Parkinson’s News
THE PARKINSON’S DISEASE FOUNDATION OF INDIA

STOP PARKING START LIVING

Parkinson disease (PD) is a chronic progressive disease affecting the nervous system. It occurs due to low levels of a chemical called dopamine in certain small parts of the brain. It is neither contagious nor inherited. There is as yet no cure for it even though there are many treatment options that allow the patient to have a normal though difficult lifespan. The four major symptoms of Parkinson disease are tremors, muscle stiffness, slowness of movement and loss of balance. PD makes movements more and more difficult, therefore the patients like to remain still and keep on sitting or lying in one place. Normally they have no incentive to move about and be active. It is as if they have parked their car of life in a garage and shut the engine.

In Parkinson disease most muscles of the body shrink due to contraction and loose their elasticity or tone that makes movement all the more difficult, which acts as a demotivating force for any activity and vicious circle continues.

It is important to keep as fit as you can. Good muscle tone and function are important for maintaining optimum mobility, balance and coordination, body functions and a feeling of well being. It is important that somebody or something acts as a motivator to patient to move the body and exercise daily.

Kamal Aggarwal

WORKS OF MR. ASPI BALSARA,
He has had Parkinson disease for the 12 years. He is now retired from business and spends his time painting, gardening and listening to music. In this issue we feature 5 of his recent paintings.

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Total Parkinson Disease Care Program at Kokilaben Ambani Hospital  Dr. Mohit Bhatt

In the last two years Kokilaben Dhirubhai Ambani Hospital has emerged as a destination of choice for many patients suffering with Parkinson Disease. The hospital has established “Total Parkinson Disease Care Program” to address specific problems related to this disease. The program is subsidized by the hospital and costs only Rs. 1500. The Patients can consult five specialists on the same day for various aspects of Parkinson’s Disease.

The First consultation is with Dr Mohit Bhatt, Movement Disorder Specialist at our hospital and he plans patient medical treatment. This is followed by four more consultations including Dietician, Physiotherapist, Psychologist and Speech and Swallowing experts. This program is available on Monday, Wednesday and Friday between 9 am to 5 pm. Most patients are also assisted by our Parkinson Disease Nurse Archana Robert (Mobile 9833874132) who guides them regarding treatment strategies and often she's one point person for enquires on telephone.

This unique program has been designed for Private circulation only. Not for sale
For patients with early Parkinson's disease, levodopa (syndopa) and other antiparkinsonian medications are usually effective for maintaining a good quality of life. As the disorder progresses, however, medications can produce disabling side effects. Many patients on long-term levodopa develop troublesome dyskinesias, excessive movements that often cause the limbs and body to writhe or jump. In addition, their dose of levodopa no longer lasts as long as it once did. This may lead to "on-off fluctuations," a condition in which the ability to move changes unpredictably between a mobile ("on"), state when medication seem to work, and an immobile ("off") state in which little effect of medication is apparent and normal movement is very difficult. When patients no longer have an acceptable quality of life due to these shortcomings of medical therapy, surgical treatment should be considered.

DBS surgery involves placing thin metal electrodes into (one each on each side of the brain) one of several possible brain targets and attaching it to a computerized pulse generator, under the skin in the chest (much like a heart pacemaker). All parts of the stimulator system are internal, there are no wires coming out through the skin. To achieve maximal relief of symptoms, the stimulation can be adjusted during a routine OPD visit by a physician or nurse using a programming computer held next to the skin over the pulse generator. DBS reversibly alters the abnormal function of the brain tissue in the region of the stimulating electrode.

Although Deep brain stimulation is a major new advance in the treatment of PD.

In the most common method, implantation of the brain electrode is performed with the patient awake, using only local anesthetic and occasional sedation. The basic surgical method is called stereotaxy, a method useful for approaching deep brain targets through a small skull opening. A brain imaging study (MRI) is done few days before the actual surgery for planning. For stereotactic surgery, a frame is attached to the patient's head just before surgery, after the skin is anesthetized with local anesthetic. CT is obtained with the frame in place. The images of the brain and frame are used to calculate the position of the desired brain target and guide instruments to that target.

Dr. Anand Balasubramaniam is functional Neuro Surgeon at Kokilaben Ambani Hospital in Mumbai. He has a vast experience in DBS Surgery for Parkinson's Disease. Previously he was Prof. of Neuro Surgery at NIMHANS Bangalore.
with minimal trauma to the brain. After frame placement, MRI/CT, and calculation of the target coordinates on a computer, the patient is taken to the operating room. After giving local anesthetic to the scalp to make it completely numb, an incision is made on top of the head behind the hairline and a small opening (1.5 centimeters, about the size of a coin) is made in the skull.

The major benefit of DBS surgery for PD it reduces the difference between the off medication and on time state. It reduces the levodopa induced dyskinesias. Thus the procedure is most beneficial for patient who cycle between state of immobility (“off state) and better mobility (“on” state) DBS smoothes out these fluctuation so that there is better function during more of the day. Any symptoms that can improve with syndopa can be improved with DBS (like slowness, stiffness, tremor and gait disorder). Symptoms that do not respond to syndopa like balance, swallowing, speech do not improve with DBS. It is believed at present that DBS does not affect the underlying progression of PD.

The most serious potential risk of surgery is bleeding in the brain causing a stroke. This is rare. The first few days of the surgery the patient may be mildly disoriented, sleepy and may have personality changes due to swelling in the brain tissue around the electrodes, which lasts from one to two weeks.

We at Kokilaben Dhirubhai Ambani Hospital allow the patient to go home one week after surgery. We ask the patient to return one or two weeks later to remove the stitches and later to see the surgeon and neurologist. The initial programming of the device is also done at this stage and it is fine tuned over the next few visits by an external computer. The patient will require the replacement of the pulse generator after 4-6 years depending
Two days after I was prescribed syndopa 22 years back we were in Mahabaleshwar with some friends. I took my 1st Syndopa Tablet at 10.00 am and within about 25 minutes it had its magical effect on me. Suddenly I felt free from my Parkinsonian strait jacket, I felt taller, I was elated and felt I was cured. My voice became louder I sang songs and cracked jokes with my friends.

That day for lunch I had a hefty appetite. I ordered a whole tandoori chicken for myself. While my wife and friends watched in amazement I polished it off with space left for ice-cream. About half an hour later I suddenly felt very sleepy I wanted to sleep there and then. I rationalized my condition by thinking that all my energy and blood supply had been diverted to digesting the whole chicken.

I went to sleep and got up 2 hours later with all my symptoms back to square one. I felt very anxious. I had had a brief look at what freedom from parkinsonianism meant and now the window had been shut in my face.

The pattern repeated for the next three days. I was very good before lunch and like a statue afterwards.

Later, back in Mumbai, when I met my Neurologist I asked her about the mystery of my symptoms. She gave me a book to read. It mentioned vaguely that some patients were affected by proteins in food. No explanations were given. Those were early days. There was no internet. I went to the Hinduja Hospital library and went through past issues of Journal of Neurology. There I came across an article titled “Protein redistribution diet in treatment of PD”

Before we go further let us take brief look at our digestive systems. Let us say we have eaten a piece of cheese. It is broken down in the mouth and swallowed down into the stomach. There it gets mixed up with acids and juices and gets broken down into amino acids.

The stomach empties into the small intestine were the amino acids are absorbed in to the blood stream through the intestinal walls. Unfortunately levodopa the main component of our Syndopa has a molecular structure similar to the amino acids and is transported into the blood through same channels in the intestinal walls as amino acids. The medicine molecules therefore have to compete with amino acids to be carried across the intestinal walls to get in to the blood stream. Much like the passengers jostling to get on a train. Normally if we take medicine on a empty stomach it passes through the channels easily and reaches the brain in time but what happens when we have taken a meal full of proteins and then take the medicine.
There will be whole crowd of many amino acid molecules and some molecules of the medicine. Remember medicine is so small and cheese piece is much bigger. In the mad rush medicine molecules will be left behind and the more numerous molecules of amino acid will get through. The brain will have a deficiency of medicine and our symptoms will reappear.

A similar scenario and similar process is repeated at the blood brain barrier. The blood brain barrier is provided by nature to prevent most of the harmful viruses and toxins from getting in to the brain and damaging it because once the brain cells die they cannot be regenerated.

You see the peculiar problems with Syndopa medicine is that it has to works in real time. By the time we are diagnosed with PD, 70-80% of our brain cells in a specific region of the brain are dead. The remaining cells try to do work of all the cells by transmitting signals from one part of the brain to another. In the process a chemical called Dopamine is consumed. Now our brain has lost the capacity to produce and store dopamine so it must be taken from outside. That is why we take syndopa tablets. With little or no storage capacity it is a hand to mouth existence, whenever there is break in the continuous supply of medicine molecules the medicine losses its effect. The result is “of” state wherein all our parkinson's symptoms return. This constant fluctuating between “ON” and “OFF” state is known as motor fluctuation. One moment we are active and within minutes we are like a statue and proteins in the diet can cause this condition. Therefore patients are advised not to eat high protein foods like non veg and milk products during the day time when they want their medicine to reach the brain. They can eat the daily requirement of protein at dinner time after which they do not need the medicine to reach the brain as while sleeping syndopa is not required in the brain.
The main job of Neurologist in Dopamine replacement therapy is to find a balance between high and low levels of dopamine in the brain. High levels of dopamine in the brain can cause euphoria and spikes in the energy of the patients. These impulses are uncontrollable in 15% of the patients. These are called impulse controlled disorders (ICDs) where the patients indulge unhealthy levels of gambling, shopping, eating and sexual activity. Also it has been found that when a patient has one ICD he has 25 to 30% chance of experiencing another ICD. Men and women are equally likely to have ICDs though women have more bias towards shopping disorders and men toward sexual disorders. Depending on the severity of the disorder the patient and the doctor may decide to lower the medication of the patients. Most often it is a dopamine agonist like, Bromocryptine, Requip or Mirapex which are the cause of ICDs. A sudden high level of lavodopa can also cause impulses in a patients. There is a well known case of a patient who ordered a red Ferari car under the euphoria of Lavodopa and later realised he could no longer drive the car. After reducing or stopping the dopamine agonist the patients become normal within a few weeks. Most patient do not realise the changes in their behaviour and the care giver is the first one to notice, but they are reluctant to bring it out in the meetings with the neurologist and in any case the neurologist has too many thing on his hands. Therefore this condition generally goes untreated putting the family all the patient to great risk and trauma.

### THINKING AND PARKINSON PROBLEMS

We think of Parkinson's disease as a pure movement disorder but increasingly it is being recognized that you can also have mental effects. Our mental activities include making sense of our perceptions, storing and recalling memories, learning concepts, forming concepts, solving problems, planning activities, languages skills, achieving insights and abstract thinking.

Measuring the changes in these mental abilities is difficult, but it is estimated that 1/3rd of the patients have mild mental changes and 1/3rd of the patients have dementia at any given time. Earlier it was believed that mental changes don't develop until mid or late stage of parkinson's but recent research suggest mental changes may be present even at the time of diagnosis.

Lack of Dopamine can result in very minor changes in mental abilities, because it is generally used in motor functions. The main cause of memory and planning function loss are due to changes in other chemicals in the brain. If the family or patient think there are mental changes the doctors should first rule out causes other then Parkinson's Disease, such as vitamins B12 Deficiency, depression, or sleep disturbances. In parkinson's disease the mental changes develop slowly. If there is any sudden change then it may be the affect of a newly introduced medication like pacitane or a dopamine agonist.

Memory changes in parkinson's disease can be treated somewhat by medication, but lifestyle changes can help more.
A majority of PD patients suffer from stress and anxiety which can be caused by frustration and anger. What can be stressful for one person may not be stressful for another. Anxiety is feeling of apprehension and nervousness. The source of this uneasiness will not always be known or recognised which can add to the distress you feel. In normal quantity it can be a helpful motivating force that helps us being more protective, however excess stress or strong response to stress can be harmful for our health particularly in Parkinson's patients. In a normal person excess stress can lead to general poor health and physical as well as psychological illnesses like infection, heart disease and depression. Continued stress can lead to unhealthy behaviour like over eating and abuse of alcohol and drugs. Anxiety often occurs with physical symptoms like abdominal pain particularly in children, diarrhoea or frequent urination, dizziness, dry mouth, muscle tension and neck and back pain, decrease concentration and low productivity. Sexual problems, sleeping difficulties including night mares can often occur in a anxious persons, anxiety attacks can also be caused by withdrawal of anti depressants, caffeine, nicotine, and any of the anti Parkinson's medications. Low levels of Vitamin B12 may cause such symptoms.

The treatment may require the cooperation of the patient to very large extent. The patient should answer three question.
Chronic illness is never welcome in your life. However when it comes you have to accommodate it. Your ability to cope with illness depends on your attitude, your social context and resources available to you. By accommodating the illness in your life you isolate it and put it in its place.

When you accept your illness you open yourself to what is in store for you, you can plan ahead. When you deny illness you are isolating yourself with your illness inside you and you are unable to utilise the resources available to you. But accepting illness is a process which does not happen at once. Don't be too hard on yourself if you fluctuate between acceptance and denial.

Accommodating the illness in your life means adapting to the inevitable changes that you must make in your life, you may have to let go some of the favourite things you do, or some of the favourite concepts or things that are dear to your heart. Adapting to the illness can be a creative challenge, you have to substitute some of the things you enjoyed most by some other things, if you maintain a journal you can see how you are changing successfully over time.

Refer to your problem by its name. Don't say “my problem” on “my illness” say “My Parkinson's Disease” clearly. That way your friends and you yourself will not be afraid to think about it and plan for it. If there are periods when you can't have the upper hand you may seek a professional help from a therapist. While friends and family are important a therapist can help sort out your many feeling and thoughts that you have about your illness.

In the beginning after being diagnosed, when you are learning about the disease you may be spending more time on it. If that happens you can create a “talk time” and “talk space” in your home. Choose a corner in your home where your family can sit down and chat. During the “talk time” you express your feelings and let them know what you are experiencing. It is time for honest sharing. Let your family also talk about your illness and how it is effecting them.

Adapting to the illness also means doing things in different ways then before. For instance when you cannot go for trekking any more you can drive along some scenic routes and enjoy the beauty of nature. If you loved doing carpentry, but can't do it any more, you can make a drawing, plan out the materials and get some one else to do the work under your supervision. And you will have the same sense of achievement without the accompanying fatigue. Doing this you put the illness in its place, which is a small part of your life.
Your Questions answered

Q. What is the best treatment for treating fainting, low blood pressure and weakness in a Parkinson's patient?

Ans. Low blood pressure resulting in fainting on standing is a common but difficult problem to treat. But it is often made worse by Syndopa and other antiparkinson's medications. There are drugs to treat this condition which your doctor will give you. But you can increase salt in your diet and drink more water. You may use an automatic blood pressure recorder at home to record your blood pressure both lying down and standing up. You can show the doctor daily readings, for one month, so that he can make changes in the doses of medication and timing of dose.

Q. Is Parkinson's Disease hereditary?

Ans. In some cases there is a definite genetic link but in most cases after the age of 60 there is rarely a genetic link. A person can carry one of the 6 Parkinson's Genes discovered so far and still not exhibit the symptoms of disease. You see in order to get parkinson's disease, you need genetic susceptibility and environment triggers to work on that genetic susceptibility.

Q. Can Surgery cure parkinson's disease?

Ans. DBS does not Cure Parkinson's Disease, it is the treatment that eases some of the symptoms of the disease for 5-7 years.

Q. Can you please tell me whether the Parkinson's disease is the mental problem or medical disease?

Ans. Parkinson's Disease is certainly not a mental problem, it is a medical (neurological) condition but it can have certain psychological and behavioural affects.

Q. My father suffers from Parkinson's disease. On the whole he copes very well with it but the one thing he has a great deal of difficulty with is his speech. He finds it very difficult to project his voice. He manages a whisper at best and therefore finds various everyday situations a strain.

Ans. Reduced volume of speech is the common problem in Parkinson's Disease. This may be due to weak chest muscles and weak throat muscles. There is a Lee Silverman method which a voice therapist can teach you, or you can learn Pranayam from a yoga teacher.

contd...page 1 Total Care...

specially for patients with Parkinson Disease and has proven to be effective and useful in dealing with various aspects of this disease.

I hope most patients avail of this wonderful opportunity.

Dr. Mohit Bhatt is the Consultant and Head of Neurology Department at Kokilaben Dhirubhai Ambani Hospital, Mumbai. He has more than 20 years of experience in treating patients of Parkinson's Disease.

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iPHONES TO THE HELP OF RURAL PATIENTS

A new application developed for iPhones may enable doctors to monitor patients from remote areas. Called iTrem this software allows doctors to get a read out of the tremor and gait problems of the patients from the remote distance. You see the iPhone's has built-in accelerometer which is provided to note the position of iPhones in respect to the ground i.e whether is held horizontally or vertically. The same accelerometer also records the frequency and intensity of the tremor the patient is having. The patients gait can leave graphic record of the patients walking pattern. Both these readings can be recorded by the iphone and transmitted to the physician who can determined whether the medication needs to be adjusted or not. This way the physician can intervene in the treatment more frequently than possible in physical visits.

NEW VIRUS THERAPY FOR PARKINSON'S DISEASE

While parkinson's is not a hereditary disease there are some genes involved in the susceptibility to the disease. One such gene reduces the production of GABA a brain neuro transmitter which regulates the movements in humans. In the procedure a gene for GABA is first introduced into a virus by gene splicing then the virus is stripped of its infectious properties and injected in to that part of the brain which is affected by parkinson's disease. The virus transmits its GABA gene to the brains cells and they start producing more GABA. The lack of GABA in the brain causes the region to be overactive.

WITHDRAWAL FROM
DOPAMINE AGONISTS
Dopamine agonists like Pramipex or Ropinirole have become main stay of Parkinson's treatment along with levodopa. But some patients have unacceptable side effects like impulse control disorders, wherein they indulge in uncontrolled gambling, shopping and unacceptable sexual behaviour. Your physician may therefore reduce the dosage or stop it all together. You have to be very carefully while withdrawing these drugs. It is like cocaine withdrawal. You may suffer from anxiety, panic attacks, depressions, sweating, nausea, generalised pain, fatigue dizziness and craving for the drug. You should therefore taper it down slowly while increasing the dose of substitute medicine as directed by your physician.

COENZYME Q10 IS USELESS
A Government Institute in USA has announced that they have stopped clinical trials of coenzyme Q10 which was being tried in high doses to slow the progression of Parkinson's disease and study its symptomatic benefits. They found it neither neuroprotective nor off symptomatic benefit to the patients.

SELEGILINE IN EARLY PARKINSON'S DISEASE
The Parkinson's Disease research group of UK has concluded in a study of 624 patients that the combined treatment of newly diagnose patients with Levodopa and Selegiline is of no benefit and may increase the mortality in patients. In more advanced patients the combined treatment should be avoided in patients with low blood pressure, frequent falls, confusion and dementia. Therefore their study shows that selegiline may not have any advantage in the treatment of Parkinson's disease.

GOOGLE FOUNDER HAS PD GENE.
The co-founder of Google, Sergey Brin has announced that he is carrying the Parkinson's gene which makes him genetically susceptible to get the disease. He has a probability between 20-80% of getting the disease in his life time. He says this puts him in a unique position to do and support research into the disease long before it affects him. He says atleast he is certain of what will affect him in old age and has decades to prepare for it.

MANAGING GRIEF WITHOUT TEARS
Grief is the normal and healthy reaction to the loss of some one and or something important to us. Although we can postpone grieving it is not possible to avoid grieving all together. Grief subsides in time but grieving does not occur in a step by step fashion. You should give yourself time to accept and express your emotions. Each persons feelings are unique. You should find a way to deal with your emotions that suits you. Support of family and friends is important so is the self help. You can write letters or keep journal to reduce your stress.
patients who are in advance stages of the disease.

Take my case, I have had Parkinson disease for 22 years, 4/5 years back I began falling in crowded places I used to choke while drinking plain water, I had breathing difficulties after meals, besides I use to have intense pain in my upper arms, I used to sleep during the day and feel very fatigued rest of the time. I realised that I could not go on like this. In this mood of dark despair something told me that I should be more active. I hired a yoga instructor to come to my house six days a week for one hour. He studied my condition and suggested exercises to improve my condition. He physically held me and stretched my muscles and made me do stretching exercises that countered the contraction of my muscles, he made me to do pranayama that improved my breathing in two to three months and he made me do standing exercises which improved my balance and prevented falls thereafter. He would come regularly every day at a fix time and force me to do exercise for one hour. He was a nuisance but he saved my life !. He only charged Rs. 4000/- per month for coming 6 days a week, which I think it is nothing when we are dealing with a crippling disorder like PD.

Whether to go in for yoga or physical therapy depends on your condition both physical and financial. A Yoga instructor charges less and comes more regularly and helps you to improve your overall health. A Physical therapist charges three times more, but are able to help with special problems like getting up from the chair turning while walking or having meals. After the patient reaches a certain stage in the progression of the disease were he finds difficulty in activities of daily living, it is time to take help of a good dedicated physio therapist. For the sake of economising you can employ your old yoga
instructor to work under the supervision of a physio therapist who can come once in fifteen days or a month and instruct the yoga fellow to give you specific exercises which he will suggest. I did exactly as mentioned above three months back and results are now visible. Despite being in advance stage of the disease I am physically and mentally better than before, I have more stamina, more flexibility of the body, better balance, better posture and a much clearer speech.

Recent scientific studies had shown that we actually have some control over the symptoms of this uncontrollable disease. Studies has shown that brain has built in plasticity which means that intensely used parts of the brain can change its neural networks and grow new cells.

I urge you to move from your stationary condition in life to a happy active, moving person by doing exercises regularly by installing systems in the house that force you to exercise daily and lead an active life. What do you have to loose except your inertia!

on the signal strength his using, this take about 60 minutes in the OPD. The patient is given a hand held device to switch on and off the pulses and change their intensity within some limits.

DBS surgery is not for everybody with Parkinson disease but it can help many patient to live a better life.

**HOW ARE YOU DOING!!**

When somebody asks “How are you doing?” it doesn't mean that he really wants to know. Most PD patients must have come across this dilemma a number of times. What to reply when somebody ask you how you are doing. To answer this question truthfully, a year back, I made a list of 10 symptoms I had been suffering from. I would dutifully recite the symptoms to whoever asked me. I realised that there are four kind of people who would listen to me after asking me how are you doing. One is my neurologist, one is my wife, people with PD also listen to me and people who have someone with PD in their families. These are people to whom I can open my heart.

Most people do not want to know and loose interest as soon as I start on my difficulties. Many want to offer household remedies that have ostensibly cured there near and dears. I have been offered such remedies as varied as drinking paya soup made by boiling hooves of cattle and drinking water energised by keeping it in the early morning sun. And as a parting shot they say “What is the harm in trying?”
You can consider DBS if you meet the following conditions-

- Syndopa relieves your symptoms of rigidity and slowness.
- The medications are no longer adequately controlling your symptoms.
- You are having severe side effects from medication such as dyskinesias “on”, “off” fluctuations which are unpredictable.
- You are well enough to participate in the programming of the implanted device and are able to give feedback to the doctors programming the device.
- You are in reasonably good health to undergo the long surgery.
- You do not require routine MRI scans of the body.
- You have good support system of family and friends.
- You do not have dementia.

Your doctor will order special tests to determine if you are a good candidate for DBS.

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Am I a good candidate for DBS?

You can consider DBS if you meet the following conditions-

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- You are well enough to participate in the programming of the implanted device and are able to give feedback to the doctors programming the device.
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- You do not require routine MRI scans of the body.
- You have good support system of family and friends.
- You do not have dementia.

Your doctor will order special tests to determine if you are a good candidate for DBS.

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1) What do you worry about most?
2) Is something constantly in your mind?
3) Is there something that you fear will happen?

Keeping a diary or journal may be helpful. A friend, neighbour or a family member may help relieve anxiety. If this doesn't work then you may seek professional help with therapy and medication. You may also need to make changes in your lifestyle:

1. Stop using recreational drugs like nicotine, amphetamines, cough syrups etc.
2. Don't over eat, eat healthy balance diet
3. Exercise regularly, (We cannot over emphasise this)
4. Learn and practice relaxation technique.
5. Make sure to balance fun activities with your responsibilities
6. Spend time with people you enjoy

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Parkinson's News is published periodically as a public service newsletter by The Parkinson's Disease Foundation of India, 604, Om Chamber, Kemps Corner, 123 August Kranti Marg, Mumbai 400 036.

The articles in this newsletter are based on articles written by renowned writers on the internet or journals and books. These have been adapted and predigested for Indian readers in simple language. We have intentionally kept the language at 8th std. proficiency level. No technical terms have been used which entails some inaccuracies and vagueness. PDFI does not endorse any products or procedures. For all medical issues an individual should consult his personal physician.

SCIENTIFIC ADVISORS

Prof. Kailash Bhatia, Senior Lecturer in Neurology, Institute of Neurology, London.

Prof. Mandar Jog, Head, Movement Disorder Clinic, London, Ontario, Canada.

Prof. Uday Muthane, Neurologist, Bangalore.

Prof. Asha Kishore, Sri Chitra Tirunal Institute, Trivandrum.

Prof. A.L. Benabid, Greenoble, France.

Dr. Dilip Paniker, Sree Chitra Tirunal Institute, Trivandrum.

Dr. Venkataramana NIMHANS, Bangalore.

TRUSTEES

Dr. Annu Aggarwal MBBS,MD,DNB (Neuro) Consultant Neurologist, Specialist in Cognitive Neurology.

Prof. Mohit Bhatt MD, DM, Consultant, Neurologist, Movement Disorders Specialist.

Mr. KamalAggarwal

PATRONS

Prof. N.H Wadia MD; FRCP,FNA, Consultant Neurologist,

Mr. Jehangir Sabawal, Artist

Mr. Anand Sagar, Film Producer

Mr. Sachin Tendulkar, Sportsman

Mr. Naseeruddin Shah, Stage & Cine Artist

EDITOR

Mr. KamalAggarwal

302, Jal Tarang, Kishore Kumar Lane, Juhu Tara Road, Mumbai 400 049 Ph : 022 2660 4525 / 022 2660 7845. e.mail :kamalaggarwal@hotmail.com

For free copy of this newsletter, write or phone the editor.

Do You Want To Join Us ?

PDFI is a large support group managed by the patients, for the patients with technical inputs from a team of experienced neurologists. Our Mission is to give you control over your life through information and knowledge.

If you would like to join us please fill the form given below and mail it to us.

The Parkinson's Disease Foundation of India, 604, Om Chamber, Kemps Corner, 123 August Kranti Marg, Mumbai 400 036.

I would like to become a life member of PDFI. I am enclosing a cheque of Rs.1000/- only as my one time contribution made in favour of The Parkinson's Disease Foundation of India.

Name: ______________________________________

Age : ______________________________________

Address ______________________________________

__________________________________________

Phone : _____________________________________

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Name: ______________________________________

Age : ______________________________________

Address ______________________________________

__________________________________________

Phone : _____________________________________
If undelivered, Please return to:

The Parkinson's Disease Foundation of India
604, Om Chamber, Kemps Corner,
123 Auguskranti Marg,
Mumbai 400 036.
email: kamalaggarwal@hotmail.com