



MS-340

Phenit

February 18, 1999

Dear Patients:

With the excitement of the year 2000 approaching, the Swank Treatment Center will join in the celebration with a commitment to promote Dr. Swank's 50 years of research and treatment.

We will begin this promotion by presenting a series of symposiums. The goal of these symposiums is to help educate and inform as many M.S. patients as possible that the Swank M.S. Clinic is available and eager to assist them with their illness.

As a non-profit organization, however, we prefer not to spend our limited resources on costly advertising. Therefore, your help in spreading the word about these symposiums is greatly appreciated. Please help us help others by circulating the enclosed symposium program to friends and associates who may be interested.

Join us in this campaign for the future of the clinic and the continuation of the Swank legacy.

Clinic Update:

Many of you are probably wondering who's on board at the Clinic. The following is an update on the staff.

Roy L. Swank, M.D., PhD

Dr. Swank is back on a consulting basis and is seeing a limited number of patients. He is active in the research and continues to publish.

Barbara Brewer Dugan, R.N.

Barbara continues as Director of the Clinic and is actively involved in research, publications and patient care.

Dr. Morris Steffin, M.D.

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Board certified in neurology and psychiatry, has joined the staff as the treating neurologist. He is a forerunner in the treatment of pain and anxiety in Multiple Sclerosis.

Jay H. Mead, M.D.

Dr. Mead is no longer practicing at the Swank Treatment Center. He can be reached at (503) 225-7355.

Cheri McGee

Cheri is now going on her fifth year with the Swank Clinic, operating the front office, and what a job that is. She hears the first cry for help from the patient, the anxiety, the anger and the laughter.

Linda Lecce

Linda, CMA, is Barbara's backup. Linda sees patients, handles prescription refills, directs telephone calls and is there for you.

We need your help more than ever before to make this campaign work and provide the most effective Multiple Sclerosis Treatment Center available to all patients. The Swank MS Clinic has been in existence for 50 years. We're working hard to make sure the next 50 years is even more rewarding.

Sincerely,

Barbara Dugan

Barbara Brewer Dugan, R.N.

SWANK
M.S.
STRE

The Swank M.S. Treatment Center
presents a series of symposiums on:

The Management Of Multiple Sclerosis

Over 50 Years Of Experience Treating M.S.

Take charge of your illness through management techniques and life-style changes. Learn techniques to prevent disability. Mark your calendar and join the Swank M.S. Treatment Center for a symposium that will change your life.

- Key management techniques that can aid in the stabilization of your illness.
- New modalities to reduce chronic pain, anxiety, stress and the symptoms of M.S.
- What to do in a crises to prevent exacerbations of your illness.
- Recognize symptoms that can lead to trouble.
- ABC Drugs, should I or shouldn't I.
- Learn to discuss your fears through knowledge and management of your illness.
- Exercise - How much is too much?
- Diet - Label reading - The latest products, are they good or bad? - Fats and Oils.

**Mail In Your
Registration
Today!**

Key Speakers To Include:

Treatment Center

has seen over 4,000 patients during his career and published 170 papers - most on MS. Former head of Neurology for 20 years at The Oregon Health Sciences University, now retired and continuing to devote his life to educating patients with Chronic Illness. He continues to see a limited number of patients at the Swank M.S. Treatment Center.

Barbara Brewer Dugan, R.N.,

Over 30 years experience in the field of Multiple Sclerosis, published author and former Research Associate at Oregon Health Sciences University. Now directs the Swank M.S. Treatment Center/Foundation. Barbara will present the crux of the treatment program The one - The only - Swank Low-Fat Diet.

Dr. Morris Steffin, M.D.

Board certified in neurology and psychiatry, and forerunner in the treatment of pain and anxiety in Multiple Sclerosis, will present the most current treatment modalities and therapies to help alleviate chronic pain, anxiety and insomnia. Dr. Steffin is actively involved in research involving neurorehabilitation and MS, and is a clinical neurologist at the Swank M.S. Treatment Center.

Saturday April 10th

Sheraton Crescent Hotel
2620 W Dunlap Ave., Phoenix AZ

9:30am - 3:00pm

\$75.00 per person, includes lunch

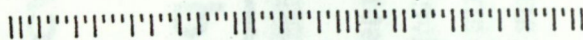
Saturday May 22nd

Raddison Hotel
500 Leisure Lane, Sacramento, CA

10:00am - 4:00pm

\$75.00 per person, includes lunch

Call 503.520.1050 today for more information
and to secure your seat.



BREMERSON WA 98311-9409
7295 NAWAJO TRL NE
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ROY L SWANK (503) 297-1844
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Portland Oregon 97225-2185

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Swank M.S. Foundation
13655 SW Jenkins Road
Beaverton, OR 97005

MS symposium registration form

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

People will be attending _____ April 10th seminar - Phoenix, AZ - Sheraton Crescent Hotel - 9:30am - 3:00pm
2620 W Dunlap Avenue, Phoenix, AZ

People will be attending _____ May 22nd seminar - Sacramento, CA - Raddison Hotel - 10:00am - 4:00pm
500 Leisure Lane, Sacramento, CA

I have enclosed a check for \$ _____ Please charge my visa for \$ _____

Account Number _____ Expiration Date _____

Signature _____

Mail to:

Swank MS Treatment Center, 13655 SW Jenkins Road, Beaverton, OR 97005



Swank MS Clinic & Foundation April 1999 Newsletter Contents:

Drugs and Diet

The "Painless Disease"

Clinic Updates/News

Swank MS Clinic Symposium Schedule

Swank MS Clinic & Foundation, 13655 SW Jenkins Road, Beaverton, OR 97005

(503) 520.1050 FAX (503) 520.1223

email: swank@involved.com www.swank.com

Dear Patients and Friends:

We would like to thank you for your continued support for the future of The Swank Foundation. We are moving forward with excitement as we enter the new year.

As we go forward I often reflect back to the changes that have occurred in the field of MS research. During the last 30 years I have seen many treatments come and go and resurface again several years later. Some of the treatments that come to mind follow: Snake venom, bee sting, hyperbaric oxygen, calcium injections, plasma phoresis, mega vitamins, and detoxification treatments, gluten free diet, yeast free diet, various allergy diets, Cyclophosphamide, Methotrexate, ACTH, Prednisone, IVIG, and today we are closely looking at the Interferons. I have seen some of these treatments cause exacerbations of disease and even death. I have not seen any long-term positive results from the use of any of these treatments.

I have seen billions of dollars pumped into research in the last 30 years. Some research has been repeated and repeated again. Theories have come and gone. Physicians have come and gone. Treatments have come and gone. Where am I going with this? I am trying to point out that the treatment that has withstood time, has the least amount of side effects and produces a 95 percent remission rate in early cases is the SWANK LOW FAT DIET. Often though chronically ill patients want a powerful approach for a powerful disease. They look for a quick fix. From where I sit I have not seen that happen and until it does patients must learn to manage their illness and prevent disability. I urge all of you to remain closely on diet, maintain your rest program and be optimistic for the future and be realistic about your choices of treatment. There is no satisfactory solution to the treatment of MS other than prevention.

As you will see in this newsletter we are beginning a campaign to spread the word. The Swank Legacy goes forward. Please help us help others by keeping the legacy alive. Join us in the celebration as we formulate plans for our journey. Your input is always appreciated.

Sincerely,

A handwritten signature in cursive script that reads 'Barbara Dugan'.

Barbara Brewer Dugan, RN

Director

BARBARA IS BACK

Barbara will be scheduling individual appointments for patients who have questions or concerns regarding their illness, that does not require the expertise of a neurologist. We are hoping two things will be accomplished; 1) Your concerns will be met in a more timely and frequent manner. 2) Avoid the potential for unnecessary exacerbations. Telephone conversations are not an adequate means to fully evaluate patient needs. Barbara's fee for this service will be \$50.00 for approximately one-half hour office visit. We will be happy to bill your insurance company for a nursing visit however; you will be responsible for the balance. Call the office if you are interested in scheduling your appointment.

CLINIC UPDATE

The recent fundraising letter written by one of our grateful patients has probably been read by most of you. One patient was able to raise close to \$250,000. This enabled the Clinic to remain open. We continue to need your help. Perhaps you have an interest in fund raising or ideas for generating long term financial support. We not only need your ideas we need your manpower to carry out your ideas. If you would like to express your interest please write to the Clinic or e-mail the office at swank@involved.com

If we are to succeed please put your minds and hearts together and help us formulate and carry out a fundraising project that will meet the original goal of \$1,000,000.

I would like to personally say thank you to all patients and friends who joined the anonymous donor in an effort to continue the Swank legacy. Thank You!

NEW BOOK

A new book is well underway by Barbara and Dr. Swank. If you have recipes you feel other patients would enjoy and would like them included in the new addition please forward them to Barbara. Please indicate if the recipe has been altered by yourself to avoid any chance of plagiarism.

THE "PAINLESS DISEASE"

Classically, MS has been represented to be painless. This is because for many years there was no evidence of direct pain fiber stimulation in MS. Classical MS was thought to affect only the brain and spinal cord. Of course, complications like joint contractures and muscle spasms were known to be painful, but primary pain mechanisms were not well understood.

Later, it became clear that trigeminal pain could be produced by MS. In fact, when trigeminal pain occurs in someone under about 40, MS has to be one of the first considerations as a cause. We now believe that the trigeminal pain of MS is the result of irritation of the nerve fibers as they enter the brainstem.

There are other kinds of pain in MS. Sometimes, patients feel burning discomfort along with or even separately from, the numbness and tingling of MS. Sometimes there is a general "achiness" that resembles fibromyalgia, often going along with fatigue. We still do not know what causes this type of pain, but it probably arises because of irritation of some of the pain-perception systems within the central nervous system.

Unfortunately, pain in MS in many cases is relatively unresponsive to medications. But, as our understanding of pain mechanisms has increased over the years, it has become increasingly clear that pain perception can be greatly altered by the conditions under which it is felt. Mental state, and attention to pain, have a tremendous effect on how it is perceived. We know that emotional state can modify pain perception to a great degree.

We believe this is why techniques like Yoga and acupuncture, and massage therapy, can ameliorate pain.

Pain and anxiety go together. They also reinforce each other in a vicious circle. Imagine you have a constant abdominal pain for a few days. You go to a doctor you trust. He tells you that there is nothing seriously wrong. Imagine then that you go to a different doctor. He finds an abdominal mass and tells you he is very concerned and wants to do a CT scan and special X-rays. How will your pain be perceived in each of the scenarios? You can clearly imagine you will be much more distressed by the same physiologic pain in the second case, regardless of the actual cause. Patients who are concerned that pain may be an indication of a severe condition, such as cancer, may magnify their perception of it tremendously; when they find the condition is benign, the pain perception becomes much less. Another simple example of this is the football player who receives an injury in a game but is so motivated that he doesn't even notice the injury until after the game, when it suddenly becomes very painful.

Nonpharmacologic Approaches to Pain and Stress Management

At first, Western physicians were very skeptical of pain modulations by techniques like acupuncture. No physiologic mechanism was understood to explain the phenomenon. Then, physiologic experiments began to catch up. We now know that the spinal cord and brain can actually alter their sensitivity to pain impulses coming from the peripheral nerves by many different mechanisms. We are also understanding that we can intervene now in much more effective ways without medications, or in concert with medications, to manage pain and associated stress and anxiety. And stress and anxiety, as we have repeatedly emphasized, will increase all the symptoms of MS.

We can provide further information on request.

ARE YOU IN TROUBLE

Those patients we have educated in the management of MS are aware of the early warning signs of trouble or impending fluctuation of disease. Learning these warning signs can help you prevent an exacerbation and avoid disability.

Rarely do exacerbations appear out of no where. They are most often preceded by trauma or stressful life events. (Journal of Neurology, Neuro Surgery, and Psychiatry 1989;52:8-13) The following early warning signs signal trouble and it is imperative you act according to the protocol for avoidance of exacerbation of disease.

1. **Increased fatigue:** Tasks will become difficult to complete and fatigue is often described as "overwhelming."

2. **The need to sleep more:** Patients will often sleep 10-12 hours get up for a short period and then go back to bed again.

3. **Stimulation:** Patients complain of sensitivity to noises such as children playing, music, group conversations, telephone ringing.

Emotional fatigue: Patients find they are emotionally fragile, short fused, weepy, reclusive and not want to interact with friends, motivation will decrease and interest in activities will die.

5. **Memory loss and confusion:** Often accompanying fatigue will be mild loss of memory, i.e., names, lists. The ability to retain information in short term memory will decrease. Patients often will have periods of inability to make decisions, disorientation, difficult situations will become magnified and the patient can find themselves frustrated and unable to deal.

6. **Change in complexion:** The color of the patient's skin becomes grey and fatigue is present in the the eyes.

7. **Animation:** Patients are generally fast talking, fast thinking, and very animated in their conversations. During trouble there is a decrease in animation with little or no hand or arm gestures.

8. **OUT OF CONTROL:** The patient often does not recognize when they have reached this point. Anxiety becomes high and the patient begins to obsess about what to do. This is usually the last phase and most critical point before trouble really develops. If the patient continues in this state exacerbation usually results.

HELP! WHAT CAN YOU DO?

At the onset of the early warning signs of trouble, fatigue, emotional swings, demotivation, begin resting 1-2 hours daily. If you are working, go to a quiet area without any stimulation and eat your lunch and rest. This period of rest must occur morning and afternoon. The longer the rest break the more beneficial.

2. **Buy some time -** If vacation time is not possible take a Friday or Monday and spend 3 hours resting. Do not do anything that requires physical or mental activity at this point. Light movies, light reading, massage & stretching.

3. **Cancel all outside activities and reduce your activity level by 50%.** No grocery shopping, mall shopping or volunteer activities. They can get along without you. Do only those activities that are absolutely necessary priorities. Decrease driving to only what is absolutely necessary.

4. **If anxious and unable to rest begin taking a mild sedative.** Call the office for advice.

5. **If symptoms progress or are not decreasing within 1-2 weeks time away from work may be necessary.** Call the office for advice.

6. **If the symptoms progress to the "OUT OF CONTROL STAGE" CALL THE OFFICE FOR IMMEDIATE HELP.**

By following these simple steps for management of your illness you can possibly prevent exacerbation and increased disability.

LET'S TALK ABOUT DIET

ASPARTAME: Recently there has been a lot of talk about Aspartame. What is Aspartame? it is probably the most studied food additive ever approved by the U.S. Food and Drug Administration prior to its release. Aspartame was first discovered in 1965. It was a remarkably sweet tasting substance. It tastes much like sucrose. In 1974 it was released on the market in a limited number of foods. The chemical name for this substance is L-aspartyl-L-phenylalanine methyl ester. Searle Research laboratories developed it. Like saccharin and cyclamate, Aspartame was discovered accidentally. When one thinks of sweeteners you think of pleasure, pleasing the palate, gratification for a job completed, or a lonely night at home with your favorite dessert. The American public could indulge in their favorite dessert and spare the extra pounds. Rapidly over the years it began to seep into many foods. Low fat foods also became low calorie foods with the addition of Aspartame. Not only is it in cookies, puddings, ice creams but it is showing up in "health foods" such as yogurt.

As patients began consuming more Aspartame we began hearing repeated reports that it had an adverse effect on their bodies. Some of the complaints were increased anxiety, increased urination, increased fatigue. The list continued to grow over the years and we soon realized we must inform patients not to eat foods containing this chemical. Now many reports are indicating it may cause MS like symptoms.

We have suggested for many years that patients avoid Aspartame and we still encourage you to read your labels carefully and avoid products containing this sweetener. Why it seems to affect MS patients is not clearly understood, however, patients are sensitive to most chemicals including alcohol, caffeine, and many drugs. Our advise is to continue to use Sucrose or Fructose in limited amounts.

ANTIOXIDANTS: In the last few years much has been said about damaging oxidized free radicals and a need for antioxidants to help deactivate these criminals. Patients began increasing supplements marketed as antioxidants and decreasing their pocket-books. The Swank diet was developed to protect the patient not only from disability related to Multiple Sclerosis but was way ahead of its time in the approach to heart disease and stroke prevention. Built into the diet were essential fatty acids (oils) to help with energy. Also natural antioxidants in the form of fruits and vegetables (oranges, peas, cauliflower, cooking oils) abound in the diet. If you eat several servings of fruits vegetables and grains daily with the addition of cooking oils high in vitamin E it is not necessary to take additional antioxidants in the form of supplements.

NOTICE

Since our last notice to you Dr. Mead has had a change of address and can be reached at the following:

Jay H. Mead, M.D., Center for Integrated Medicine
516 High Street, Oregon City, OR 97045
Phone: (503) 655-1644 FAX: (503) 655-1720
email: meadj@mindspring.com

The Swank M.S. Foundation
13655 SW Jenkins Road
Beaverton, OR 97005

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CHECK THE WEB SITE

Check the Swank web site for
Clinic updates. www.swank.org.
You can also contact the Clinic via
email at: swank@involved.com

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13/1 CHECK OUR WEB SITE AT WWW.SWANK.ORG
BONNIE MANS
7295 NAVAJO TRL NE
BREMERTON WA 98311-9409

98311-9409

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Key Speakers To Include:

Dr. Roy L. Swank, M.D., PhD.

World renowned neurologist - with over 50 years experience in the field of M.S. Dr. Swank has seen over 4,000 patients during his career and published 170 papers - most on M.S. Former head of Neurology for 20 years at Oregon Health Sciences University, now retired and continuing to devote his life to educating patients with Chronic Illness. He continues to see a limited number of patients at the Swank M.S. Treatment Center.

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10:00am - 4:00pm
\$75.00 per person, includes lunch



**Call 503.520.1050 today for more
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June 25, 1999

Dear Patients and Friends of the Swank Multiple Sclerosis Foundation:

The Board of Directors of the Swank Multiple Sclerosis Foundation have decided that due to lack of a physician, the Foundation has to be dissolved. The operation of the Swank Multiple Sclerosis Clinic has already ended. Included is Dr. Swank's personal letter to you.

Sincerely,

A handwritten signature in cursive script that reads "Jack Monteith".

JACK MONTEITH,
President, Board of Directors of
the Swank Multiple Sclerosis Foundation

JM/cdm



June 1999

Dear Patients and Friends:

I would like to take this opportunity to say good-bye to you and thank you for your many years of support of my research. I would like to take a moment of your time and remind all of you where your roots came from. Many of you have had MS for greater than 20 years. You have successfully carried on careers and raised your families. It is easy to forget a problem when it causes you no harm - but I must remind all of you MS can be a powerful disease if you stray from the theories we have taught you. Your enemy will be back.

My second reason for writing this letter is to notify all patients that effective July 1, 1999, the Swank Clinic will be closing. We have been unable to secure a physician to carry on our program.

We greatly regret this decision, and wish there was an alternative. Please know that Barbara and I have exhausted all avenues. This decision was not made in haste and not without many months of tribulation.

In order to make this final transition as painless as possible, the following steps must be followed:

(1) Medical records will be forwarded to the patient or a physician upon written request, mailed to the Clinic with a stamped, self-addressed manila envelope. There will be a \$25.00 fee for records if mailed other than to your physician.

(2) We will continue to fill prescriptions through July 31, 1999. Please make arrangements with your primary care physician or another physician of your choosing to ensure there is no lapse in your medication. Seizure medication must not be abruptly stopped and, therefore, it will be important to find a physician to continue your medication.

(3) Due to the decrease in our staff, all requests must be in writing. If a reply is required, a stamped, self addressed envelope will be necessary. Voice mail will remain available through July 31, 1999, and will be checked on a daily basis.

(4) Our website will remain active and can be accessed by using the following www.swank.org. We will be placing articles of interest on the web regularly.

(5) We would like to maintain contact with all our patients. Dr. Swank can be reached through his E-Mail roylswank@earthlink.net.

(6) Barbara Dugan can be reached through her E-Mail swank@involved.com.

(7) The Newsletter will be transferred to our website.

(8) Please help us complete our difficult tasks of closure by clearing any unpaid accounts you may have. All remaining account receivables will be turned over to a billing agency for further collection purposes.

I recognize these steps may seem abrupt and final; however, I do not find another way to successfully accommodate your needs.

Barbara and I are working on another book that we hope will be an additional guide to continued health and happiness.

Please remember we are not abandoning your care. We are asking you to now take complete control of your health. Remember everything we have taught you, and never forget your roots.

Warm Regards,

Ray L. Swank

ROY L. SWANK, M.D., Ph.D.

RLS/cdm