

LOST IN TRANSLATION



כשעמדה מלכות יון...להשכיחם חורחך

תל us that the prime objective of the יוונים was for Klal Yisroel to 'forget the Torah.' This seems puzzling. Why was 'forgetting of Torah' at the forefront of their campaign against the Jews? Shouldn't a prohibition to prevent future Torah study be sufficient? Also, what does it mean to 'forget' the Torah, and what means did the Greeks use to erase our Torah memory?

Chazal reveal a singular episode regarding the technique employed by the Greeks to distort/'forget' the purity of Torah. They tell of תלמי המרדך, who gathered seventy-two זקנים and had them translate the Torah into Greek. Chazal tell us that the day of this translation is considered to be the darkest day in Jewish history, even darker than the day of the חמא העגל. How do we understand the enormity of this violation?

We live in a dark, temporal world where the light and sacred source of existence is concealed. By nature, we are prone to forget and detach from our hallowed origin, while our challenge is a lifetime of work to remember and discover who we are and where we come from. The Torah is the tool that facilitates our goal as we toil to recall

and gain awareness of our roots. By design, it generates spiritual memory and connects us to Hashem.

However, only the Torah learned in its pristine form, as divinely gifted to us by Hashem, has this power. Only the unique holiness of לשון קודש and its sacred nuances can jog our memory and awaken us to remember. However, the human composition of the Greeks, a translation based on mortal wisdom, does not have this ability and even serves as the utmost distraction and source of forgetfulness.

Chazal tell us that the Greek translation was extraordinarily beautiful. Yet, that very beauty was the instrument the Greeks used to trigger our שכחה, our forgetting. The overwhelming physical, man-made allure left no room to contemplate and see the sacred beauty and source of Torah wisdom. They created an ideal device to make us forget. They took the mechanism we owned to remember Hashem and used it to make us look away from Him. They had us studying the very same words, while these were man-made, with concepts and ideas that contained no memory of the light, no recollection of the source from which all wisdom parts.

This was the extreme tragedy of the Greek translation. It triggered our national 'amnesiac moment' when we were severed from our Source and thrust into an overwhelming stupor of spiritual forgetfulness. This is why this שכחה was at the forefront of the יוונים' campaign against us. It was the basis of their agenda to break our relationship with Hashem. To merely prohibit us from learning in the future would not be enough, for our natural bond with the Torah and the memory it begets would always keep us knowing and connected. Only with a distortion of our very bond to Torah could they achieve their objective. Our Torah is the Book of Memory, while the Torah of the Greeks is the Book of Forgetting.

On Chanukah, our memory is tested. Do we light the נרות and eat the latkes like a Greek, distracted and absorbed in the physicality of it all, in a state of להשכיחם חורחך, a stupor of spiritual amnesia? Or do we use these physical actions and ideas to remember, return, and connect to Hashem? This Chanukah, may we be זוכה to the ברכה of זכרון טוב לפניך; Hashem blessing us with a 'good memory;' bringing Him, His light and everything good into our lives. Amen.

DEDICATION

WITH A HEAVY HEART, WE INFORM ALL OUR LIFESPARK MEMBERS THAT OUR VERY DEDICATED AND KNOWLEDGEABLE PATIENT LIAISON,

MRS. PAULETTE LANIADO

WILL NO LONGER BE WORKING AT LIFESPARK. SHE HAS GUIDED AND GIVEN INFORMATION, ENCOURAGED AND UPLIFTED, MADE CONNECTIONS, AND AIDED MANY OF YOU IN SO MANY WAYS. ALTHOUGH WE WILL HAVE A QUALIFIED AND DEVOTED REPLACEMENT, SHE WILL BE SORELY MISSED!

א פרייליכען חנוכה!

Rabbi Tzvi Fencer

Beneficial Effects of Green Tea Catechins on Neurodegenerative Diseases



Green tea contains several chemical compounds, including green tea catechins (GTCs), caffeine, and theanine, which may affect brain function. In the following article, we focus on green tea in particular because green tea polyphenols appear to prevent dopaminergic neuronal death, which is a key feature of Parkinson's, and primarily because of one of its compounds called Epigallocatechin Gallate (or EGCG). Let's clarify.

Tea is derived from cured leaves of the *Camellia Sinensis*, an evergreen shrub native to Asia. All versions of tea, black tea, white tea, yellow tea, green tea, oolong, etc., come from the same shrub; the difference is in the processing of the leaves. Green tea is processed by using leaves that are largely unwilted and heated through steaming or pan-firing, which halts oxidation so the leaves retain their color and fresh flavor. Black tea leaves, on the other hand, are harvested, wilted, and allowed to oxidize before being dried. The oxidation process causes the leaves to turn progressively darker.

To understand how green tea may affect people with PD, we need to discuss a protein that is closely associated with PD, alpha-synuclein. In the brains of people with Parkinson's disease, the alpha-synuclein protein is found in the dense circular clumps called Lewy bodies. When a protein is produced by stringing together amino acids in a specific order set out by RNA, it will then be folded into a functional shape to do a particular job. Alpha-synuclein, however, does not have a defined structure.

In Parkinson's disease, alpha-synuclein aggregates form 'fibrils' and may even cause damage by themselves.

For this reason, researchers have been looking for agents that can block the production of alpha-synuclein fibrils.

agents that can block the production of alpha-synuclein fibrils.



In one study, researchers tested 79 different chemical compounds for their ability to inhibit alpha-synuclein assembly into fibrils. One of them in particular, stood out: Epigallocatechin Gallate or EGCG. EGCG is a powerful antioxidant associated with positive effects in treating cancers and is also remarkably good at blocking the production of alpha-synuclein fibrils. Additionally, it promotes the entry into the brain of levodopa and prolongs its bioavailability in the bloodstream. If the alpha-synuclein theory of Parkinson's disease is correct, then EGCG could be the perfect treatment. It can potentially be used in the prevention and treatment of neurodegenerative diseases and could be useful for developing new drugs. In one of the studies testing it, the researchers found that EGCG has the ability to not only block the formation of alpha-synuclein fibrils and stabilize monomers of alpha-synuclein but it can also bind to alpha-synuclein fibrils and restructure them into the safe form of aggregated monomers.

Although EGCG has been clinically tested in humans and appears to be safe, we have yet to see a proper clinical trial of EGCG in Parkinson's disease. Of the few studies done on the effects of green tea vs. black tea, the levels of caffeine in black tea, which are significantly higher than caffeine in green tea, may have been confounding results that black tea is better. Furthermore, the levels of EGCG in these studies were not determined so we don't yet have any scientific proof. If the alpha-synuclein theory of Parkinson's disease is correct, then more research should be done on EGCG, specifically a double-blind clinical trial looking at the efficacy of this antioxidant in slowing down the condition.
Green tea is rich in EGCG precisely because it did not go through the process of oxidation that black

Continued on Page 5

NEWSFLASH

Our very own Rabbi Moshe Y. Gruskin was featured on the cover page of The Voice of Lakewood, November 21, 2024 issue! The Voice, having heard about Rabbi Gruskin and his unique and outstanding organization LifeSpark, reached out to us in the summer for an interview. Rabbi Gruskin's busy schedule was a true time constraint, but eventually, they pinned him down for an interview. As our organization's beloved and inspiring founder, this made great waves and excited many people, both in and out of the Parkinson's community! We wish him much continued bracha and hatzlocha!



MEDICAL MOVEMENT



SELF-ADJUSTING BRAIN PACEMAKER MAY HELP REDUCE PARKINSON'S DISEASE SYMPTOMS

A small study funded by the National Institutes of Health (NIH) found that an implanted device regulated by the body's brain activity could provide continual and improved treatment for the symptoms of Parkinson's disease (PD) in certain people with the disorder. In the study, this type of treatment, called adaptive Deep Brain Stimulation (aDBS), was markedly more effective at controlling PD symptoms compared to conventional DBS treatments, which have been used for PD and other brain disorders for many years. This technique is a big step forward towards developing a DBS system that adapts to what the individual patient needs at a given time. It helps control residual symptoms while not exacerbating others and has the potential to improve the quality of life for those living with PD.

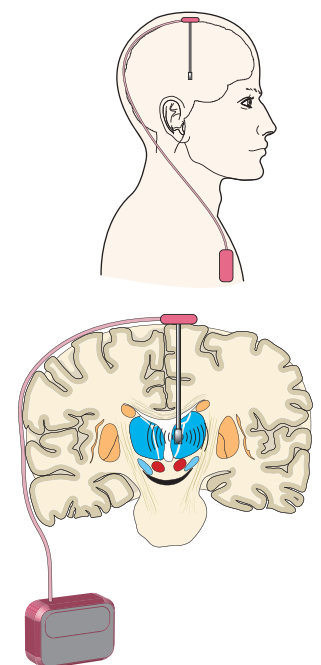
DBS involves implanting fine wires called electrodes into the brain at specific locations. These wires then deliver electrical signals that can help mitigate the symptoms of brain disorders such as PD. Side effects of conventional DBS occur because there is a constant level of stimulation and the brain does not always need the same strength of treatment. Comparatively, aDBS uses data from a person's brain and machine learning to adjust the stimulation level in real-time as the person's needs change.

Conventional treatment for Parkinson's disease often involves the drug levodopa, which is used to replace dopamine in the brain that has been lost due to the disorder. Because the amount of the drug in the brain fluctuates, peaking shortly after administration of the drug and gradually decreasing as it is metabolized by the body, aDBS could help smooth out the fluctuations by providing increased stimulation when drug levels are high and vice versa, making it an attractive option for patients requiring high doses of levodopa.

Four people who had already received conventional DBS were used for this study. They discussed their most bothersome symptoms persisting despite treatment, which in most instances was either involuntary movements or difficulty in initiating movement. Over several months, the researchers trained the aDBS algorithm and then sent the participants home. Every two to seven days, the comparison test was performed by alternating between conventional and aDBS treatments. Notably, even though they were not told which type of treatment they were receiving at any one time, three of the four participants were often able to correctly guess when they were on aDBS due to noticeable symptom improvement, which was roughly a 50% improvement compared to conventional DBS.

While these findings are promising, the initial setup of the device requires considerable input from highly trained clinicians, which is a significant challenge to overcome in order for this therapy to be more widely available. Ideally, when aDBS is fully operational, most of the work would be managed by the device itself, greatly reducing the need for repeat visits to the clinic for fine-tuning. However, this type of automation is also necessary for further testing and eventually offering aDBS therapy in a clinical setting.

This study was supported in part by NIH's Brain Research Through Advancing Innovative Neurotechnologies® Initiative, or The BRAIN Initiative®. Megan Frankowski, Ph.D., is the program director and built her work on other projects led by Philip Starr, M.D., Ph.D., and colleagues at the University of California, San Francisco.



MEDICAL MOVEMENT II



PHARMACEUTICAL COMPANY ABBVIE RECEIVES FDA APPROVAL FOR CONTINUOUS PARKINSON'S DISEASE THERAPY 'VYALEV'

AbbVie, an Illinois pharma giant, made history in 2015 with its Parkinson's disease infusion pump therapy Duopa. Duopa is a carbidopa and levodopa combination administered directly into the GI tract through a stomach tube that needs to be surgically inserted. This was a novel delivery system that combated the common downfalls of oral carbidopa/levodopa treatment, which stem from a short half-life that makes it difficult to control symptoms over time.



Now, after multiple delays due to the FDA's questioning the pump mechanics, not the drug itself, AbbVie has received FDA approval for its more convenient, subcutaneous drug, Vyalev. Vyalev, previously known as ABBV-951, is the company's next advancement over Duopa and features foscarnidopa and foslevodopa. These are similar to the standard-of-care medicines carbidopa and levodopa but are prodrugs, which are drug derivatives that become active after entering the body. They are delivered via a subcutaneous pump as a 24-hour continuous infusion to treat motor fluctuations in adults with advanced Parkinson's. This offers a major convenience edge over its predecessor and continues to avoid the complications of oral therapies.

"People living with advanced Parkinson's disease experience daily challenges due to uncertainty in managing motor fluctuations, especially as their disease progresses," AbbVie's chief scientific officer Roopal Thakkar, M.D., said in a company release. "We are proud to bring this innovation to patients who may benefit from motor symptom control through continuous 24-hour administration of Vyalev."

In a phase 3 study, the therapy significantly increased patients' "on" time without dyskinesia—meaning the patients' involuntary movements were under control—compared with oral levodopa/carbidopa at Week 12. The increase in average "on" time during a 16-hour wake period over the span of several days was 2.72 hours for Vyalev-treated patients versus 0.9 hours for the control arm. Dyskinesia is a common complication of long-term levodopa use in people who have had Parkinson's for several years.

Vyalev debuted on September 23. We are hopeful that Medicare and other insurances will begin covering Vyalev within a few months. We will keep you posted!

Continued from Page 3

Beneficial Effects of Green Tea Catechins on Neurodegenerative Diseases

tea undergoes. Green tea is also superior to black tea in the quality & quantity of other antioxidants. There is also lots of anecdotal evidence that the EGCG and polyphenols play a pivotal role in eliminating nausea associated with levodopa. Many people have begun to take supplements of Green Tea Extract, hoping that the neuroprotective benefits of drinking green tea daily are numerous for Parkinson's disease. However, please note that this is a holistic approach & everybody may react differently to it. From the research we have done, some neurologists are on board with green tea, but you should only begin drinking it or taking supplements after consulting with your own Movement Disorder Specialist. Additionally, make sure that any supplement you take should be of a superior quality & not an off-brand.



DETERIORATION BY DESIGN

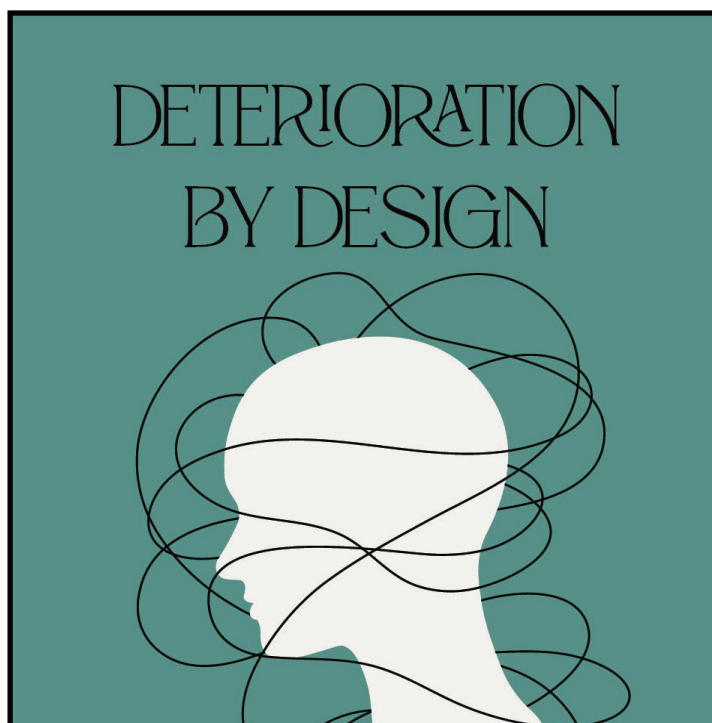
On Sunday, September 15th, we had the honor of having Dr. Howard Lebowitz speak for us. He is a well-known and beloved internist here in Lakewood, NJ, who provides skilled care for the senior population. He received his medical degree from Harvard Medical School. Currently, he has a private practice and is affiliated with multiple hospitals in the area, specifically in the long-term acute facility, The Specialty Hospital of Central New Jersey. He spoke about understanding the sudden deterioration that can happen to Parkinson's patients, how to know if it is from Parkinson's progression or something else, and what to do about it.

Parkinson's patients present a unique challenge because it is a chronic, potentially progressive neurological illness. There are many symptoms, and even the medications given to help treat some of them have many side effects. It can be challenging to know if any symptoms are the medications' side effects or the disease itself. Patients can also experience sudden deterioration after hospitalization, yet it can be very difficult to know what the potential causes of the deterioration are.

The baseline status for the elderly, and especially for a patient with Parkinson's, is like being on a tightrope, so if it gets windy with even minor complications, they can have significant consequences. To best help the patient, we need to keep down the wind by keeping them in optimal health. Their general medical state will have a tremendous impact on functioning. How can we keep them in the best shape?

BOWEL ISSUES

Parkinson's patients can experience severe constipation, which not only causes a lot of discomfort but also affects their whole digestive system and leads to more chronic neuro symptoms. Many PD patients are also unable to absorb foods, and constipation makes it worse. Furthermore, many PD meds have anti-cholinergic effects which makes them have difficulty having bowel movements. So how can we combat this? Diets high in fiber and fluids, regular exercise, and some meds can be used to help with this. (Of course, it is always important to speak to a doctor first.) It is very important to make sure you are having at least one bowel movement a day (or every other day, but not longer!).



BLADDER ISSUES

When someone has bladder issues, it's more than discomfort – it affects the whole functioning of a PD patient. For men, particularly, bladder issues are exacerbated as they age. They typically need to go 3 times a night, and they are unable to completely empty their bladder. One way to help that is that they need to release urine, then wait a few moments, then urinate again.

DEHYDRATION

When elderly patients come to the hospital, their basic bloodwork indicates that many are functionally dehydrated. Why? They don't drink because drinking is challenging for them! It is physically strenuous for them to get around to get themselves a drink, swallowing is very challenging, especially liquids, and urinating is such a hassle that they don't want to drink! A PD patient is always teetering on the edge of being dehydrated, so any change in medical status makes dehydration more severe. Dehydration can also lead to less kidney function, and medicines need to be excreted by the kidneys. Interestingly, coffee dehydrates, yet it can be good for the bowels, so it is important to balance how much coffee you drink!



VIRUSES

It is much more dangerous for a patient with a chronic medical problem, especially a movement disorder, to get a virus. A viral illness can lead to severe complications quickly. For example, if someone has impaired respiratory function, viral bronchitis can spiral into a bacterial infection, rapidly leading to terrible illnesses like pneumonia. Therefore, the elderly need to guard their health aggressively. Elderly patients and those with chronic conditions who are in the company of children are exposed to many germs – children are vectors of germs. Don't visit for Shabbos if the children are sick!

Mental health dramatically affects one's general health and, even more so, any PD symptoms. Stress and anxiety can negatively impact all systems, including gastric, motor, and everything else! Unfortunately, many anti-depressants are hard on PD symptoms, and you would always need to check with your doctor that the PD meds and the anti-depressants can be taken together.

The underlying disease of Parkinson's is chronic, progressive, and slow. Any sudden progression needs to be analyzed because perhaps it is the result of external factors. Even a change in PD meds or getting a new prescription for a different illness (such as an antihistamine or a sleeping medicine) can ultimately lead to the patient feeling worse than before.

INBOX

Messages

You did it again! The card hit the right spot to make us feel validated for all our dedication to our dear spouses. With much hakoras hatov for everything you people do.

K.G.

Rabbi Gruskin, I was really impressed with the amazing work you do and the way it was presented in The Voice this week. HKBH Yishalem Scharum.

Y.H.

Knowing I can connect with you makes me feel that I am not alone in my situation.

RN

Your warmth and understanding of the challenges that I am experiencing and your openness about the sickness, along with the positive and upbeat tone of the whole meeting, was in itself a source of tremendous chizuk.

T.P.

With much hakoras hatov to Rabbi and Rebbetzin Gruskin and the wonderful LifeSpark team, for all the chessed they are constantly doing!

M.R.

Thank you for the beautiful article in The Voice with Rabbi Gruskin, Mrs. Gruskin, and Paulette. It was very appropriate, very positive, and really very nice.

E.B.



Now inviting Caregivers to Join our Classes!

WINTER CLASS SCHEDULE:

Lifespark Wellness Center
1200 River Ave. Unit 9d
Lakewood, NJ 08701

MONDAY

ACTIVE MOVEMENT

AVIVA POLTER,
CPT, CFP, CBI, CTI



WOMEN 9:30

WEDNESDAY

BALANCE AND CORE STRENGTHENING

BATYA KASSOVER, CPT



WOMEN 9:40

THURSDAY

PARKINSONS SPECIFIC BOXING

AVI DEVOR

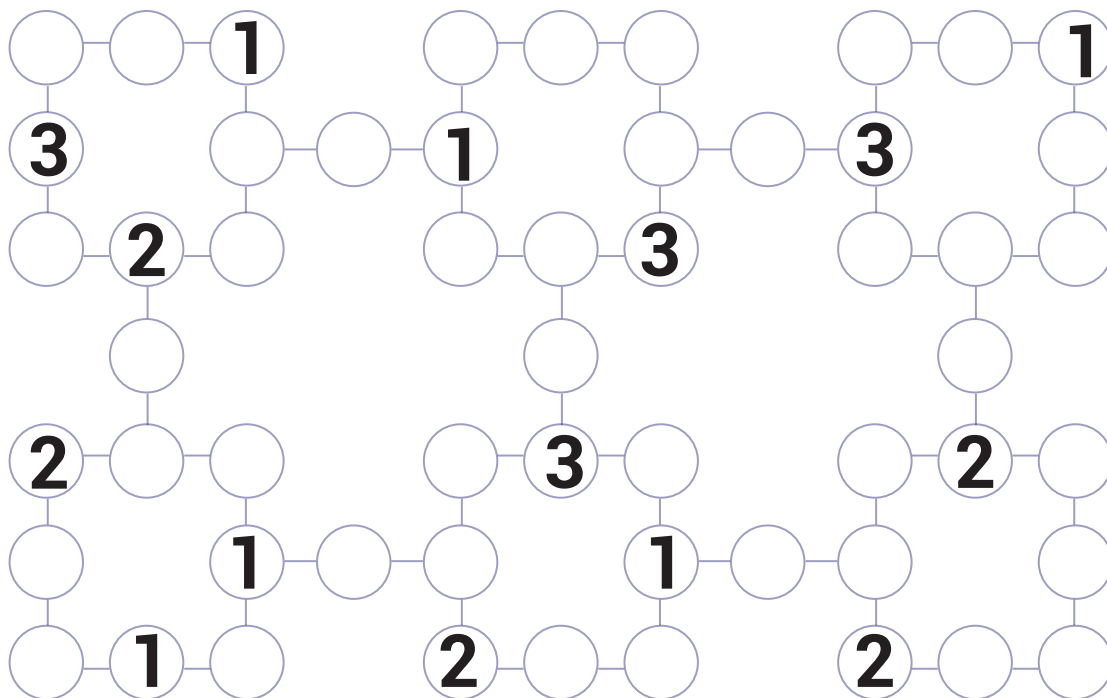


MEN 2:30



1-2-3

Place the number 1,2, or 3 in each empty circle. The challenge is to have only these 3 numbers in each connected row and column - no number should repeat. Any combination is allowed.



answers to Mind Gym on page 11



Levi Falkowitz visiting the LifeSpark Parkinson's Center with its founder, Rabbi Moshe Gruskin

NON-SLIP TALIS

Keeping a tallis on during davening can be especially challenging for individuals with Parkinson's. Some members have tried a new non-slip tallis by Noy Ve'Hadar, which features a narrower design and non-slip material that helps it stay securely in place. While these features improve its immovability, they can make it slightly more difficult to put on initially. The tallis has the Hashgacha of the Tartikov Beis Din, and the tzitzis strings are certified by Badat"z Eidah Chareidis, offering both practical benefits and trusted kashrus certifications.

For further questions, or to order this tallis, please reach out to Rabbi Yaakov Herskowitz of LifeSpark at 732.616.1170



'A Clear View' with Dr. Kiandokht Keyhanian

On Sunday, November 10, we were privileged to hear Neuro-ophthalmic insights into Parkinson's Pathophysiology from Dr. Kiandokht Keyhanian. Dr. Keyhanian is a Hackensack Meridian Health Center neurologist and an assistant professor of Neurology at Hackensack School of Medicine. She specializes in treating numerous Central Nervous System auto-immune disorders. Her philosophy in caring for her patients is based on her belief in personalized medicine and engaging her patients to find the best ways to help them.

For adequate vision, we need both eyes to see in tandem. In Parkinson's, eyesight issues are exacerbated. To understand why, we must recognize issues that occur with the eyes. Following is an overview of such problems.

1 – PROBLEMS WITH THE CORNEA, THE SURFACE OF THE EYE.

◦Dry eyes - Lacrimal glands produce tears, but eyes are much drier in PD patients. Why? 1- They don't blink so much because, with bradykinesia occurring with PD, all movements slow down; 2 – The cornea has less sensitivity, so it doesn't tell the brain as frequently to produce tears; 3 – Decrease in tear secretion. Dry eyes can cause up to 60% of vision to be lost!

◦How can dry eyes be fixed? 1 – Remind yourself consciously to blink; 2 – Use any over-the-counter artificial tears without preservatives, as frequently as you want; 3 – Use heating masks—put a moist towel in the microwave for 20-25 seconds, leave on your eyes for 10 minutes; 4 – Eyelid hygiene –clean your eyes a few times a day with a warm washcloth and baby shampoo to clear away crusting and increase circulation; 5 – Ophthalmologic evaluation and further treatment would be warranted if all these other options don't help.

◦Remember that watery eyes also mean your eyes are dry because the brain gets the message that the eyes are dry but then overcompensates.

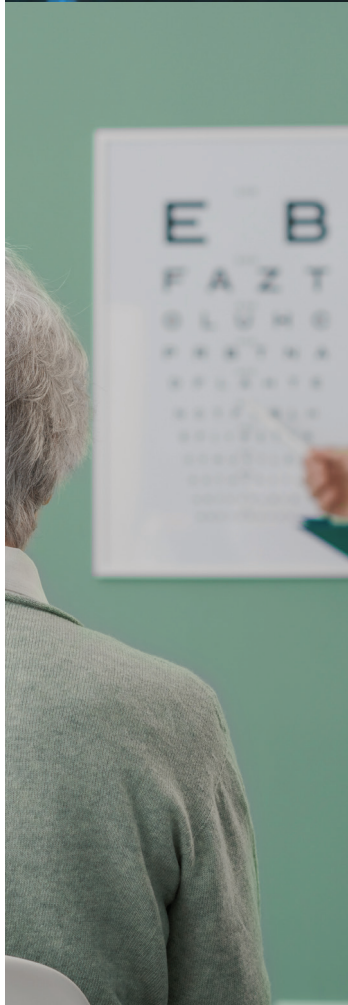
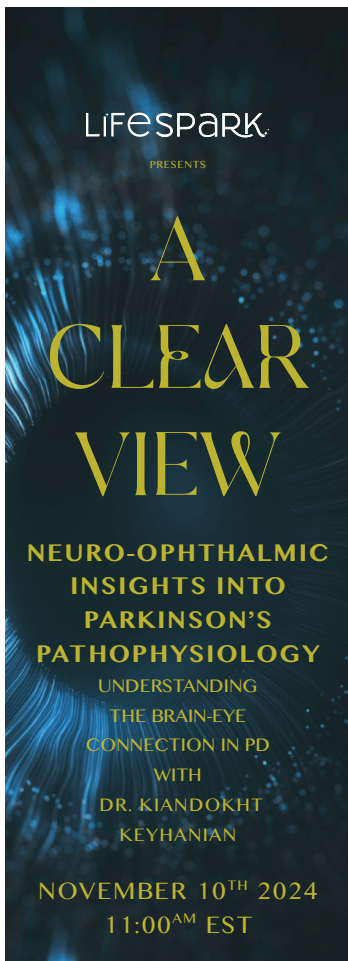
2 – PROBLEMS WITH EYELIDS.

◦Decreased blink rates

◦Eyelid retraction occurs when one of the eyelids doesn't fully cover the eye while resting. It is essential to physically close the eyes, and use an ointment to prevent severe dryness.

◦Ptosis of the upper eyelid – drooping. Sometimes, this condition needs surgery, which would be covered by insurance if the visual field is covered.

◦Blepharospasm - Involuntary spasms of the eyelids-resulting in abnormal blinking or twitching. There can be some medications that might work, or in more severe cases, they might need Botox injections.



◦Apraxia – Takes time from when your brain sends the message to open your eyelids until you can open them. You may need to manually open your eyes in the mornings.

3 – PROBLEMS WITH THE LENS.

◦PD patients have an increased incidence of cataracts, which are clouded lenses that scatter light. Cataracts can be fixed with surgery; however, doing surgery is sometimes better in one eye rather than both.

4 – PROBLEMS WITH PUPILS.

◦Impaired Pupillary adaptation - due to abnormal autonomic response in PD patients. (Pupils usually enlarge in dark rooms or danger and grow smaller in the light.)
 ◦Larger pupil size, Unequal pupil size, Slow and limited response to light - unfortunately, there is no treatment available for these conditions.

5 – PROBLEMS WITH THE RETINA AND MACULA.

This condition occurs when the light goes through the cornea, the pupil, and the retina, which sends the message to the brain.

- The Retinal Nerve Fiber Layer (RNFL) is thinning.
- Reduced macular volume
- Increased incidence of age-related macular degeneration – some types have treatments, some do not.
- Decreased color sensitivity due to reduced photoreceptor cells.

6 – PROBLEMS WITH OPTIC NERVE.

◦When there is a higher incidence of glaucoma and similar visual field defects - this will need medications to prevent this condition from progressing.

7 – PROBLEMS WITH EYE MOVEMENTS.

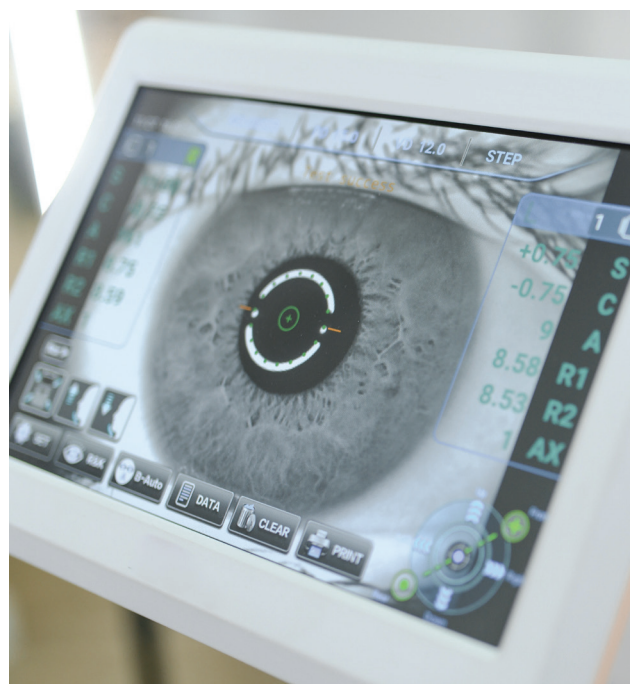
- Both eyes need to work well and together to see appropriately.
- Impaired convergence causes double vision when reading. There are eye exercises to do to improve this condition.
- Impaired vertical gaze – trouble looking up and down
- Double vision – with one eye, it can be due to dry eyes; with both eyes, it is due to slow and uncoordinated eye movements.

8 – PROBLEMS WITH VISUAL PROCESSING (BRAIN-RELATED).

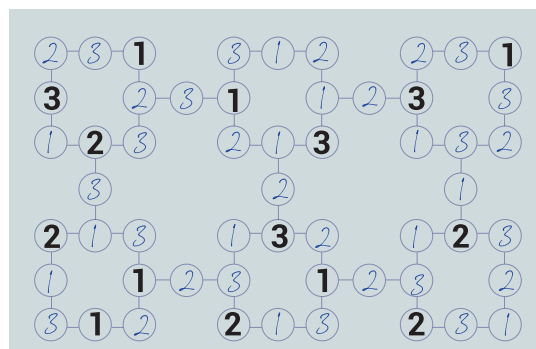
- This is usually perceptual rather than an issue with the eye.
- Visual hallucination – seeing 'bugs' on the wall
- Visuospatial deficits – only seeing part of the picture
- Impaired facial expression recognition
- Difficulty perceiving more than one object at a time.

There is very little to do about many of these conditions; some of them are even caused by Parkinson's or the medications being given for PD.

Some recommendations: see an optometrist for glasses, but see an ophthalmologist for evaluating conditions, not necessarily a neuro-ophthalmologist because so many neuro-ophthalmologic condi-



Answers to Mind Gym from page 9

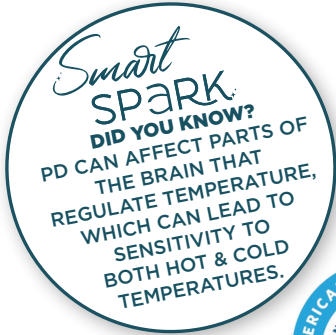


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THE PAIN-PARKINSON'S CONNECTION

CAUSES, CONSEQUENCES AND CUTTING EDGE THERAPIES

DR. JACOB HASCALOVICI
DECEMBER 22ND 2024 AT 11:00^{AM} EST



TAKING THE NEXT STEP

WITH DR. JOOHI JIMENEZ-SHAHED
JANUARY 12TH, 2025 - 11:00^{AM} EST



LIFESPARK
PRESENTS

A NATURAL APPROACH TO TREATING PARKINSON'S DISEASE

Incorporating a Natural Approach in Conjunction with Conventional Medicine

SUNDAY 2/16/25 11:00^{AM}



BY KATRINA BADIOLA LIM, MD, NEUROLOGY