

From the office of Roy L. Swank, M.D.
Univ. of Oregon Health Sciences Center, Portland 97201

Editor - Barbara Dugan
Art - Hazel Hagen

Production - Ruth Stewart

RESEARCH NEWS - Those of you who read the last Christmas letter know that we are working on a method of using blood to diagnose M.S. This is even more evident to many who have donated blood samples. We are in the final phase of development of a method which we hope will be reasonably easy to perform; reliable, and sensitive. On March 1st, an addition to our laboratory staff was possible as the result of a grant of moneys from the Margaret W. and Herbert Hoover, Jr. Fdn. Shelley is a very accomplished technician with an impressive background. She is assisting Cherry Tamblyn doing the final testing of the method before it is routinely used. It is hoped that in the next few months we will be able to start examining the many blood samples collected since last fall.

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HANDICAPPED PARKING - For those of you with parking stickers that enable you to park closer to the entrance of a building, here is something to think about. One of our patients, Ann Tracy, has brought to our attention that these parking spaces are being used by those not justified. She has been working to form a committee to help spread the word that parking in these restricted areas is illegal. She is working with the Clackamas Comm. College Handicapped Resource Center, the Oregon Architectural Barriers Center, and the National and local M.S. Society. Please give Ann or Ron Schmidt a call if you would like to help, at 631-7320 or 653-6759.

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MEM COMMITTEE: An error was made in the November issue regarding Gaye McDougal's phone number. It should read: 390-1876.

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YOGA: Relaxation and exercise can be achieved through Yoga. If you are interested in Yoga classes, we now have a highly qualified instructor to work with our patients. For information regarding the classes please call Brenda Nelson, 236-4373.

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Many patients have asked about Alba '66 Hot Cocoa Mix. The nutritional information is correct. The packaged product contains 1.6% fat which is only .3 of a gram per serving.

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RESTAURANTS: Two new restaurants to add to the list: Seahorse Bay, 10660 SW Beaverton Hillsdale Hwy., Beaverton, Ore. 97006. All fish is broiled over an open pit and they do not use butter on the fish or vegetables. There is also a fish market in the front of the restaurant which has a rich selection of fresh fish.

North Bend, Washington area should know about Kuni's Express restaurant, 1577 Sherman, North Bend. They will be glad to prepare Japanese dishes to fit your diet. Moderately expensive. Keep these restaurant tips coming!

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COLD FEET SYNDROME: In our last Newsletter, we asked for input regarding the cold feet syndrome. Following are the suggestions sent in by the patients:

1. Booties filled with down or polarguard.
2. Soak feet in warm water and put on down booties
3. Insolite pads are available at most backpacking stores and are used to protect the hiker from the cold ground. The pad is thin and can be cut to fit the inside of your shoe. One of our patients relates that it works great for cold feet.
4. Recreation Equipment Co-Op and Frostline kits have down-filled slippers.

ABOUT DIET - NIACIN - Vitamin B-3 - Function: Helps keep the nervous system healthy, skin, mouth, tongue, digestive tract healthy, enables the cells to use other nutrients.
DEFICIENCY: Pellagra, weakness, poor appetite, scaly dermatitis, mental confusion.

SOURCES: Peanut butter, fish, meat, poultry, greens, whole grain and enriched breads and cereals, sesame seeds, soybeans.

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Continuation from last newsletter regarding vegetable oil:

OXIDATION: If oil turns rancid it is usually due to oxidation; prolonged exposure to the air which develops peroxides and other foul-smelling and dank-tasting elements. Cooking oils will usually become rancid within 3-6 months if exposed to the air. Warm storage conditions increase the chance of rancidity. Minerals which occur in natural oils are removed from the heavily-processed oils because they look 'funny.' Natural oil always contains a little sediment made of nutritional things like minerals and phosphatides. Though natural oil may not be as pure-looking as your standard colorless product, such an oil merely looks like what it is: natural and unrefined.

HOW TO TELL IF AN OIL IS FRESH: Let your nose and tongue tell you. With a little practice, it is easy to sniff and taste freshness. In addition, your nose will easily distinguish between heavily processed oil and natural oil; the first one smells like a breeze that just passed over a parking lot. The second one carries with it the true bouquet of olives, corn, sesame seeds, peanuts, soybeans or safflower. Where there is strong natural flavor and aroma there is always an equal amount of nutritional value.

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RECIPE CORNER:

MEXICAN DIP (From Cheryl Orr)

- 1 small can chopped olives
- 4-5 green onions, chopped fine to taste
add finely chopped avocado and jalapeno
green pepper
- Sauce: 2 tbl. oil
2 tbl. vinegar
1 tsp. sugar
- Mix together & refrigerate. Can add
juice from jalapeno peppers (1 tbl.)
- Good with Rye Krisp!



BETTER HOMES & GARDENS - 1st Prize Winner
World's easiest ice cream ever!

- 1½ cups strawberry jam
- 2 cups buttermilk
- Stir together jam and buttermilk, freeze
firm. Break up mixture whip till fluffy
and refreeze.

Enjoy -- you can use any jam.

BANANA BON BONS (From Kathy Bolejack)

- 1 tsp water
- 1 tsp carob powder
- 2 tsp honey
- 1 large banana
- chopped nuts (walnuts, peanuts, almonds)

In a small bowl blend water into carob powder to a paste. Stir in honey and mix well. Cut banana 8 pieces, about 1 inch lengths. Using a toothpick spoon for easier handling, dip banana pieces into mixture, then into chopped nuts. Place on plastic on plate. Freeze until firm, then wrap and store in container or aluminum foil. Serve frozen. (Variation: instead of water, honey and carob powder, can use Hershey's chocolate syrup to dip banana pieces, then coat with nuts then follow recipe as written.)

TOFU STROGANOFF (from Kathy Bolejack)

1 cube (2 cups) tofu
 1 cup water
 1/2 cup soy sauce
 1/2 minced onion
 1 minced clove garlic
 1/2 tsp sweet basic leaves crushed
 2 tsp parsley
 1/4 cup yogurt
 1 tsp salt
 1/4 tsp celery salt
 1/2 tsp garlic salt
 1/2 tsp onion salt
 1 can mushrooms
 flat noodles or rice, cooked and drained.

Fry mushrooms, onion garlic, soy sauce and salts in fry pan. Place in blender tofu, sweet basic, parsley, yogurt with enough water to blend until smooth. Place tofu mixture in casserole dish. Add mushroom mixture and stir. Warm until just heated through. Serve immediately over noodles or rice.

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Ron Latham (Beaverton, Ore.) shares this paper he did, entitled "An Exclusive Interview" by Nathan B. Norrell -- Attitude: Road to Success.

Recently, I had the privilege to speak with a young man who has been diagnosed as having M.S. His insights as well as his sense of humor have given me a renewed faith in humanity.

At the time of our conversation, he requested that his name not be used in conjunction with his article. The initials used within are fictitious, but the comments are extremely true.

Author: Tell me S.B., how do you feel about yourself now, as compared to, say, two years ago when you were in control of your future?

S.B.: Frankly, at this time, I feel that emotionally I have more control over my life than before. One thing that we all must come to believe in is the fact that there are no guarantees for us in this life. I may not do the same things exactly, but I am able to perform at my own pace and control my destiny.

Author: I sense a feeling of confidence in your life. What do you attribute that to?

S.B.: Nathan, there are many different things that drive or motivate us all. My motivation comes from 2 sources: the first is the support from my friends, family, and most important, my wonderful wife. Without her I never would have come to grips with reality. She is my life and mine. We are two, living as one. The second motivation comes from my attitude. It is my opinion that no matter what problem you have, it is only as good or bad as you yourself make it. With a good attitude, you can actually laugh at life and do whatever you have your sights set on.

Author: Tell me, what does attitude have to do with your illness?

S.B.: Well, an example that I often relate to is one I remember from my youth. As a young boy playing little league baseball for the first time, specifically, batting for the first time, I walked up to the plate with great determination. I was a rookie. I swung at the first three pitches and struck out. At this point, I felt like the world had fallen on my head. The coach took me aside and said, "Son, don't give up. It is a matter of experience, you do not have to go up there and swing at every pitch unless they are good." I didn't give up. I still would go to bat and might strike out, but I was not going to throw in the towel. It was from that moment on that I always carry a good attitude somewhere close by. To this very day I still reflect on that baseball tip and how it can apply to most anything in life. No matter if it is illness we are speaking of, a problem at your job, school, or whatever. If you can think of the positive rather than the negative, chances are very good that you will succeed. Most people have the basic tools needed to become comfortable with their own lives, thus, control through a good attitude.

Author: That is very interesting. Tell me about your current situation and what expectations you hold for the future.

S.B.: Truthfully, it is very exciting for me to be able to talk about these 2 subjects. At the same time I am a full-time student and very proud of it. I have returned from an eight-year absence to finish a degree in Business Administration with the ultimate goal to enter law school and go on to pass the state bar exam. As far as my health is concerned, I am slowly growing stronger and more confident in my physical abilities. This I attribute to treatment through diet, my wife's confidence in me, and being positive. The future is bright. My wife and I have many goals in life. These goals will all happen in good time, believe me.

Author: I do believe you. With your confidence and support, I believe many good things are in store for both you and your wife.

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Following is a selection from Yesterday and Today by Esther Charlebois (Albany, Oregon) who has also written Little Gems:

SPRING

Having snow piled high as can be
Beginning to melt now swiftly
Forming puddles of good ole mud
Leaves on trees beginning to bud.

Now you know that winter is gone
World is filled with life and song
And you feel that everything
Happier now to know it's spring.



From the office of Roy L. Swank, M.D.
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Editor - Barbara Dugan

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WATCH THOSE RAYS - It is now summer, and though delayed and fickle, there are apt to be very hot days from time to time. Most MS patients are sensitive to the heat and get very weak or tired when exposed to it. This includes exposure to a hot bath, hot sauna, or to the hot sunlight. A few patients on the other hand feel better during hot weather. These need not heed my advice.

If you notice a trend to weakness from heat avoid direct exposure to hot sunlight. Wear a straw hat and stay in the sun as little as possible. If you sunbathe to get a tan, do not remain in sun long enough to burn and roll into a pool of cool water before getting dressed. If you are on a trip and in a warm automobile and feel weak, then wet a towel with cold water and put it around your neck and bring the ends down over your chest, or place your hands and feet in cold water.

Showers or baths should be done in warm, not hot water. In other words avoid getting too warm if you find you are sensitive to the heat.

Two theories have been developed to explain what happens. One maintains that the weakness is due to heating the brain tissues. This slows down nerve transmission and results in the weakness. My own idea is that heat brings blood to the surface of the body where heat can be given off. In other words, the surface skin acts as a radiator to maintain normal temperatures of the body. This takes blood away from the brain and spinal cord and results in slow anemia there. Cooling of the neck and hands shunts blood back to the brain and spinal cord and restores strength.

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ARE YOU FOLLOWING DIET CAREFULLY??? We have frequently warned you that close adherence to the low saturated fat diet is imperative if you expect to gain maximum benefit from our therapy. However, there are always those few who, doing very well, begin to feel they no longer have MS or that the disease is totally under control. Some of these then gradually start eating more meat, an occasional ice cream, etc. Gradually their fat intake increases until it is double or even triple the prescribed amounts. An occasional patient can tolerate a slight increase in fat intake, but we are unable at present to tell which ones. Therefore, most patients "cheating" on diet will exceed their tolerance. Gradually over a period of years symptoms appear slowly and without warning, furnished by an attack and patients become disabled. The disease has then become progressive and will continue to be progressive. You can then slow down the rate of progression by serious attention to diet, but not prevent further disability from developing. This series of events is most apt to occur in early cases of MS who have the best chance of avoiding disability by strict adherence to diet, but the advice applies to all patients..

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MS AND TREATMENT - There has been a great deal of interest in 2 recent treatments for MS, the colostrum and the snake venom treatments. About both one can say that no trials, controlled or otherwise, have been made and published. Neither is based on reliable observations, both are based on theory, neither of which has been substantiated.

The colostrum from milk therapy is very new. Pregnant cows are injected with viruses of measles and distemper, some times into the udder, with the expectation that the immune system for these viruses will be strengthened. The first milk after the calves are born, colostrum, contains immune bodies presumably for the protection of the calf.

The milk is saved and frozen and then used by patients with MS.

This treatment assumes that distemper or measles has something to do with MS, but this is still unproven. Also, it overlooks the fact that most patients already are immune to measles and have been since early childhood.

In addition, the vendors have not established that fragments or even whole viruses (which they inject) do not get into the milk. However, this risk is not great, but is real and could happen. There are many vendors of this product and none to my knowledge have shown that their product is free of viruses or has enhanced immunological properties. Unless you can get a statement from the vendor that the milk is virus free and has enhanced immunity properties for the viruses injected, one should be cautious.

Another problem for people on low fat diet is that the milk contains fat which is highly saturated. You should, if eating 4 oz. of this milk daily consider that you are consuming 5 to 10 gm. of butter fat. This will require you to remove all meat from your diet or you will be over your fat allotment.

We will want to know which ones of you are on this milk so we can judge what happens and know what to do if you get into trouble.

The snake venom is also a problem. It is given to increase nerve transmission. However, it did not do this for the disease amyotrophic lateral sclerosis which should have responded if the venom does in fact improve nerve transmission. Reports from patients who have tried the venom have been variable. One patient I know of seems to have been improved at least for some weeks. A group of patients in Texas were reported to me who were not benefitted.

There is of course the value of a trip to Florida and a vacation to consider. We have observed that patients on vacation to Hawaii for example feel marvelous upon return.

It has been remarked often that any treatment given with promise makes 40% of patients feel very much better for several months. Any new therapy that doesn't do at least this could be harmful. You will find this matter discussed in the MS Diet Book, by your writer, published by Doubleday.

Roy L. Swank

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YOGA AND RELAXATION - Pauline Deppen - Eight weeks ago I started taking yoga classes and I feel that it is one of the better things I have ever done for myself. For the first several weeks I just enjoyed the once a week class and tried half heartedly to figure out when in the day I could practice. One day I did find time and spent a very intense half hour giving myself a headache by trying to do everything at once. Well, I knew that wouldn't work, so the next time (at least a week later!) I turned on the radio to some nice "mood" music and took my time. Now I practice almost every day - sometimes with the music and sometimes without - and I love it.

And the main reason I love it is because it makes me feel more resilient. For me, with MS, that's a very important word. Usually I feel very un-resilient; uptight, impatient, intolerant, irritable, etc., etc. The least little disappointment can sometimes put me into a sulk that may take hours to come out of. Well, doing yoga seems to give me bounce. It makes life's little disappointments bounce off me instead of knocking me down. Physically I feel my system calm down after (even during) yoga practice. I am more patient. I can slow down and enjoy life.

Of course, I just started doing yoga and I don't want to swear that I will stick with it for life, but I can say that doing yoga is not a chore - it doesn't seem to take a lot of self discipline to do the daily practice. In fact, I look forward to that half hour or hour I spend at it. The satisfaction is immediate, unlike calisthenics where one usually suffers the moment for the sake of tomorrow. Generally, I find I have great resistance to resting (It's a waste of time, I'm being lazy, etc., etc.), but yoga gives meaning and structure to relaxation and now I can see both the necessity and the enjoyment of it. (Also, in the long run I get more done for the time I have spent gathering my strength.)

One note of warning: The yoga class I am in was set up through Dr. Swank's office. Our teacher noted the difference between her class and most yoga classes when she pointed out that we (the four MS patients in our class) are not the usual yoga students.

"Yoga students," she said, "are notorious for not making an effort. Yoga teachers get used to pushing their students to get them to work at it. But you all seem to work at it almost too much. You need to be slowed down, not pushed ahead."

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NEW RESTAURANT - The Vegetarian Restaurant - 270 W. 8th; Eugene, Oregon. They use Mazola oil. All ingredients are listed on dishes. Be careful of dairy products.

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COUNT DOWN CHEESE - You can now order Count Down Send \$4.25 to: Diet and Health Products; Box 1886; Lima, Ohio, 45802. There is a new outlet for the Count Down in Salem: The Cheese Factory Inc., 3300 Market N. E., Salem, Oregon.

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LET'S TALK ABOUT DIET - CLO - CLO capsules are now available in our office. You can purchase them for \$10.00 for 800 capsules. The money goes into the Medical Research Foundation. Why Cod Liver Oil? A frequent question. Many suspect it is the old bad taste god result treatment. This is not the only reason.

The body requires a very small amount of fatty acids which are contained in fairly high concentrations in the fish oils. These essential fatty acids are like vitamins in that the body cannot manufacture them. Some of them are available in vegetable oils, but a few which may be the REALLY essential fatty acids are only contained in animal fats, these in very small amounts, and in fish oils in a high concentration. These fatty acids are very important in the manufacture of prostoglandins by the body. These substances are necessary for transmission of nerve impulses, and for many other physiological functions. These highly unsaturated essential fatty acids are also present in all cell walls in small amounts.

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VITAMINS - Continued from Newsletter #3

Vitamin D - Function - Helps the body absorb calcium and phosphorus. Helps incorporate calcium and phosphorus into bones.

Deficiency - Rickets, Osteomalasia, Faulty bone growth.

Sources - Fish liver oil, fortified milk, sunshine converts substances in the body to Vitamin D.

Comments - Excessive amounts may be toxic, possibly causing kidney damage.

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TIPS ON WEIGHT REDUCTION ----- EAT TO LIVE - DO NOT LIVE TO EAT!

As most of you know it is important to keep your weight down with MS. Over weight patients have more problems with fatigue and mobility.

Following are some suggestions for those of you fighting the FAT SYNDROME.

1. Lose 1 pound a week - Be realistic about the amount of weight that can be lost in a week's time. The average weight loss should not exceed 2 pounds per week. We recommend that our patients stay close to 1000 calories per day - never go below 800.

2. Make those 1000 calories count. An egg is 75 calories, as is a slice of bread, but the egg is so nutritious that a whole baby chick can grow from one egg in twenty days while rats fed on a white bread and water diet will die from malnutrition in about ninety days.

3. Frequent snacks - Six small meals a day may reduce hunger. You may find your total food consumption to be lowered as a result of more frequent feedings.

4. Instant broths and bouillon cubes - Instant chicken and beef broths have only 12 calories per cup. This can be repeated many times each day.

5. Avoid sweeteners - Table sugar is the most empty of all refined carbohydrates. However, don't rely on dietetic candy, or soft drinks to stay your appetite. None of the available artificial sweeteners are intended for daily consumption in large amounts

6. KEEP A FOOD DIARY - Record your diet daily. Go over the list to see if you have exceeded your 1000 calorie diet. If the total is high, resolve to do better the next day.

7. Shop after eating - Plan your shopping trip after a meal so that appetite does not rule reason.

REMEMBER: EAT TO LIVE - DO NOT LIVE TO EAT.....

Barbara

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One of our patients shared the following letter from her daughter who is a 24 year old nursing student. She thought other patients would enjoy reading it.

Mom,

I don't really know how to say this, but here goes.

I love you very much. Yeah, I know it doesn't show.

You see, I have this problem-I do not think that I have yet accepted the fact that you have MS. I hate it!

So, I guess that when I get bugged by it I strike out at the MS. Only it's inside you & I wind up striking out at you.

I'm sorry! Really Sorry! I just can't accept it yet. I'm working on it tho.

So much has happened the last year or so, & I have just sat still in the middle of it all. Meanwhile please forgive me!!

It's the MS I hate; not you! I hope this makes sense! I LOVE YOU!

me

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RECIPE CORNER

SMOOTHIES from Pauline Deppen

Basic Orange-In a blender put about $\frac{1}{2}$ cup of frozen (right from the freezer) orange juice concentrate. Add skim milk to the 2 cup line on the blender. Add 1 tsp. vanilla. Blend until lumps of orange are gone. Serve. (2 servings)

Frozen Fruit Variation-In a blender put a Tbsp. or two of frozen orange juice concentrate, add frozen berries (strawberries, raspberries), add skim milk to 2 cup line on blender. Blend. Other flavors--orange/chocolate (using syrup) or banana/orange.

VANILLA ICE CREAM from Barbara Jones

2 eggs	$1\frac{1}{2}$ cups buttermilk	$\frac{1}{2}$ tsp. salt	3 egg whites
$2\frac{1}{2}$ cups sugar	2 cans evap. skim milk	$\frac{1}{2}$ T. vanilla	

Beat eggs; add sugar gradually. Add buttermilk, evap skim milk, salt and vanilla (can use a bit less salt and vanilla than called for). Beat egg whites until stiff, fold into mixture. Follow ice cream freezer directions.

YOGURT ICE CREAM from Kathy Bolejack

4 cups plain yogurt $\frac{1}{4}$ cup sugar 1 cup mashed sweetened strawberries

Fold together, do not stir. Freeze in ice cream freezer according to directions. Save $\frac{1}{2}$ cup strawberries and put into freezer last few turns.

ICE CREAM from Kathy Bolejack

1 pint strawberries; $\frac{1}{2}$ c. honey or sweetener to taste. Blend strawberries and honey in blender. Add 2 c buttermilk, pour into freezer. Follow freezer directions. Makes 1 qt.

October, 1980
No. 5

MULTIPLE SCLEROSIS NEWSLETTER

From the office of Roy L. Swank, M. D.
University of Oregon Health Sciences Center, Portland, 97201

Editor - Barbara Dugan

Production - Ruth Stewart

Circulation - Ruth Selby

MORE REGARDING WEATHER - There are several seasons each year when patients experience more than the usual activity of their disease. This activity consists of deep fatigue lasting days to weeks, increased weakness, numbness, and instability, or increased visual problems. However, it is unusual for patients on low saturated fat diet for a year or longer to develop new symptoms and signs. The fall season usually is limited to October and November the spring season is limited to April and May. The year just ending was unusual in that increased MS activity began to appear in October, 1979, and continued without significant interruption into May, 1980.

The seasonal activity appears to be related to instability of the weather. About 25 years ago we studied the weather in relation to activity of disease and found that the closest correlation was with abnormal swings in temperature. Whenever the temperature with in a 24 hour period either rose or fell more than usual patients were exposed to a slight risk of activity of their disease. Such was often the case this past fall, winter and spring.

In Montreal we advised patients to wear warm underwear from mid September to June 1st. This seemed to give some protection. This advice should probably be heeded by patients who have cold hands and feet and a tendency to general feelings of cold in the winter. Insulation, double windows and otherwise winterizing the home would also tend to minimize the weather effect.

Many patients also have problems with rapid changes in temperature in summer. Most of you have experienced marked weakness when it suddenly turns hot. (See newsletter #4).

As a rule once the weather has settled down to a more or less uniform temperature level and unusual fluctuations in temperature no longer occur, patients usually adjust and the weather risk disappears.

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LET'S TALK ABOUT DIET: REMINDER!!! Many of you have been forgetting to bring a record of your diet at the time of your appointment. This information is very important both for you and for our records. Please remember to bring one week of recorded diet at the time of your appointment.

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VITAMINS - Continued from Newsletter #4

Vitamin B12

Function: Assists in manufacturing blood, maintains healthy nervous system.

Sources: Liver, kidney, meat, milk, cheese, oysters, fish, yogurt (not in plant foods)

Deficiency: Pernicious Anemia

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There has been increasing interest in vitamins. This is not new. During the past 30 years vitamins have become a fad every five to eight years and have then gone out of fashion. This time the interest has been more persistent, and more varied.

There are those who advocate very large doses of each and every vitamin-megavitamin treatment-and those that advocate large doses of just a few or only one vitamin. Vitamin C and Vitamin B12 have had the greatest popularity, but nearly all known vitamins plus some unknown and some not established as vitamins (i.e., B15) have been interesting to a few patients.

Vitamin therapy has been used and tested and discarded in the past. While I was still in Montreal we systematically tested the different known vitamins without evident effect. Most patients were inclined to report favorably about whichever vitamin had been prescribed for about two months. After taking the vitamins for three months, however, almost all had decided that the vitamins were not helpful. However, we have continued to recommend one therapeutic type of multiple vitamin and mineral daily. This assures that patients will receive adequate amounts of vitamins even if their diets contained very little or even no vitamins. The latter, no vitamins in food, is almost impossible. Therefore, if a patient eats a reasonably nutritious diet he will receive several times the required vitamin intake if at the same time he takes one therapeutic type multiple vitamin and mineral daily.

Sometimes patients will notice an increase in their energy and improvement in well being after a large vitamin intake. This is most noticeable after injections of vitamin B12 once a week. A similar response may also follow injections of vitamin B1. This type of response can often be repeated. However, this in no way alters the course of the MS. This type of response was well known to nutritionists in the 30's and 40's and referred to as a non-specific vitamin response.

We have not recommended using this type of stimulation except in rare instances because it leads to false expectations, and increased physical activity which often results in temporary set-backs.

Unquestionably an adequate vitamin intake is essential to good health. This includes an adequate intake also of the essential fatty acids which are contained in your vegetable oils and cod liver oil. This applies to the essential amino acids that are included in certain proteins. This subject will be covered in our next newsletter.

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BOOKS OF INTEREST: Japanese Country Cookbook - Nitty Gritty Press \$3.95
Tassajara Bread Book - Shambala Press - Author - Edward Espe Brown
Thank you, Adrienne Roley for this information

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NOTES FROM NEUROSURGICAL RESEARCH - MIKE DALEY, PH. D.

As you know during the first year to year and a half on Dr. Swank's therapy, the illness tends to go into remission. In many patients the time course of vision parallels general recovery as observed by Dr. Swank. The controlling factor is now known. However, the fact that many patients recover at the same rate is of interest. It tells us a bit about prognosis and may aid those who study the disease with biochemical or immunological methods.

We are also studying the effects of smoking or heavy aspirin use on the disease. Studies by others suggest that patients who smoke, tend to experience a more severe relapse with lasting impairments. Since we have monitored a large group of patients some of whom smoke and others who do not, our strategy is to compare the two groups to determine whether there is any difference. Perhaps by the end of the summer we can make a definite statement on this matter.

Finally, as an interesting side-light, we have found that the balance, (standing stability) of normal, healthy children is not as good as that of adults. This was reported at the turn of the century. Apparently coordination continues to improve as the body grows and is at its best in young adults. Later, with aging coordination deteriorates. Balance also deteriorates in patients who are doing poorly, or are under stress, and improves in those who are doing well, and in those in whom stress is relieved.

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COUNT DOWN CHEESE: The Cheese Factory in Salem will mail your cheese COD for a cost of \$4.65. Phone number - 364-2503. They also have a store in Gresham ; 2015 E. Burnside, Gresham, Oregon 97030.

RESEARCH FUNDS: WE NEED YOUR HELP. You are probably aware of the progress in research from the letters you have received each year around Christmas. We have referred to it as the Christmas letter. This year we plan to mail this letter on about December 1, 1980. You are aware also that in the Christmas letter we make an appeal to all patients for general support of our research program.

In the present letter, however, I am requesting financial assistance to purchase equipment so that we can analyze the clinical and research data of our patients. For this we will need a small desk top computer costing between \$8,000-\$10,000. I am suggesting that there may be those among you or your friends, who would be glad to help purchase the apparatus. Two subscriptions of \$5,000 each, three of \$3,500 each, or ten of \$1,000 each gives some idea of how this might be accomplished. If there are those among you who feel able to help please let me know.

I am anxious to learn as soon as possible if we will be able to purchase this apparatus. We have over 3,000 clinical cases and an enormous amount of research material. This needs to be analyzed and cannot possibly be done without a computer. We have looked into the possibility of using outside help and computer services, but the cost of this will far exceed what we are requesting, and would be impossible in our present limited space.

Checks for this should be made payable to the Medical Research Foundation of Oregon and sent directly to me.

Remember, this is a special request not connected with our yearly Christmas request for general support.

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THANKSGIVING - It is hard to believe that Thanksgiving is less than 2 months away. Remember to try and order fresh turkeys. Many frozen turkeys are injected with palm oil, etc. We realize that it is a bit early, but since you won't be hearing from us before Thanksgiving, Ruth, Barbara and Dr. Swank wish all of you a healthy and happy Thanksgiving. (WATCH ALL THOSE TEMPTATIONS!!!!!! Barbara)

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RECIPE CORNER:

FRESH FRUIT PIE

Into a baked pie shell spread - 2 to 3 layers of fresh fruit (peaches, berries, etc.)
Mix together: 1 cup sugar, 3 T. jello (a flavor to compliment fruit used), 3 T. cornstarch,
1 cup water, lemon juice to flavor if desired.
Cook over moderate heat until it boils and thickens. While still hot, pour over the fruit
Best to chill before serving, but not necessary.

PIE CRUST

DOUBLE

2 cups flour
2 tsp sugar combine in pie plate
3/4 tsp salt
Whip together with a fork:
2/3 cup oil Pour into center
3 T. milk Mix with a fork

SINGLE

1 1/2 cups flour
1 1/2 tsp. sugar Combine in pie pla
3/4 tsp. salt
1/2 cup oil Pour into center
2 T. milk Mix with a fork

Press on sides and bottom of pan. Flute edges if desired. Bake 8 to 10 minutes - in a 475 degree oven. If desired, you can reserve 1/3 to crumble over the top.

THANKS TO LOIS BARTON FOR BOTH OF THE ABOVE DELICIOUS RECIPES.

Sounds yummy. Thanks to Kathy Armstrong for the above recipe.

Excellent served over a bed of rice.
For variation, add a few mushrooms and cashews about 1 minute before cooking is finished.
Add 2 tbsp. cornstarch to remaining broth, pour into pan and stir until sauce thickens.
Cover and cook 5 minutes.
Add: 1 medium or large onion, chopped, 1 cup sliced waterchestnuts, 1 cup bamboo shoots, 2 cups sliced celery, 1/2 pound green beans, slivered, 3 cups boiling chicken broth or stock (save one cup), 1/4 cup soy sauce, 2 tsp. salt, 1 tsp. sugar, 1 tsp. pepper.
Cut in small pieces the meat from 6 raw chicken breasts.
Cook slowly until meat is white in 1/4 cup oil.

CHINESE CHICKEN

Roy L. Swank, M. D.
University of Oregon
Health Sciences Center
3181 S. W. Sam Jackson Park Road
Portland, Oregon 97201

TO:



UNIVERSITY OF OREGON
HEALTH SCIENCES CENTER

DECEMBER 1, 1980 #6

WE HAVE FOUND THAT THE NEWSLETTERS TAKE MUCH MORE TIME AND EFFORT TO PRODUCE THAN WE HAD EXPECTED. THEREFORE, WE ARE STREAMLINING THIS LETTER TO ALLOW US TO TAKE UP A "BIT OF SLACK" AS THE YEAR DRAWS TO A CLOSE. YOUR NAME AND ADDRESS WILL NO LONGER APPEAR AT THE BEGINNING OF THE LETTER.

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OUR RESEARCH REPORT LAST YEAR WAS LENGTHY AND "FULL OF MEAT." THE PRECEDING YEAR HAD BEEN FRUITFUL. MY HOPES THAT A BLOOD TEST FOR DIAGNOSIS OF MULTIPLE SCLEROSIS COULD BE QUICKLY ADAPTED FOR USE IN THE CLINIC HAS YET TO BE REALIZED. THE DELAY HAS BEEN DUE TO SEVERAL THINGS. ONE HAS BEEN INSTRUMENTAL PROBLEMS, WHICH IN THEMSELVES HAVE BEEN DIFFICULT TO CORRECT. THE OTHER HAS BEEN DUE TO THE CHEMICALS AND GLASS WARE USED IN THE TESTING. SLIGHT DIFFERENCES HAVE HAD EFFECTS FAR GREATER THAN WE COULD HAVE POSSIBLY FORESEEN. ALSO, IT IS FAIR TO SAY THAT THE ROUTINE USE OF A DIAGNOSTIC TEST IN THE CLINIC IS FAR MORE DIFFICULT THAN THE CAREFUL USE OF THE SAME TECHNIQUE IN A RESEARCH LABORATORY. IT OFTEN TAKES YEARS TO ADAPT A RESEARCH TECHNIQUE TO ROUTINE USE AS A CLINICAL TOOL. WE ARE WORKING ON THIS PROBLEM, AND IT APPEARS THAT PROGRESS IS BEING MADE. HOPEFULLY, WE WILL HAVE MORE TO REPORT SOON.

PROGRESS IN RESEARCH DOES NOT PROCEED SMOOTHLY AS A RULE. MORE OFTEN IT PROCEEDS BY A SERIES OF JUMPS AFTER UNHAPPY DELAYS. I HOPE YOU WILL BEAR WITH ME. PROGRESS IS BEING MADE, ALTHOUGH PAINFULLY SLOW AT THE MOMENT.

IN THE MEANTIME, WE ARE BROADENING OUR RESEARCH EFFORT. LAST YEAR WE CONFIRMED THAT THE BLOOD PLASMA OF PATIENTS DIFFERS FROM NORMAL. THIS DIFFERENCE IS PROBABLY IN THE PROTEIN CONTENT. THERE IS EITHER A DEFICIENCY OF PLASMA PROTEIN(S) IN MULTIPLE SCLEROSIS, OR THE PRESENCE IN THE PLASMA OF A TOXIN. PRESENTLY, WE ARE UNDERTAKING EXPERIMENTS TO TEST THE PRESUMPTION THAT THE ABNORMALITY CONSISTS OF A DEFICIT. AT PRESENT, WE ARE LOOKING AT WHOLE BLOOD PLASMA, BUT THIS COULD LEAD, IF SUCCESSFUL, TO INVESTIGATIONS OF PLASMA FRACTIONS. AT THE MOMENT WE HAVE NOTHING TO REPORT, EXCEPT THAT WORK IS IN PROGRESS.

WE ARE ALSO LOOKING AT THE QUESTION OF INHERITANCE. ABOUT 6% OF PATIENTS HAVE BLOOD RELATIVES WITH MULTIPLE SCLEROSIS. THIS MEANS THAT MULTIPLE SCLEROSIS IS TO SOME EXTENT INHERITED. IT HAS BEEN SHOWN

THAT 75 TO 80% OF EUROPEANS AND AMERICANS WITH MULTIPLE SCLEROSIS ARE OF THE SAME TISSUE TYPE DR2. THIS REFERS TO A SPECIAL AREA OF A CHROMOSOME. THIS ABNORMALITY, WHICH IS PASSED ON THROUGH INHERITANCE, IS ONE CAUSATIVE FACTOR OF MULTIPLE SCLEROSIS. IT COULD PRODUCE A TENDENCY TO INFECTION, A SENSITIVITY TO WEATHER, A DEFECT LEADING TO INADEQUATE METABOLISM OF SATURATED FAT OR INADEQUACY OF ESSENTIAL FATTY ACIDS, ETC. MOST STUDIES OF TISSUE TYPES IN MULTIPLE SCLEROSIS PATIENTS HAVE BEEN DONE ON SEVERELY DISABLED, INACTIVE PATIENTS. WE PLAN TO LOOK AT OUR PATIENTS MANY OF WHOM ARE EARLY CASES AND MOST OF WHOM ARE WORKING AND ACTIVE. AS OF THIS READING, A NUMBER OF PATIENTS HAVE ALREADY BEEN TYPED. THIS STUDY WILL CONTINUE.

IF THE TISSUE TYPING PROVES TO BE RELIABLY RELATED TO THE DISEASE, THEN IT COULD HELP IN ARRIVING AT AN EARLY DIAGNOSIS.

DR. MICHAEL DALEY HAS MADE A NUMBER OF OBSERVATIONS IN THE PAST YEAR WHICH ARE IMPORTANT AND OF INTEREST. ABOUT 4 YEARS AGO WE BEGAN DEVELOPMENT OF A SIMPLE TEST TO REVEAL DAMAGE TO THE VISION; THE FLICKER-FUSION TEST. SUCH A TEST MIGHT HELP TO ESTABLISH THE DIAGNOSIS OF MULTIPLE SCLEROSIS EARLY, WHEN THERE WOULD BE A REASONABLE CHANCE OF STOPPING DETERIORATION. IN ADDITION, SUCH A TEST WOULD REDUCE UNNECESSARY TIME AND EXPENSE OF DIAGNOSIS, AND REDUCE THE NECESSITY OF PERFORMING TESTS WHICH ARE OFTEN FOLLOWED BY INCREASED DISABILITY. IT IS ALSO OUR BELIEF THAT PATIENTS WITH MULTIPLE SCLEROSIS SHOULD BE INFORMED OF THE CONDITION AS EARLY AS POSSIBLE TO ENABLE THEM TO EXERCISE SOME CONTROL OVER THEIR OWN DESTINY. THERE ARE A NUMBER OF DECISIONS RELATIVE TO CHILDREN, HOUSING, INVESTMENTS FOR THE FUTURE, ETC., ASIDE FROM TREATMENT, WHICH PATIENTS WOULD THEN BE ABLE TO OBJECTIVELY CONSIDER.

AFTER ABOUT A YEAR OF TRIAL AND ERROR, WE CAME UP WITH OUR VISUAL FLICKER TEST. THE TEST IS DESIGNED TO FATIGUE NEURONS (THE BASIC COMMUNICATION ELEMENTS) WITHIN THE VISUAL BRAIN THAT ARE INFLUENCED BY MULTIPLE SCLEROSIS. THIS TEST IS OFTEN A USEFUL AID IN THE ESTABLISHMENT OF DIAGNOSIS. APPROXIMATELY 80% OF PERSONS SUSPECTED OF MULTIPLE SCLEROSIS AND HAVING BEEN TESTED SEVERAL TIMES ARE POSITIVE. THE TEST IS OFTEN POSITIVE WHEN THERE IS NO OBSERVABLE DEFECT IN VISION. AND, AS MOST OF YOU KNOW, PEOPLE WITH MULTIPLE SCLEROSIS RARELY GO BLIND; LOSS OF SIGHT IF IT OCCURS IS TEMPORARY. THESE TEMPORARY LOSSES OF VISION ARE OFTEN CONFIRMED BY THE FLICKER-FUSION TEST.

WE HAVE ALSO TESTED PATIENTS PERIODICALLY AND FOUND THAT GRADUAL, BUT SYSTEMATIC CHANGES IN VISION USUALLY FOLLOW THE SAME COURSE OF GENERAL CLINICAL IMPROVEMENT OR DETERIORATION FOUND BY DR. SWANK. DURING THE FIRST YEAR OF THERAPY ONLY 6.5% OF THE PATIENTS DETERIORATED WHILE THE REST WERE FOUND TO EITHER REMAIN THE SAME (58%) OR IMPROVE (35.5%). THESE FINDINGS CORRELATE WITH THE CLINICAL FINDINGS IN THIS LABORATORY.

TO DETERMINE WHETHER THE CHANGES IN VISION CORRELATED WITH THE GENERAL COURSE OF OVERALL CLINICAL CHANGE DURING THE ILLNESS, WE ARE ATTEMPTING TO DEVELOP OTHER FUNCTIONAL MEASURES OF THE CENTRAL NERVOUS SYSTEM. THE FIRST IS A TEST OF THE BALANCE OF THE QUIETLY STANDING PERSON. WE HAVE MANAGED TO DEVELOP A RELIABLE MEASURE, AND WITH IT HAVE STUDIED A LARGE GROUP OF PATIENTS BOTH WITH THE VISION AND BALANCE TESTS. THE RESULTS OF THIS WORK INDICATE THAT IN ABOUT 80% OF CASES IMPROVEMENT IN ONE MEASURE IS ACCOMPANIED BY IMPROVEMENT IN THE OTHER.

AS A COROLLARY EFFORT, WE ARE ATTEMPTING TO DETERMINE WHETHER CERTAIN FACTORS CAN EITHER SLOW OR PREVENT REMISSION. FOR EXAMPLE, STUDIES BY OTHERS SUGGEST THAT PATIENTS WHO SMOKE TEND TO EXPERIENCE A MORE SEVERE RELAPSE WITH LASTING IMPAIRMENTS. WE HAVE MONITORED A LARGE GROUP OF PATIENTS SOME OF WHOM SMOKE AND OTHERS WHO DO NOT, AND HAVE COMPARED THE TWO GROUPS. THE RESULTS VERIFY PREVIOUS STUDIES, PATIENTS WHO SMOKE, DO NOT DO AS WELL AS THOSE WHO DO NOT SMOKE. FURTHERMORE, ALTHOUGH THE NUMBER OF PATIENTS IS SMALL, WE ALSO HAVE DATA WHICH INDICATE THAT THOSE WHO USE MARIJUANA TEND TO DETERIORATE RATHER DRAMATICALLY.

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THIS COMMUNICATION SERVES A SECOND PURPOSE. IT WILL GIVE A FEW TIMELY WARNINGS RELATIVE TO THE WEATHER AND HOLIDAY SEASON.

WE ARE ENTERING OUR WINTER SEASON, WHEN HIGH HUMIDITY WITH MODERATELY COLD TEMPERATURES PRODUCE PENETRATING COLD. THOSE OF YOU WHO FEEL THE COLD WOULD BE WISE TO WEAR LONG UNDERWEAR. I MEAN TO THE ANKLES AND WRISTS, LIGHT WEIGHT TO HEAVY WEIGHT DEPENDING UPON WHAT IS NEEDED TO ASSURE A FEELING OF WARMTH. IN MOST PATIENTS THIS WILL LESSEN MUSCLE AND JOINT ACHING PAINS THAT AFFLICT SO MANY OF YOU. ALL OF YOU WILL NOT TOLERATE THE EXTRA WARMTH, HOWEVER, SO MAKE YOUR OWN JUDGEMENT.

IF YOU HAVE LOWERED THE TEMPERATURE IN YOUR HOME TO CONSERVE FUEL, BE GENEROUS WITH SWEATERS AND HEAVY STOCKINGS WHEN AT HOME. IF YOU HAVE PAIN IN THE NECK, SHOULDERS OR ARMS, YOU CAN WEAR A LONG SLEEVE TURTLE NECK SWEATER TO BED, PROVIDED THE WARMTH DOES NOT CAUSE YOU TO BE WEAK OR INTERFERE WITH YOUR SLEEP.

THIS IS ALSO THE HOLIDAY SEASON, THE SEASON OF GREAT ACTIVITY AND HEAVY EATING. THE INCREASED ACTIVITY IS A THREAT ESPECIALLY TO WOMEN WITH CHILDREN. THOSE IN THIS CATEGORY MUST GUARD AGAINST FATIGUE AND NERVOUS TENSION. IT IS ESPECIALLY IMPORTANT THAT YOU CONTINUE YOUR DAILY REST, AND IF NERVOUS BE SURE TO TAKE YOUR MEDICATION AS DIRECTED. DO YOUR CHRISTMAS SHOPPING BY BITS AND PIECES, RATHER THAN IN ONE OR TWO BIG "BINGES."

I MIGHT ADD THAT YOU WOULD BE WISE TO START BEING FAITHFUL ABOUT RESTING MID-DAY, AND TAKING YOUR MEDICATION BEFORE THE HOLIDAY SEASONS ARE UPON US; BEFORE SHOPPING, DECORATING, OR EVEN PLANNING GETS UNDER WAY.

YEAR AFTER YEAR THOSE OF YOU WHO FAIL TO HEED THESE WARNINGS PAY DEARLY BY BEING DEEPLY FATIGUED DURING WEEKS AND EVEN MONTHS FOLLOWING CHRISTMAS.

LITTLE WARNING ABOUT FOOD IS NEEDED. YOU KNOW THE RULES; TAKE THEM SERIOUSLY.

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AS IN YEARS BEFORE, I AM ASKING YOU TO HELP FINANCE STUDIES ON THE DISEASE WHICH YOU HAVE SO PATIENTLY ENDURED. I HOPE THAT THOSE OF YOU IN A POSITION TO HELP WILL GIVE GENEROUSLY. LAST YEAR'S REQUEST WAS GRATIFYING, BUT MORE IS NEEDED. MAKE ALL CHECKS PAYABLE TO THE UNIVERSITY OF OREGON HEALTH SCIENCES CENTER FOUNDATION, PORTLAND, OREGON 97201. I WILL DIRECT THE GIFTS TO THE CORRECT ADDRESS AND YOU WILL RECEIVE A RECEIPT. THE FUNDS ARE TAX DEDUCTIBLE.

BARBARA AND RUTH JOIN ME IN WISHING YOU A PLEASANT AND PROSPEROUS FUTURE.

SINCERELY YOURS,

Roy L. Swank
ROY L. SWANK, M. D.

RLS:RS

FOR YOUR CONVENIENCE AND TO FACILITATE THE FOUNDATION'S WORK OF RESPONDING TO YOUR GIFT WE HAVE ATTACHED THE FOLLOWING FORM. THOSE OF YOU WHO CONTRIBUTE SHOULD COMPLETE THIS FORM AND INCLUDE IT WITH YOUR DONATION.

MAKE CHECKS PAYABLE TO;

UNIVERSITY OF OREGON
HEALTH SCIENCES FOUNDATION
FOR DR. SWANK'S RESEARCH

SEND CHECKS TO;

DR. ROY L. SWANK
DEPARTMENT OF NEUROLOGY
UNIVERSITY OF OREGON
HEALTH SCIENCES CENTER
PORTLAND, OREGON 97201

CONTRIBUTOR'S NAME: _____

CONTRIBUTOR'S ADDRESS: _____

AMOUNT OF DONATION: \$ _____