news the Bush administration promised that there would be subsidies to the drug companies to find a cure for PR and labor unions said there would be strikes if any workers were laid off due to having PR. Three terrorist blew themselves up in protest to the research, China started work on a toy doll with PR for global distribution, Switzerland said they will remain neutral, and the Vatican called an emergency meeting to discuss whether PR is a form of birth control.

Drs K and J assure us that there is no need for concern, there is nothing we can do to mess this one up. They said that perhaps this is what was meant when it was predicted that "the meek shall inherit the earth."

Stan Wertheimer

New Zealand Hope on Parkinson's

By MARTIN JOHNSTON

A controversial New Zealand scientist who took his skills to the US because he thought his work would be better supported there has won approval to test his potentially revolutionary treatment for Parkinson's disease on humans. Professor Matt During still works with Auckland University's molecular medicine division but is based at the Jefferson Medical College in Philadelphia. He left New Zealand in 1998 for Yale University, saying US authorities were more flexible and eager to help his research.

Yesterday, his transpacific team announced a "significant advance" in their technique of inserting a synthetic gene into the brain using an inactivated virus. Their latest findings, which come after more than a decade's work, were published yesterday in the prestigious journal Science.

In a world first, the United States Food and Drug Administration has approved a trial to test the therapy for safety on 12 people with severe Parkinson's, after promising results in animal trials. The human trial is expected to start within months.

Professor During said he would apply to health authorities here next year to run a trial of the therapy's safety and effectiveness.

In a rat trial, Professor During's therapy produced a 75-80 per cent reduction of the tremors, rigidity and slow movement that characterise the disease. There was also evidence it might stop or delay its progression. "It's not a cure by any means, but I think it's a significant advance," Professor During told the Weekend Herald yesterday.

The therapy will involve boring a small hole in the patient's skull and inserting a drop of liquid, which is made in New Zealand and contains the virus-coated gene. The surgeon guides it, using techniques including magnetic resonance imaging, to the part of the brain called the subthalmic nucleus, which is extremely overactive in people with Parkinson's. Professor During said the therapy worked by calming and "resetting" cells that had become overactive. It also seemed to stop the destruction of cells that make dopamine, a message-carrying chemical important in movement. The gene involved is called GAD, and it makes a substance named GABA, which is released by nerve cells to slow activity.

"We isolate the virus and grow it in the lab, we gut it out, we pull all its DNA out and put our DNA into it ... that is completely safe and may be inserted directly into the brain."

The treatment mirrors surgical therapies that destroy a small area of overactive brain cells or calm them with permanently placed battery-powered electrodes. Professor During said that if the new therapy proved beneficial for the 10-15 per cent of Parkinson's patients with severe disease, it could be tried at earlier stages. Dr Bronwen Connor, of Auckland University's pharmacology division, described the gene therapy as a very exciting and novel development.

In1998 Professor During returned to Yale University. Yesterday, he said the bid to run the first human trial of the Parkinson's therapy was made in the US because New Zealand was "nervous about approving trials that have not been done elsewhere". "It's a sense that New Zealand doesn't really have anyone else except for myself who is actively doing gene therapy in the clinic, so they don't really have the expertise and experience at regulating this. Everyone feels more comfortable if a place like the US has reviewed it and says it's okay to move into the clinic."

Corny Jokes (and I mean corny!)

These all depend upon the* double entendre *for whatever humor they evoke. I enjoyed making them up - why not give it a try and send me the results for inclusion in future newsletters? Stan

I recently heard about a woman who has PD and was considering DBS. After careful evaluation her neurologist determined that if she had it she would probably suffer some of the disastrous side effects. Their conversation on the matter went something like this:
Patient: So, doctor, have you evaluated my prospects?
Doctor: Yes, and I have come to a conclusion.
Patient: And what do you think …
Doctor: I think you need a DBS procedure like a hole in the head!

John, who works for the Postal Service and has PD, came to see his doctor about the ramifications of being exposed to anthrax. She did a careful evaluation of his health and decided he would probably be okay if exposed to the virus. Their consultation was a s follows:
John: So doc, what is the verdict?
Doctor: You are in good health, even with PD, John, and that is in your favor.
John: That's good to hear, but do you think I should change jobs?
Doctor: Not because of anthrax; I think that you can definitely shake it off.

A farm worker with PD was filling a silo with ears of corn. Nearby a fellow worker was draining a sorghum vat into a trailer truck. All of a sudden a pipe burst on the vat and sorghum sprayed out. The man filling the silo froze, became covered in the sticky stuff and so disoriented he fell into the silo. Quick thinking by his mates got him out but he was covered in corn from head to toe. The supervisor was called immediately. After thinking about the problem for a few minutes he announced that he thought he had an answer to the worker's problem.
Supervisor: I believe I know what to do.
Worker: I can hardly wait to hear your answer; I'm all ears.

From: Monda Varone<mondavinatwebtv.net>
To: sjweratconncoll.edu
Subject: Pergolide

Mayo Clinic researchers investigate drug's possible link to valvular heart disease

ROCHESTER, Minn.

Mayo Clinic researchers are raising concerns about the potential association between the drug pergolide and valvular heart disease. Pergolide mesylate is used to treat patients with Parkinson's disease and restless legs syndrome. To date, valvular heart disease has not been linked to patients using pergolide. However, in the current issue of Mayo Clinic Proceedings researchers describe three patients who were diagnosed as having valvular heart disease while receiving long-term pergolide therapy. The observations are similar to the findings in 1997 that were detected with fenfluramine and phentermine (fen-phen). The physicians recommend that patients should discontinue taking pergolide if valvular disease is detected and no other cause identified.
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DISCLAIMER: Articles in this newsletter are for information only. Any questions of treatment should be discussed with your physician.

WRITE! your representatives in congress.

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