

IYAR AND ITS AURA

The month of Iyar, nestled between Nissan and Sivan, bridges the Yomim Tovim of Pesach and Shavuos. However, the definitive identity of Iyar itself seems vague. What does Iyar represent, and what is our particular Avodah therein?

In Tanach, the month of Iyar is called 'Chodesh Ziv' – the month of 'Splendor' or 'Glow'. The Gemara explains that the Avos, the epitome of the world's splendor, were born then. Rashi clarifies that although the Avos were born in Nissan, Iyar retains the name 'Ziv' to indicate that they were all present by Rosh Chodesh Iyar. This seems counterintuitive. Why do we not mark the actual birth of the Avos in Nissan but instead focus on the auxiliary fact that they were already born by Iyar? The idea of 'Ziv' also suggests a secondary, derived effect – rather than highlighting the light source, it draws attention to the surrounding radiance and glow.

Iyar has its own Yom Tov – Pesach Sheini. This day provides an opportunity for those unable to bring the Korban Pesach in Nissan due to impurity or other reasons to bring it now. However, the introduction of this mitzvah in the Torah is unique. While most mitzvos were directly introduced and commanded by Hashem, Pesach Sheini was a request from those who were contaminated and excluded at Pesach Rishon. They approached Moshe, asserting: 'למה נגרע', 'why should we miss out' on the Korban Pesach? Moshe then approached Hashem, who presented the mitzvah of



¹ ברמב"ן ויקרא יט, ב: והענין כי התורה הזהירה בעריות ובמאכלים האסורים והתירה הביאה איש באשתו ואכילת הבשר והיין, א"כ ימצא בעל התאווה מקום להיות שטוף בזמנת אשתו... ולהיות בסובאי יין בזוללי בשר למן, וידבר כרצונו בכל הנבלות, שלא הזכיר איסור זה בתורה, והנה יהיה נבל ברשות התורה. לפיכך בא הכתוב... וצוה בדבר כללי שנהיה פרושים מן המתרות... שנהיה נקיים וטהורים ופרושים מהמון בני אדם שהם מלכלכים עצמם במותרות ובכיעורים, ע"כ.

² הקב"ה נקרא 'אור', כדכת' ה' אורי וישעי (ראה ס' הגבורות למהר"ל פ"ז ובהערת המהדיר שם, ובס' העקרים ח"ב פכ"ט, לבוש החור מנהגים אות 1).

³ והם יסוד רוב המצוות, שהרי רוב מצוות התורה (ולפחות הרבה מהם) יסודם בזכר ליציאת מצרים (עיין רמב"ן סו"פ בא יג, טז, אב"ע שמות יב, ב, הגדת זבח פסח לאברבנאל פסק' בכל דור ודור, גו"א למהר"ל שמות יב, מט, ובס' הגבורות פמ"ד).

גליון זה מוקדש לזכות ולרפואתו השלימה של
אברהם יעקב בן יעל נ"י

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Pesach Sheini. What is the significance of the Iyar's Yom Tov being initiated by Klal Yisroel instead of Hashem?

In the Parsha of קדושים תהי' we learn that in addition to our commitment to following the clear directives of the Torah, we must also be in tune with the spirit of the law and act accordingly. For example, even when partaking in permitted foods, we must be sensitive to our innate sanctity and not overindulge. While enjoying the world's sanctioned pleasures, we still must hear the Torah's implied demand for holiness.

The mitzvos that are assigned directly by Hashem are analogous to the light itself, as they emanate from He who is the source of all light. The mitzvos that require us to strain and listen to the silent sound of ratzon Hashem are compared to the muted glow radiating from the light.

The month of Nissan is a month of light itself. Its mitzvos are delineated in the Torah, and the Avos, source of our soul and spiritual illumination, were born then. However, to qualify for Sivan and arrive at Matan Torah, we must also learn to experience Torah's subtle glow and aura and hear its understated sounds of sanctity. This is the Avodah of Iyar, bridging the gap to Sivan as we learn to appreciate the 'Ziv' of Torah, the light of Torah together with its luminous glow. The awareness of those who missed the delineated Pesach Rishon was also a display of 'Ziv' as they sensed the unspoken mandate for another Korban Pesach.

Let us tap into the 'Ziv' of Iyar, the silent glow and grace of Torah, thereby priming ourselves for the season of Sivan and the glory of Matan Torah.

Rabbi Tzvi Fener

BENEFITS OF THE BONFIRE

Close your eyes for a moment and think about Lag Ba'Omer. What is the first thing that comes to mind? Most likely, you thought of a bonfire. Bonfires are not just a camp or child's activity but can benefit people with Parkinson's in many ways. In honor of the upcoming day of Lag Ba'Omer, let's talk about some of these benefits.

The sights, sounds, and smells of a bonfire or fire pit can provide a calming and engaging sensory experience, aiding in sensory stimulation. But it's not just that- these fires offer a dose of something special: Nature Therapy. Surrounded by Hashem's beautiful nature, the calming effect of trees and a campfire can help reduce symptoms of Parkinson's.

The bonfire experience often involves socializing with others, a key aspect that can help alleviate feelings of loneliness and isolation, which are common in people with Parkinson's. This social connection is a powerful tool in managing the condition.

Feeling relaxed and calm while gazing at a flickering fire is not just enjoyable; studies show that the peaceful atmosphere of a campfire can help reduce stress and promote relaxation, which can be beneficial for managing Parkinson's symptoms.

The conversations and storytelling around the fire can help stimulate cognitive function and memory, resulting in cognitive stimulation.

Activities such as roasting marshmallows can help improve fine motor skills and hand-eye coordination, similar to a gentle "physical therapy" session! Speaking of physical therapy, you can up your ante and get a straight-out workout! Offer to help the kids with the preparations- collecting the wood and setting up the fire. These activities can help improve mobility and balance.

So, this Lag Ba'omer, pull up a chair with a warm cup of tea and let Hashem's nature wash over you. Enjoy!



MEDICAL MOVEMENT

DISCOVERIES IN PARKINSON'S MEDICAL CARE

CONTINUOUS LEVODOPA DELIVERY

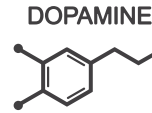
Many individuals with Parkinson's disease (PD) take intermittent doses of standard oral levodopa/carbidopa (LD/CD) to help control motor fluctuations. Various studies have demonstrated that motor complications in PD can be reduced with continuous delivery of levodopa. The DopaFuse system is a novel, intraoral micropump that attaches to a retainer and uses a propellant to deliver LD/CD continuously into the mouth. A 2-week study by C. W. Olanow, D. McIntyre, et al. evaluated the safety, pharmacokinetics, and efficacy of LD/CD delivered via the DopaFuse system. The results demonstrated that continuous delivery of LD/CD using the DopaFuse system was associated with significantly less variability in plasma levodopa concentrations, leading to reductions in OFF time and increased ON time, as compared to treatment with standard oral LD/CD therapy and was well tolerated. Currently, this 'retainer' is still under review in studies and is not yet FDA approved.



EARLY DETECTION OF PARKINSON'S DISEASE

In most, if not all, cases of Parkinson's disease (PD), by the time an individual is diagnosed with PD, a significant proportion of dopaminergic (DA) neurons are already lost, suggesting that there are biomarkers within the individuals for 5-10 years before a clinical diagnosis. Researchers continuously try to identify these biomarkers to detect PD earlier and develop disease-modifying therapies that may no longer be effective during a clinical diagnosis. Previous studies have been done to try to identify PD-specific microRNA (miRNA) in gut biopsies with varying results. Biomaterials from buccal (oral) and nasal swabs provide, in theory, a potential resource for biomarker development. A recent study by P. Schlieber, F. L. Struebing, et al. has been done to investigate the expression of miRNAs in routine oral and nasal swabs. This study used a control group of healthy individuals, people with PD, and people with isolated rapid eye movement sleep behavior disorder (iRBD). (Years before a clinical diagnosis of PD, many individuals will experience iRBD.) Previous studies revealed a significantly increased expression of the miRNA hsa-miR-1260a in cases of PD and iRBD, in addition to this increase correlating with the disease's severity and olfactory function. This, therefore, identified hsa-miR-1260a as a novel PD-specific miRNA that correlates with disease progression. When the results of this current study were analyzed, they found a significant increase of hsa-miR-1260a in both oral and nasal swabs from PD and iRBD cases compared to control subjects. This work demonstrates that oral and nasal swabs can be a valuable early biomarker tool for PD. As gut biopsies are less well suited for routine diagnostics than oral or nasal swabs, this research is a promising development for earlier detection of PD. Stay tuned on these pages to find out when doctors will begin using oral and nasal swabs for earlier detection of PD!

Intense Exercise Increases Dopamine Transporter and Neuromelanin Concentrations



A progressive loss of dopaminergic neurons characterizes Parkinson's Disease (PD). Exercise has been reported to slow the clinical progression of PD. The reported benefits vary according to the exercise's type, intensity, and duration. Moderate-to-high-intensity exercise multiple times per week for prolonged periods has been shown to alleviate the motor severity of PD in clinical trials. Studies using MRI and PET imaging demonstrate that even a single session of vigorous cycling by habitual exercisers released significantly more dopamine in the brain than passive ones. These findings suggest that the benefits of exercise may be due to neuromodulatory effects, such as the preservation of the dopaminergic reserves and enhanced dopamine transmission.

A recent study by B. de Laat, J. Hoyer, and G. Stanley et al. evaluated the dopaminergic system of patients with mild and early PD before and after a six-month intense exercise program. MRIs and PET imaging measured the availability of dopamine transporters (DAT) in different parts of the brain. Exercise reversed the expected decrease in both DAT availability and the neuromelanin (NM) concentration into a significant increase. NM accumulates slowly in dopaminergic neurons as they age but decreases up to 60% in the early years of PD; therefore, the loss of NM is a hallmark of PD pathology.

The Study

Ten subjects completed the 6-month high-intensity exercise program. On average, they had mild bilateral disease, intact global cognition, and no significant anxiety, depression, apathy, or fatigue. They were all motivated to exercise and comply with the program, and most were on PD medication. They each had an MRI and PET scan before the classes and approximately two weeks after the last exercise class.

Motor function tests showed similar or slightly improved scores from pre- to post-exercise, but more significantly, the high-intensity exercise-induced brain changes in DAT availability and NM concentration. As there was no worsening of motor disease progression and no increases in medications, the DAT availability increases likely reflect improved functionality in the dopaminergic neurons due to the exercise. Additionally, because the patients had PD for less than four years, this study followed them when considerable loss of DAT availability and NM should have occurred. This seems to indicate that exercise has a protective effect on the dopamine terminals in the brain. Furthermore, the study's authors purposely had the scans taken two weeks after the six months of exercise so that the known acute increase in DAT concentration immediately after an exercise session would 'wash out' and only the longer-lasting changes would remain.

Conclusion

This study provides evidence that sustained periods of intense exercise can induce brain changes in individuals with mild and early PD. Biomarkers for the health of the dopamine system were increased in the brain following six months of exercise, demonstrating the neuromodulatory effects of exercise on the dopaminergic system. Moreover, the increases were both significantly different from, and reversals of, the expected natural decline.

These results not only support the inclusion of high-intensity exercise early in the treatment plans of PD patients but also suggest a role for exercise as an effective non-invasive neuromodulatory therapy.

We look forward to further research in more extensive clinical trials of individuals with PD and people with more severe symptoms to validate these findings and pinpoint the source of any true neuromodulatory & neuroprotective effects of exercise in PD.



Better Off Not Knowing

By Rabbi Yechiel Spero. Reprinted with permission from ArtScroll/Mesorah publications, Ltd.

When Rav Aharon of Karlin, also known as Rav Aharon HaGadol, passed away, his talmid Rav Shlomo seemed destined to assume the mantle of leadership. He was bright and wise and sensitive and kind; he had all the necessary character traits to become the next Rebbe, and the Karliner Chassidim needed him to fill the role.

But Rav Shlomo didn't see it that way. He maintained that he was nothing in comparison to his Rebbe and was unworthy of filling his place. How would he know what to say and what to do? He humbly asserted that he lacked the intuition and knowhow to become the next Rebbe.

Then one night, he had a dream.

Rav Aharon appeared to his talmid and asked why he wouldn't take upon the role. Rav Shlomo told his Rebbe what he had shared with the senior Chassidim, that he wasn't capable. The Rebbe made him an offer he could not refuse. "If you are willing to become the Rebbe, I am mavtiach, I promise, that you will see me'sof ha'olam ad sof ha'olam, from one end of the world to the other."

"Vayikatz Shlomo ve'hinei chalom" (I Melachim 3:15).

And Rav Shlomo awoke from his dream.

Now blessed with a Shlomo HaMelech-like intuition, he had the uncanny ability to see beyond the picture presented before him.

The first day, the children of a wealthy individual came to the Rebbe, crying that their father was very ill and he needed a berachah. They handed Rav Shlomo pidyon nefesh, the customary charitable gift for the Rebbe to distribute to the poor, in the hope that their father would regain his health.

Simultaneously, a poor fellow walked into the Rebbe's room and cried that his wife was in labor and complications had arisen. He needed the Rebbe's special berachah and guidance.

With his newfound inspiration, Rav Shlomo intuitively sensed that the time had come for the wealthy man to return his neshamah to his Creator, and that the mother who was in labor was going to give birth to the child who would receive that very neshamah.

A few hours later, the gvir was niftar and shortly thereafter, cries of mazel tov pierced the air.

But even though the baby was healthy and the mother was fine, the penniless family needed money for wood with which to heat their home. It would be impossible for the newborn child to survive the winter without firewood. The Rebbe took the money from the pidyon nefesh and appropriated the money for the baby boy and his family. How fitting.

But the story doesn't end there.

About four years later, the rich man's family was making a bar mitzvah for his youngest son and the entire town was invited, including the poor man's family. The father, mother, and their 4-year-old child all

attended. While the wealthy man's family sat at the dais with all the prominent individuals, the destitute folk and the townspeople sat on the other side of the hall.

In middle of the meal, however, the 4-year-old child, who was normally well behaved, made his way up to the front table. Inexplicably, he wanted to sit at the head table. But the rich man's family had no interest and no patience for the annoying child. Although they tried to move him away, he kept coming back. Finally, when it became too much to handle, the family of the bar mitzvah boy sent the boy and his parents out of the hall.

Rav Shlomo watched uncomfortably from his front row seat, where he was able to witness all the action. He knew the real story. He knew that the child's neshamah was the same as the father's and in some sense, the child wanted to sit at the front because it was his son's bar mitzvah!

This was too much to bear.

Rav Shlomo had seen enough.

That night, he davened to Hashem to take away his ability to see "from one end of the world to the next."

He just wanted the chance to sense and feel the pain and tzaar of those who came to him. He would do his utmost to daven for them.

And let Hashem do the rest.

He now understood that maybe he was better off not knowing after all.



Maintaining dental health is essential for people with Parkinson's disease (PD), as symptoms can complicate dental care, yet people living with PD can face severe consequences from oral ailments. Consistent dental maintenance and good oral hygiene are the best ways to control dental problems. Here are some PD-related dental challenges that can interfere with maintaining oral hygiene.

We know how hard it can be to brush one's teeth with PD-related rigidity, tremors, and dyskinesia. These symptoms also cause cracked teeth and changes in the fit and wear of dentures. However, not brushing is not a good idea because it can lead to many oral problems. Besides being so painful, cavities are also a breeding ground for bacteria that can easily infiltrate the bloodstream and harm other body parts. Missing teeth also make speech and chewing more complex and may contribute to unhealthy dietary adjustments and even depression. Additionally, poorly chewed food can increase the risk of choking and aspiration, which can contribute to life-threatening pneumonia. Inflamed gums can signal periodontal disease, which destroys the bone-supporting teeth.

Some Parkinson's patients have issues with oral and facial muscles, affecting chewing, swallowing, and speech. Others have too much saliva, which can lead to fungal infection at the corners of the mouth, but some have too little saliva, and that increases the risk of cavities!

Fatigue, anxiety, and tremors, which are so common, make the commute to appointments, sitting still in the dentist's chair, and opening the mouth wide challenging. Some of the medications that patients might be on,

such as immune-suppressing medications or some psychiatric drugs, such as clozapine, can significantly reduce white blood cells, a natural defense against infections. This increases the risk for bacteria-causing dental diseases to spread elsewhere.

So, how can we help maintain good oral hygiene despite all these difficulties?

A toothbrush with soft bristles and a small brush head will make it easier to reach the corners. A large handle or a handle placed inside a tennis ball will make it easier to grasp. Alternatively, use an electric toothbrush, which will almost do the job independently! It is also best to brush one-handed, using the stronger side of the body.

Brushing the teeth and tongue frequently, preferably after every meal, is essential. If that is not possible, rinse the mouth with water. Floss daily and get help from a caregiver if necessary. Waterpiks might not be as beneficial for removing plaque as floss, but they can help remove some of the food still on the teeth. Another option would be to use pre-threaded flossing aids. We can also use a fluoridated or antimicrobial mouthwash. If swishing and spitting are difficult, use a brush or sponge applicator.

If you have dentures, ensure you remove them after each meal, brush and rinse them, and clean them in a solution at night. Insert or remove them over a soft surface or water-filled sink so they will not break if dropped.

When scheduling your appointments, keep them short and schedule when your symptoms are most effectively controlled. Inform your dental office of your PD symptoms and have them record vital signs upon arrival. Tell your dentist if you are taking MAO-B inhibitors (rasagiline and selegiline), as these may interact with anesthetics. It also might be worthwhile to consider replacing old fillings, crowns, and other oral devices during the early stages of PD, as dental visits may become more complex as PD progresses.

See the chart for more helpful tips!

Take Care of Your Teeth

Keep your mouth healthy with these tips from June Sadowsky, DDS, professor at UTHHealth School of Dentistry in Houston.

Floss regularly. Floss at least once a day or every time you brush. Some people find it easier to use a soft gum pick instead of floss to clean between their teeth.

Dr. Sadowsky does not recommend water picks. They remove food particles, she says, but not the plaque, which contains bacteria that cause gum disease and cavities.



Brush properly. You should brush twice a day—in the morning and before going to bed at night. It's best to use an electric toothbrush and allow it to clean each tooth. Dr. Sadowsky advises her patients to brush for as long as it takes to sing "Happy Birthday" twice. Avoid a forceful back-and-forth motion, which can be hard on tooth enamel.



Consider mouthwash. Mouthwash makes the mouth feel and smell fresh. Your dentist may suggest a specific type of mouthwash depending on your oral profile.



Eat crunchy foods. The chewing motion involved in eating crisp produce such as raw carrots and apples is important for oral health, and research suggests it also may help maintain cognitive function.



Avoid tobacco. People who smoke have an increased risk of tooth decay, gum problems, and losing teeth, according to the Centers for Disease Control and Prevention. If you smoke, ask your doctor or neurologist about programs that help people quit.



Ask about fluoride. Many public water systems are fluoridated to help prevent cavities. Your dentist may recommend brushing or rinsing with a product that contains fluoride as an extra measure.



Keep your dentist informed. Tell your dentist if you are on new medications or have a new medical diagnosis. Report problems such as dry mouth or swallowing difficulties.



Drink plenty of water. Reduce your consumption of sugary and acidic drinks (such as orange juice and coffee), which can erode enamel, in favor of water.



Address problems. If a tooth breaks, get it fixed or replaced as quickly as possible. If you wear dentures, make sure they fit properly.



Limit sweets. Sugar can promote cavities. Don't suck on hard candy or mints. If you need cough drops, try sugar-free brands.



Schedule checkups. Visit the dentist at least twice a year to be examined for cavities and gum disease. Visit more often if you tend to build up plaque or have a history of gum problems.



EVENT RECAP



DR. GREGORY ALFRED MD, FAAEM
HYPOTENSION & PD



DANIEL BIES DC, CA, MS
IMPROVING GAIT AND PD STIFFNESS



DR. HANNA BRESLER DMD
DENTAL ISSUES IN PARKINSON'S



A Golden Opportunity

Our recent LifeSpark Monthly Educational Event was a standout. Unlike our usual format of one expert, one topic, this time, we had the privilege of hosting three distinguished doctors, each presenting on a different topic, all highly relevant to the Parkinson's community. The event concluded with an engaging question-and-answer session, providing a platform for patients and attendees to interact with the panelists.

Our first panelist was Dr. Gregory Alfred, MD, who presented on Low Blood Pressure and Parkinson's Disease: understanding why hypotension (low blood pressure) occurs in Parkinson's patients and tips to avoid it. Dr. Alfred is the medical director for HMS [Hyperbaric Medical Society] in Fort Lauderdale. Aside from his many certifications, Dr. Alfred has served as a clinician in one of the busiest in-patient hyperbaric departments in South Florida, where he saw firsthand the amazing life-changing powers of Hyperbaric oxygen therapy and has sought to expand the reach of the modality to the outpatient setting. The following is a short synopsis of the doctor's presentation.

PD is a Neurodegenerative Disorder known for its Motor Disorders, but Hypotension (low Blood Pressure) is a non-motor disorder that is a symptom of Autonomic dysfunction. The Autonomic Nervous System is the automatic system in our bodies – that which we don't have to tell our bodies to do. The 2 main categories are the sympathetic – 'fight or flight' – which causes the pulse and BP to go up, and the parasympathetic – 'rest and digest' – which causes the pulse and BP to go down. One function of the Autonomic System is the Baroreflex, which is called into action when a person stands up. Gravity begins to pull the blood in the vessels down, which would make the BP drop. The reflex



causes the blood vessels to constrict, which in turn causes the BP and pulse to go up and regulate. However, if the nervous system isn't working properly and the Baroreflex signal doesn't go through, blood vessels in the legs don't constrict, and the BP drops when standing. This is called Neurogenic Orthostatic Hypotension and is characterized by Systolic BP dropping by >20 and Diastolic BP dropping by >10 within 3 minutes of standing up. It occurs in patients with Parkinson's due to the degeneration of the neurons responsible for Baroreflex.

Orthostatic Hypotension can occur in 20-60% of PD patients, especially in those who have had PD for many years. Other external causes of this can be due to medications, including PD meds such as Levodopa, and dehydration. The best way to help this is to review all medications with a doctor. Sometimes, they can prescribe a medicine to raise BP, but this would be with caution because many of the same individuals with hypotension can have supine hypertension – where their BP goes up when they lie down! Diet changes can also help. Under a doctor's guidance, they can increase their salt intake by up to 6-10 mg daily, and drink lots of water – 10-11 glasses a day, especially a large glass right before standing up. Other activities can help hypotension:

- ◆ sleep with the head elevated by 45 degrees
- ◆ exercise (done safely)
- ◆ avoid excess heat or humidity
- ◆ avoid straining or bearing down
- ◆ getting up slowly while clenching leg and abdominal muscles
- ◆ crossing legs while standing (cautiously to stay balanced)
- ◆ squatting.

Additionally, abdominal binders or waist-high compression stockings might also help with hypotension.



The second panelist was Dr. Daniel Bies, who presented on Chiropractic Care and Parkinson's Disease. Dr. Bies is a licensed Chiropractor, Acupuncturist, and Clinical Nutritionist who has been practicing for over 32 years. Some of Dr. Bies's professional accomplishments include establishing and directing Ocean County, New Jersey's first integrated medical center that combined conventional and alternative medical therapies.

The following is a short synopsis of this doctor's presentation.

Essentially, we find two therapeutic approaches to PD: therapies designed to reduce the symptoms of PD and others to slow its progression. From a pharmacological approach, there has been no real development since the introduction of L-dopa in the 1970's. Certainly, the number one therapy is exercise. The preferred exercise is one that requires concentration, balance and stretching. Other musculoskeletal therapies such as general PT (physical therapy), chiropractic, acupuncture, and yoga relieve muscle pain



and control pain spasms. The best plan is one that combines a few of these therapies.

Also, over the years, some supplements have been shown to help slow the progression of PD. Coenzyme Q10 at 1200 mg daily has been shown to slow progression, as has supplements of vitamin D. Magnesium can reduce muscle spasms.

Back in the 1990s, a neurologist named Dr. Perlmutter used intravenous glutathione to reduce symptoms in some patients. In 1996, he gave 50 patients IV infusions 2x a day and then stopped. After 2 to 4 months, many patients found a significant decrease in symptoms. This is not a cure, but it can give temporary relief. For example, a patient will say, “I have a wedding this weekend. Can I receive infusions to make it easier for me to dance”? See Dr. Perlmutter’s website for more information.

Additionally, DBS (Deep Brain Stimulation) administered to control tremor symptoms has been found helpful in approximately 80% of patients. Previously, it was necessary to drill a small hole in the brain to implant the machine. Now, an Israeli company that helped build the Iron Dome uses ultrasound technology to target the area of the brain responsible for the tremors without invasion. This advancement is available at Jersey Shore Medical Center and is called Focus Ultrasound. An integrative approach to all the above therapies is the best recipe for success

Our third panelist was Dr. Hanna Bressler, a distinguished and well-known dentist in our community. She presented on Dental Health and PD—tooth decay caused by excess saliva, difficulties in oral hygiene due to tremors, and other PD symptoms affecting dental health. A short synopsis follows.

Many PD patients have rampant decay, especially at the base of the teeth, and come in with food particles everywhere. This is often because they can’t brush well because of their tremors. Also, excess saliva would typically cleanse the mouth and the bacteria in the mouth, but some Parkinson’s medications cause dry mouth.

Many PD patients come in to a dentist’s office with rampant decay, especially at the base of the teeth, and have food particles everywhere. This is often because they can’t brush well due to their tremors. An electric toothbrush can also be very helpful because the vibrations will cleanse the teeth just by holding it. Additionally, for their dry mouth, they can stimulate saliva production by sucking on sugar-free candies or chewing on sugar-free gum.



STATES WITH TWO-WORD NAMES

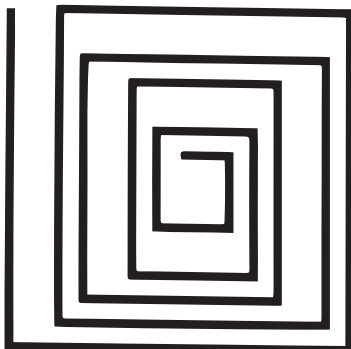
How many of the 10 states with two-word names can you name in 30 seconds?



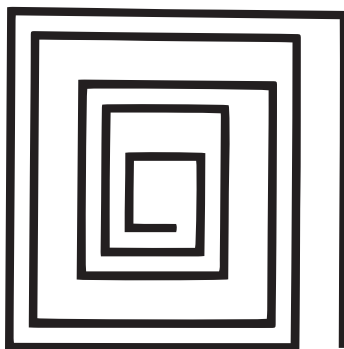
FOUR PATTERNS

FIND THE 2 IDENTICAL PATTERNS.

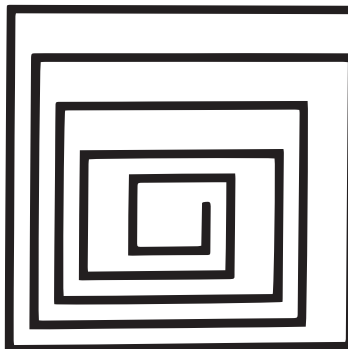
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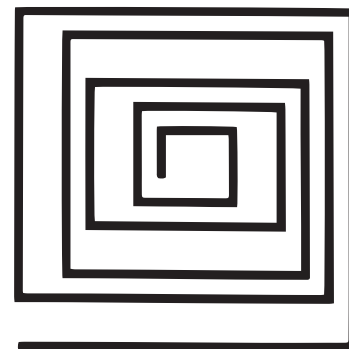
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C.



D.



STAY TUNED FOR
SUMMER SCHEDULE!

STANDING WEEKLY CLASS SCHEDULE:

Monday Tuesday Wednesday Thursday



**ACTIVE
MOVEMENT**

AVIVA POLTER,
CPT, CFP, CBI, CTI



WOMEN 9:30

**CIRCUIT
TRAINING
THERAPY**

AVI DEVOR



MEN 2:30

**BALANCE
AND CORE
STRENGTHENING**
BATYA
KASSOVER, CPT



WOMEN 9:40

**PARKINSONS
SPECIFIC
BOXING**

AVI DEVOR



MEN 2:30

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SUBJECT LINE - EDITOR
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I just got my Pesach gift today. After making Pesach for over 40 years, my first reaction was - there is nothing I need. But wow, was I wrong. Kudos to whoever picked out this gift. Looking at it, I realized I don't have it and it's so useful and pretty.

My husband had an injury a few weeks ago. There went our plans of traveling for the first days to spend time with our children and einick-lech. Getting that gift really picked up my spirits. It means I'm not the only caregiver and you are there to support us. So thank you and Tizku l'mitzvos.

SK

Thank you for the informative round table virtual event in May. I was so excited to see my dentist, Dr. Hanna Bresler speak about oral hygiene with PD. It made me realize how important it is to notify all of my doctors regardless of the reason for my appointment about my PD diagnosis.

LL

I just want to express my sincere thank you for the pre-pesach gift that you sent my way. I was so touched and it was beautiful and so useful. Thank you for kind gesture! So thoughtful!

K.N

Dear Paulette,
Thank you for your enthusiastic and positive response. It is encouraging to know we have a support system in place from Lifespark!

-D.F. Belgium

Dear Lifespark,
Thanks for arranging the recent lecture. It is greatly appreciated!

CR- Israel

My husband who has Parkinson's has been suffering from urology issues for the last couple of years. We have gone to Urologists without success. After hearing Dr. Sandman speak in March, we realized that we needed to switch to a urologist that is knowledgeable in PD and that we need to explore it from a PD point of view.

-D.F., Lakewood, NJ

Hi D.F.,
Thanks for the feedback! The sole purpose of our educational events is to bring awareness on how PD can impact the patient in other areas. All the best!

-Paulette Laniado, Lifespark patient liaison

Thank you for hosting Dr. Bresler, Dr. Alfred and Dr. Bies by your May event. It was out of the box and interesting to hear how PD can manifest itself in other areas. Dr. Bresler has been our family dentist for years and we are very happy with her practice.

I am interested in exploring hyperbaric chamber and would like to know how to get in touch with Dr. Alfred and find out where they are located.

S.U.

Hi S.U.,
We are glad that you enjoyed the virtual event! Dr. Alfred is based in the Fort Lauderdale location, although Hyperbaric Medical Solutions has a location in New York as well. 954-834-1280

-Lifespark