

# *Parkinson's Patients Support Groups, Inc.*

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**December 2010**

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## **A Message from the PPSG Board of Directors as We approach our 30<sup>th</sup> Anniversary**

Dear Valued Members of the PPSG Community: PPSG has been supporting the Parkinson's Community since 1981. For nearly 30 years we have provided information and support for those living with Parkinson's, their friends and families, caregivers and the medical community. PPSG is an entirely volunteer organization, and we provide our services and information without charge.

The expression, *'Every little bit counts'* has many interpretations. The current recession has been far more severe than originally expected, and the recovery is slower than anticipated. Because of this, PPSG has received fewer (and smaller) donations. We have reduced all activities not directly involved in providing information and support for our members. Our two major expenses are printing and the mailing of our newsletters. We have reduced the size and frequency of our newsletters to bring the cost in line with the decreased donations. These changes have not been enough to accomplish our goals. In order to continue to provide support and information services, including our newsletter, we have some suggestions how *'Every little bit counts'* can help further balance our books:

- 1) Make a Donation.** Any amount is greatly appreciated. If each of our readers contributed as little as \$15.00, PPSG would be able to forward the newsletter to all wishing to receive it. If you can help, please include your check in the enclosed donation envelope.
- 2) Subscribe Electronically.** This option not only reduces mailing costs but also saves the

costs of newsprint and printing. If you select this option, our web-master will send you an e-mail message when the newsletter is posted on the web-site or when information is received after the newsletter deadline. Please place an "E" on your address label with your e-mail address on the back, printed legibly, and mail in the donation envelope. We are currently sending almost one fifth of our newsletters electronically. Your subscription will be confirmed by e-mail.

- 3) Update your mailing address/cancel.** Are you receiving multiple issues? Did you move and not update your address with us? Cancelling unwanted issues saves money for other projects that directly benefit our members. Please write "cancel" on the incorrect or unwanted mailing label and return it to us in the donation envelope.
- 4) Volunteer.** We know that times are difficult for everyone and if you don't have money to contribute, we always need help with office projects, research, computer data entry, community events and on our Board of Directors. Your time and ideas are always valued and you'll be helping others in the Parkinson's community. Please contact us via email at [ppsginfo@yahoo.com](mailto:ppsginfo@yahoo.com) or at the office 408.542.5610 and let us know of your interests. We'd love to have you join us!

As we approach our 30<sup>th</sup> year of support for the PD community, with your help, valued members, PPSG will continue to do so for many years to come. *'Every little bit counts'* when we all work together.

***Thank you for your attention and support!***

## Compound in Celery, Peppers Reduces Age-Related Memory Deficits

*ScienceDaily* (Oct. 18, 2010) — A diet rich in the plant compound luteolin reduces age-related inflammation in the brain and related memory deficits by directly inhibiting the release of inflammatory molecules in the brain, researchers report.

**Luteolin** (LOOT-ee-oh-lin) is found in many plants, including carrots, peppers, celery, olive oil, peppermint, rosemary and chamomile.

The new study, which examined the effects of dietary luteolin in a mouse model of aging, appears in the *Journal of Nutrition*.

The researchers focused on microglial cells, specialized immune cells that reside in the brain and spinal cord. Infections stimulate microglia to produce signaling molecules, called cytokines, which spur a cascade of chemical changes in the brain. Some of these signaling molecules, the inflammatory cytokines, induce "sickness behavior": sleepiness, loss of appetite, memory deficits and depressive behaviors that often accompany illness.

Inflammation in the brain also appears to be a key contributor to age-related memory problems, said University of Illinois animal sciences professor Rodney Johnson, who led the new study. Johnson directs the Division of Nutritional Sciences at Illinois.

"We found previously that during normal aging, microglial cells become dysregulated and begin producing excessive levels of inflammatory cytokines," he said.

"We think this contributes to cognitive aging and is a predisposing factor for the development of neurodegenerative diseases."

Johnson has spent nearly a decade studying the anti-inflammatory properties of nutrients and various bioactive plant compounds, including luteolin. Previous studies -- by Johnson's lab and others -- have shown that luteolin has anti-inflammatory effects in the body. This is the first study to suggest, however, that luteolin improves cognitive health by acting directly on the microglial cells to reduce their production of inflammatory cytokines in the brain.

The researchers showed that microglial cells that were exposed to a bacterial toxin produced inflammatory cytokines that could kill neurons. When the microglia were exposed to luteolin before they encountered the toxin, however, the neurons lived.

"The neurons survived because the luteolin inhibited the production of neurotoxic inflammatory mediators," Johnson said.

Exposing only the neurons to luteolin before the experiment had no effect on their survival, the researchers found.

"This demonstrated that luteolin isn't protecting the neurons directly," he said. "It's doing it by affecting the microglial cells."

The researchers next turned their attention to the effects of luteolin on the brains and behavior of adult (3- to 6-month-old) and aged (2-year-old) mice. The mice were fed a control diet or a luteolin-supplemented diet for four weeks. The researchers assessed their spatial memory and measured levels of inflammatory markers in the hippocampus, a brain region that is important to memory and spatial awareness.

Normally, aged mice have higher levels of inflammatory molecules in the hippocampus and are more impaired on memory tests than younger adult mice. Aged mice on the luteolin-supplemented diet, however, did better on the learning and memory task than their peers, and the levels of inflammatory cytokines in their brains were more like those of the younger adult mice.

"When we provided the old mice luteolin in the diet it reduced inflammation in the brain and at the same time restored working memory to what was seen in young cohorts," Johnson said.

Studies have shown that plant compounds such as luteolin can get into the brain, Johnson said. "We believe dietary luteolin accesses the brain and inhibits or reduces activation of microglial cells and the inflammatory cytokines they produce. This anti-inflammatory effect is likely the mechanism which allows their working memory to be restored to what it was at an earlier age."

"These data suggest that consuming a healthy diet has the potential to reduce age-associated

inflammation in the brain, which can result in better cognitive health," he said.

The National Institutes of Health provided funding to support this research.

## **My Diagnosis of Parkinson's Disease**

By Curt Chadwick , Ph.D

Over the year prior to my diagnosis of Parkinson's disease in February, 1985, I developed a severe stutter. It got so bad that I couldn't talk to anybody except my wife, Bernadette. The slightest bit of tension would set off the stutter. Bernadette was the only person with whom the tension was low enough for me to converse. The situation came to a head when I had to give a presentation to the top executives in my company. The tension associated with that was enough to trigger a severe stutter as soon as I tried to speak in the meeting, probably the most embarrassing thing I have ever experienced. This experience motivated me to look for a solution to the problem. I started treatment with a speech therapist and a psychiatrist; I thought I might be losing my sanity. My speech therapist tried everything she knew; but I kept getting worse. She started to become suspicious that my stuttering might be due to Parkinson's, especially since I had also developed frozen facial features, the "Mask". She had worked with some Parkinson's disease patients before I saw her and was fairly familiar with the symptoms, but she was not authorized to make such a diagnosis. When I had a serious bicycle accident that she thought might have been caused by Parkinson's, she got me to see a neurologist friend of hers on an emergency basis. It took him only a few minutes to diagnose me with Parkinson's. He prescribed Sinemet and Comtan. After taking those medications for two days my symptoms were gone! What a relief! I'm probably the only person happy to have such a diagnosis. Sinemet produced a miracle! I had thought I was losing my sanity which is very hard to treat. Parkinson's was very treatable at that stage. I owe a great debt of gratitude to my speech therapist for figuring out what was going on. Due to her I was able to suspend my visits to both her and the psychiatrist. That was about five and a half years ago and my Parkinson's is still being effectively handled by the drugs that I take.

## **Parkinson's Progression Markers Initiative (PPMI)**

The goal of the PPMI study is to identify one or more biomarkers of Parkinson's disease. The discovery of a biomarker of Parkinson's disease is critical to the development of new and better treatments for PD, particularly treatments that could slow or stop the progression of the disease, something no currently available treatment can do. PPMI requires the participation of 400 Parkinson's patients who are newly diagnosed and are not currently taking standard PD medications and 200 individuals who do not have PD. Participants must be at least 30 years of age. They will be enrolled at about 18 Parkinson's disease centers — 14 across the United States and 4 in Europe — over approximately two years.

To learn more about PPMI at The Parkinson's Institute, Sunnyvale, please contact study coordinator Linda Rees at **(408) 542-5664** or [lrees@thepi.org](mailto:lrees@thepi.org)

Or, visit the study website [www.ppmi-info.org](http://www.ppmi-info.org)

## **VA Offers Long-Term Care at Foster Homes**

### **Program Gives Disabled, Chronically-Ill Veterans Choices Beyond Nursing Homes Or Hospitals**

**(CBS/AP)** Some veterans are being placed in foster homes where they can receive medical care while maintaining their independence.

The [Department of Veterans Affairs'](#) Medical Foster Home Program is designed to provide disabled or chronically-ill veterans of all ages with long-term care outside of traditional nursing homes or hospitals. Program coordinator Kristin Maxwell says about 30 veterans in South Florida will be placed in foster homes in the next year.

Foster care-givers will receive up to \$3,000 a month, depending on a veteran's medical needs. The money covers food, laundry, transportation and other necessities.

Maxwell says foster care allows a veteran more choices and costs less than nursing home care.

The VA says that, to participate in the program, homeowners or renters should be qualified and experienced in providing nursing or medical care, and must pass a background check.

**Source:** [www.cbsnews.com](http://www.cbsnews.com)

## Misdiagnosis? Alzheimer's Disease not Only Type of Dementia

**ScienceDaily** (Oct. 15, 2010) — Alzheimer's disease is not the only type of dementia. Two other forms are dementia with Lewy bodies and Parkinson's disease dementia. In both forms, the diagnosis is of vital importance because the treatment for these dementias differs from that for Alzheimer's dementia, as Brit Mollenhauer and co-authors explain in the dementia theme issue of *Deutsches Ärzteblatt International*.

In more than 75% of patients, the memory impairments are due to Alzheimer's disease. In Lewy body dementia, which is accompanied by cognitive and/or further psychiatric symptoms, and in Parkinson's disease dementia, these develop only after the motor symptoms of the disorder have fully developed.

Gerhard Eschweiler and co-authors in their article introduce biomarkers that raise the probability of identifying Alzheimer's disease, at the stage of mild cognitive impairment and up to five years before full-blown dementia, to 80%.

Richard Mahlberg in an introductory editorial emphasizes that the attempts to find an exact differential diagnosis are not merely academic exercises, but that new developments of diagnosis-specific, differentiated interventions for the future depend crucially on a correct initial diagnosis.

### [Catholic Charities of Santa Clara County – Day Break Home Care Services](#)

Day Break Home Care program offers affordable non-medical caregiving services for seniors and their families. Our services include the following: Respite Care / Companionship Services, Homemaking Services, and Personal Care. For more information, please call **(408) 325-5176**.

**This newsletter is assembled by the Morgan Center. Thank you!**

## Risks: Smokers Found More Prone to Dementia

By **RONI CARYN RABIN**

Published: **October 29, 2010**

Middle-aged smokers are far more likely than nonsmokers to develop dementia later in life, and heavy smokers — those who go through more than two packs a day — are at more than double the risk, a new study reports.

Researchers analyzed the data of 23,123 health plan members who participated in a voluntary exam and health behavior survey from 1978 to 1985, when they were 50 to 60 years old.

Twenty-three years later, about one-quarter of the group, or 5,367, had dementia, including 1,136 with Alzheimer's disease and 416 with vascular dementia.

After adjusting for other factors, the researchers concluded that pack-a-day smokers were 37 percent more likely than nonsmokers to develop dementia, and the risks went up sharply with increased smoking; 44 percent for one to two packs a day; and twice the risk for more than two packs.

Former smokers and those who smoked less than half a pack a day were no more likely to develop dementia than nonsmokers. The study was published online in *Archives of Internal Medicine*.

To its lead author, Dr. Rachel A. Whitmer, an epidemiologist with the Kaiser Permanente Division of Research in Oakland, Calif., the study offered a silver lining: unlike age and family history, she said, "this is one risk factor for dementia that can be changed." **Source: [www.nytimes.com](http://www.nytimes.com)**

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## 5 Ways to Cut Elder-Care Costs

### Deal of the Day by Lisa Scherzer

*The so-called sandwich generation -- those caring for their children and their aging parents -- are being squeezed more than ever these days.*

The retirement savings their parents were depending on are being decimated, while health care and other costs associated with caring for them skyrocket. Add to that steep college tuition bills, and the strain on the family budget is, well...overwhelming. According to a 2005 Pew Research Center report, 13% of baby boomers (about 9.75 million) are in such a situation.

On average, these informal caregivers who take care of an elderly friend or relative spend \$5,500 a year just on the day-to-day expenses like food and doctor visits, according to a 2007 study by the National Alliance for Caregiving and Evercare, a health-care coordination program. Should that elderly parent need to be put in a full-time facility, the costs rise exponentially. The average annual cost of a semi-private room in a nursing home is \$69,715, while the average cost of an assisted living facility is \$36,372 a year, according to a 2008 MetLife survey.

Don't expect much help from the government or insurers. Medicare will only cover the total cost of staying in a skilled nursing facility for up to 20 days and won't cover the cost of an assisted-living facility or home care at all, says Mary Winners, owner of About Senior Solutions, a referral service and advocacy organization in Monrovia, Calif.

In fact, without long-term-care insurance, which typically covers the cost of nursing homes, assisted-living facilities and in-house care, the last years of a senior's life can be financially devastating for everyone involved.

To help you better manage the costs of caring for an elderly loved one, follow these tips.

#### **Negotiate**

It never hurts to ask. Try negotiating on price with a facility, especially if they aren't filled to capacity. "It's worth having that conversation, particularly if your parent is already there and they'd have to move out," says Donna Schempp, program director for Family Caregiver Alliance a nonprofit.

#### **Offer to share a room**

Some assisted-living facilities set aside a certain number of shared rooms for lower-income seniors who can't afford the full fee, says Schempp.

Winners, the owner of About Senior Solutions, says she knows of some facilities that may charge as low as \$1,300 to \$1,700 (per person) for a shared room, when a private-room rate would be \$2,500 to \$3,500.

#### **Hire a geriatric-care manager**

A geriatric-care manager can do everything from assessing your parent's long-term care needs and finding them a place to live to helping you navigate the oh-so-complicated health-care system. Not only that, but they can save you plenty of time and money -- making their fees, which range from \$80 to \$200 an hour, a lot more palatable.

Say you live far away from your aging mother and she needs regular assistance. A manager may be better able to find a high-quality assisted-living facility near her home that's subsidized by the community. "A care manager knows what's out there" and can negotiate on your behalf, says Maryann Higgins, owner of Connections Inc., a geriatric-care management service in Sarasota County, Fla.

They can also serve as a much-needed mediator when family members are in conflict over an elderly relative's care. That alone, can save you plenty of time -- and headaches, says Donna Wagner, director of the gerontology program at Towson University.

Search the National Association of Professional Geriatric Care Managers' [site](#) to find a manager in your area.

#### **Adult day care**

If you work during the day and your parent can't be left home alone, enrolling them in an adult day care is a more affordable option than private, in-home care. Fees for adult day services vary, but the national average rate is \$64 a day, compared with an hourly rate of \$20 (or \$160 for an eight-hour day) for home health aides, according to a 2008 MetLife study.

Contact your state's department of aging to get recommended adult day care centers, or search the National Adult Day Services Association for centers by state [here](#).

#### **Hire a part-time caretaker**

For seniors who don't require close or full-time supervision, hiring someone to regularly check in and spend time with your elderly parent may be all you need. It could be a neighbor or someone from the local church. Or, if your mom or dad lives near a university, hire a student. While a college student probably won't be able to provide health-care-type services, they can help out with the grocery shopping, cleaning and meal preparation, as well as provide companionship, says Wagner. The going rate? According to Wagner, students

at Towson University charge about \$15 an hour for such services.

Check with your local university, or faith-based organization (like Catholic Charities or Jewish Family Service), which have volunteers and planned activities for seniors. Another option: Offer to pay a friend or neighbor to check on your parent.

**Source:** [www.smartmoney.com](http://www.smartmoney.com)

**The University of California at San Francisco (UCSF)'s Memory & Aging Center** is currently running several research studies regarding Parkinson's Disease, including a treatment trial for the memory and/or thinking problems that can be associated with Parkinson's Disease. This is an open label (meaning there is no placebo – everyone receives the drug) 12-week study using the Exelon Patch, an FDA approved medication. This study is looking for individuals with a diagnosis of Parkinson's who are experiencing mild to moderate memory and/or thinking problems. This study involves 4 visits in 12 weeks where the patient will receive neurological exams, cognitive testing, and MRI scans. UCSF is also conducting an observational research study attempting to better understand how Parkinson's Disease effects one's cognition, including memory, goal-oriented behavior, and orientation. These visits usually last up to 4 hours and are open to people with a diagnosis of Parkinson's and any range of memory or thinking difficulties. Deep brain stimulation is exclusionary for both of these studies.

If you are interested in participating in, or learning more about, either of these studies, please contact **Reva Wilhelm at (415) 476-2906 or [rwilheim@memory.ucsf.edu](mailto:rwilheim@memory.ucsf.edu)**.

### **. PPSG Board Meetings**

You are welcome to drop by our board meetings and share ideas with us! We meet on the **3rd Monday** of the month between **1:00 and 3:00 PM** at the Parkinson's Institute, at 675 Almanor Avenue, Sunnyvale, CA 94085. To confirm meeting dates and time, please call us at **408.542.5610**. If you are planning to attend, please call Charmaine Eng at 408.723.8116 (dial \*82 before the number).

## **Bach Flower Remedies – FYI**

### **From Wikipedia, the free encyclopedia**

**Bach flower remedies** are dilutions of flower material developed by Edward Bach, an English physician and homeopath, in the 1930s. The remedies are intended primarily for emotional and spiritual conditions, including but not limited to depression, anxiety, insomnia and stress.

The remedies contain a very small amount of flower material in a 50:50 solution of water and brandy. Because the remedies are extremely diluted they do not have a characteristic scent or taste of the plant. Vendors claim that the remedies contain "energetic" nature of the flower and that this can be transmitted to the user. Although Bach flower remedies often are associated with homeopathy, the remedies do not follow homeopathic precepts such as the law of similars or the assumption that curative powers are enhanced by diluting and shaking ("succussion").

Two systematic reviews of clinical trials of Bach flower remedies found no support for effects beyond a placebo. The placebo effect may be enhanced by the user's reflection on his or her emotional state, by a practitioner's empathy for the user, or by the administration of the remedy serving as a calming ritual.

The best known flower remedy is the **Rescue Remedy** combination, which contains an equal amount each of Rock Rose, Impatiens, Clematis, Star of Bethlehem and Cherry Plum remedies. The product is aimed at treating stress, anxiety, and panic attacks, especially in emergencies. Rescue Remedy is a trade mark and other companies produce the same formula under other names, such as Five Flower Remedy. **Rescue Cream** contains the same remedies in a cream form, with the addition of Crab Apple, the only one of Bach's remedies meant to work directly on the physical body as well as with the emotions. It is applied externally in response to minor skin problems such as itches, cuts, stings, pimples and burns.

### **Disclaimer**

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## Pig out More at Thanksgiving and You May Shop Less

**ScienceDaily** (Nov. 19, 2009) — Forthcoming research from two University of Utah marketing professors suggests how eating a traditional Thanksgiving dinner with turkey and mashed potatoes makes consumers less likely to buy on impulse, which might affect the outcome of their shopping on Black Friday, historically one of the busiest retail shopping days of the year.

In "We Are What We Consume: The Influence of Food Consumption on Consumer Impulsivity," Arul Mishra and Himanshu Mishra show how the types of food consumed during Thanksgiving can influence impulsive choices; for instance whether consumers buy on sales the next day or not.

"Most of us don't connect what we eat to our subsequent choices," Arul Mishra said. "However, our research shows that types of food, such as turkey, make people behave less impulsively. Such people are less likely to buy products available at a discount and will find it easier to restrain their impulsive urges and choices."

In other words, if you're looking to spend less this holiday season, eat a good Thanksgiving meal.

Arul and Himanshu Mishra, who are wife and husband, both are assistant professors of marketing at the University of Utah's David Eccles School of Business. They teach graduate and undergraduate courses on consumer behavior, advertising strategies and behavioral decision methods. Their new study has been accepted for publication in the *Journal of Marketing Research*.

The researchers approached study participants between 7 p.m. and 11 p.m. on a Thanksgiving holiday and asked them to fill out an online questionnaire. "We found that participants who had consumed a traditional Thanksgiving dinner with turkey displayed less willingness to buy deeply discounted products compared to those who did not consume a traditional dinner," Himanshu Mishra said.

The combination of tryptophan-rich foods like turkey and carbohydrates like mashed potatoes increases levels of serotonin, a chemical produced in the brain that affects many functions in the central nervous system, including mood, appetite, sleep and some cognition. Serotonin levels have also been shown to correlate with impulsive behaviors. The researchers conclude people who have increased levels of serotonin, such as someone who recently ate a large turkey dinner, are less prone to impulsive purchases. Most meats (e.g., turkey, chicken) and tofu have the amino-acid tryptophan that synthesizes serotonin.

Protein shakes, which also have high levels of serotonin, were also found to reduce consumers' impulses. "Given that people consume several types of protein drinks for breakfast, they should be made aware that such drinks can reduce their impulsive responding," Himanshu Mishra said.

The authors suggest that if consumers are made aware that serotonin from specific foods can reduce impulsive product choice and responding, they could use this information to modify their behavior.

"Marketers and retailers can also benefit from these findings as impulsive choices by customers can result in more product returns," Arul Mishra concluded.

"Knowing that the type of food consumed by customers can influence their subsequent choice suggests the types of food they might serve in their store outlets to induce more productive shopping habits."

## Spending more on drugs may not mean better care

By Robert Preidt, **HealthDay**

The analysis of the U.S. Healthcare Effectiveness Data and Information Set revealed wide variation across the United States in both Medicare drug spending and the rate of inappropriate prescriptions for the elderly, said the researchers at the University of Pittsburgh Graduate School of Public Health.

For example, high-risk drugs were prescribed to 44% of Medicare patients in Alexandria, La., compared with only 11% in the Bronx, N.Y.

The researchers also found that regions where Medicare patients were more likely to get prescriptions for high-risk or potentially harmful drugs did not necessarily spend more on drugs overall than regions with lower use of high-risk or potentially harmful drugs.

In addition, the likelihood that Medicare patients would be prescribed high-risk or potentially harmful drugs was also higher in regions where nondrug medical spending was highest.

"Higher spending can be justified if it's for drugs that are necessary and appropriate and improve patients' health," she said in the news release. "But if certain drugs are being incorrectly prescribed to seniors, then that can lead to complications and expensive interventions, such as hospitalization. As we try to reform health care to get costs under control, we need a better understanding of how spending differs regionally to make a positive impact." The study was published in the Nov. 3 online edition of the *New England Journal of Medicine*

Edited from [www.usatoday.com](http://www.usatoday.com)

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## A Recipe for Making Yogurt

By Indu Chhabra

2 C. whole or 2% milk

Boil milk well in microwave. Once it cools to about 65 degrees, mix ½ teaspoon of yogurt in it. Cover with a lid and put it in the microwave overnight (not turned on.) Cover lid of container with a warm cloth first. In the morning, the yogurt is ready for eating.

It's good if you can get some starter yogurt the first time, perhaps from an Indian restaurant. Then use your yogurt as a starter the next time.

Indu takes care of her husband who has had Parkinson's for more than 20 years. She lost her eyesight about that time also. Now Indu cannot read or write due to her vision problem, but e-mailed this recipe because she could type on the keyboard by touch. She regularly goes to the Indian Community Center in Milpitas to socialize with friends. She also takes her walks in her neighborhood with a cane. Indu and her husband, Dewan, are members of the Sunnyvale Support Group.

For current lists on exercise classes, and support group information/activity calendars, please log on to [www.ppsg.org](http://www.ppsg.org). These lists are maintained by **Steven Russell**.

**The class at Dance for PD shares their creative explorations in movement, song, and text...on Tuesday, December 14, at 10: 30 AM.** Refreshments to follow. This event is held at The Parkinson's Institute & Clinical Center. The address is 675 Almanor Avenue, Sunnyvale, CA 94085. This event is free and all are welcome.



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