SWANK multiple sclerosis NEWSLETTER

APRIL 1988 NO. 33

FROM THE OFFICE OF ROY L. SWANK, M.D., Ph.D.
EDITOR: BARBARA BREWER DUGAN - ASSISTANT EDITOR: BARBARA KALKHOVEN
DESIGN COORDINATOR: ANTHONY LECKBAND

CHOLESTEROL: AHEAD OF HIS TIME

Forty years ago Dr. Swank began treating multiple sclerosis patients with low fat diet. Over the years the medical profession has criticized and ignored the use of diet as a treatment for M.S. During the early years of Dr. Swank's research he also looked closely at serum cholesterol levels. This was also ignored by the medical profession. As early as 1952, Dr. Swank was showing that high fat intake increased the serum cholesterol levels. The following paper was published in the American Journal of the Medical Sciences: The Influence of Low-Fat Diet on Blood Lipid Levels in Health and in Multiple Sclerosis, Swank, R.L., Wilmot, V.C., 223-34. A brief synopsis on this paper follows.

While studying the epidemiological background of multiple sclerosis, Dr. Swank took a closer look at how diet effects the serum cholesterol levels of patients.

Materials and Methods

The normal control subjects included laboratory personnel and friends of patients. Fifteen patients had well established M.S., but were ambulant and able to come to the laboratory once a week without breakfast to give blood samples. Most of their diets were analyzed prior to their being placed on low-fat regime by listing the food they ate for 3-7 days. The average amount of protein, fat, and carbohydrates per day was then calculated. This was checked by questioning. After a control period which varied from 1 to 8 weeks, most of the patients and control subjects were placed on a diet containing 30-50 grams of fat per day. Seven M.S. patients received only saturated fat during the first period. The remaining 8 patients received 10 grams of oil in place of 10 grams of fat. All subjects received 60-90 grams of protein and sufficient carbohydrates to prevent loss of weight. The diet was listed daily in a diary and this was checked by a dietitian at 2 and 4 week intervals.

Summary and Conclusions

Fasting blood lipid levels were determined weekly for long periods in normal subjects and in patients with M.S., both before and during the consumption of low-fat diets (30-50 grams of fat daily). No essential differences were found between normal and

ALSO IN THIS ISSUE

Cholesterol: Ahead of His Time - cont.

patients with M.S. with respect to their lipid levels or the response of lipid levels to the change in diet. The average cholesterol level in the normal control group prior to low-fat diet was 188 mg./100cc. and 194 mgs./100cc. in M.S. patients. Two months following the reduction in saturated fat the cholesterol levels dropped to an average of 158 mg./100cc.

The reduction in cholesterol levels was maintained in those subjects followed for periods up to a year after the initiation of the low-fat diet.

It has only been in recent years that the National Heart Association and the medical profession has begun to recognize that dietary fat can contribute to high cholesterol levels, heart disease, stroke, and hypertension, Millions of dollars have been spent on developing a diet for the control of the number one killer in the U.S. The National Heart Association has recently released new guidelines lowering the saturated fat intake to the same level prescribed in the Swank diet.

In 1962, Dr. Swank published another paper showing the correlation of high fat diet and high cholesterol levels. Following is a brief synopsis of this publication. The studies were done on clinically normal men and women in the Portland, Oregon area (a region in which animal fat, animal protein, and caloric intake is high); in Tokyo, Japan (a region in which the lipid, protein, and caloric intake is very low); and in Messina, Sicily (a region in which olive oil and caloric intake is high).

Material and Method

The subjects were normal active, ambulant, non-hospitalized males and females ranging in age from sixteen to eighty-one years. They had no known diseases. In each subject, with few exceptions, four studies were made in four successive days. Diet histories were obtained for four successive days by recording the food eaten the day preceding the sampling of blood. Some of the variables analyzed were as follows: (1) total serum cholesterol (mg. per 100 cc.); (2) protein (daily intake in grams); (3) carbohydrates (daily intake in grams); (4) total calories per day; (5) percentage total calories derived from protein; (6) percentage total calories derived from all lipids; (8) age; (9) weight in kilograms; (10) height in meters; (11) animal fat (daily intake in grams); and (12) vegetable oil (daily intake in grams). Average values for each parameter are shown in the table.

PORTLAND	**Men**	**Women**
Animal fat (grams per day)	126	78
Vegetable oil (grams per day)	9	10
Total Calories	2704	1908
Cholesterol (mgs. %)	222	232
MESSINA		
Animal fat (grams per day)	62	50
Vegetable oil (grams per day)	69	63
Total Calories	2800	2397
Cholesterol (mgs. %)	177	183
TOKYO		
Animal fat (grams per day)	12	14
Vegetable oil (grams per day)	8	7
Total Calories	1618	1623
Cholesterol (mgs. %)	181	201

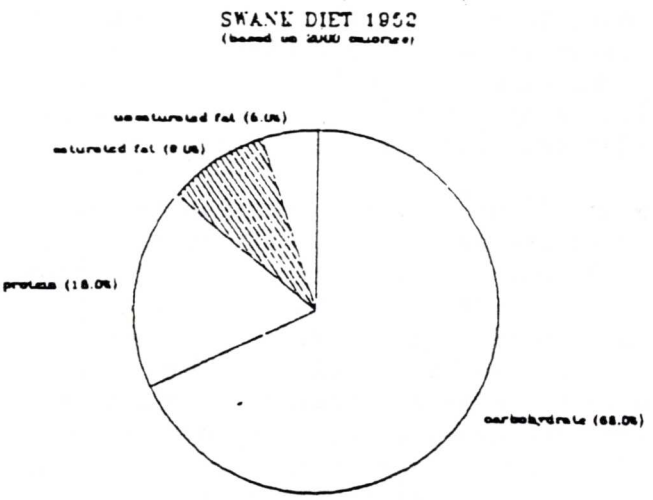
Cholesterol: Ahead of His Time - cont.

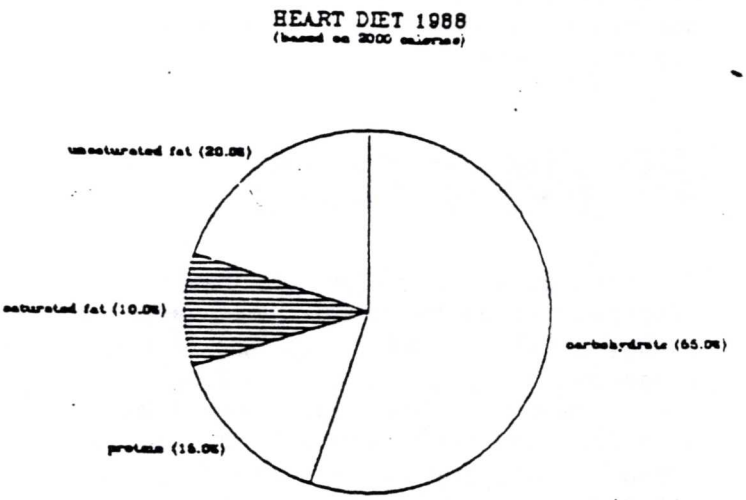
The cholesterol level increased with all groups of women. The influence of age was most marked in women from Portland, and was the least marked in women from Messina. In men only from Messina did the cholesterol level increase with age; no such relationship occurred in the men from Portland and Tokyo. (Swank, R.L. The Influence of Ecological Factors on Blood Viscosity and Sedimentation and on Serum Cholesterol. American Journal of Clinical Nutrition, vol. 19, 1962).

Summary

Perhaps Dr. Swank is 40 years ahead of his time in the treatment of Multiple Sclerosis as he was with heart disease.

In the opposite column are two pie charts. The top chart illustrates the amounts of unsaturated fat, saturated fat, protein, and carbohydrates that were allowed on the Swank Diet in 1952. The bottom chart illustrates the amounts allowed in the National Heart Association Diet in 1988. Note how similar the diets are, and it is interesting that it took this long for a low-fat diet to develop for the treatment of heart disease since Dr. Swank's research.





PREGNANCY & M.S.

We have maintained for several years patients with Multiple Sclerosis are apt to have an exacerbation of thier disease after childbirth. On the other hand these same patients do very well and often note some improvement while pregnant.

A recent abstract, The Effect of Pregnacy on Multiple Sclerosis, --- Birk, Kathleen et al. American Academy of Neurology, vol 38, #3 supplement 1, March 1988, Rochester NY. confirms our earlier observations.

Pregnancy & M.S. - cont.

"We carefully followed eight women with a diagnosis of definite Multiple Sclerosis through pregnancies. Each patient was examined on two occasions during pregnancy and on several occasions during the first postpartum year. In addition to obstetrical and neurologic histories and examinations, T-cell subsets and serum levels of several pregnancy-related immunomodulators were assayed.

None of the patients experienced relapse or worsening of their M.S. symptoms during pregnancy. Most of the patients improved, with a decrease in symptoms and physical impairment. Six (75%) of the eight participants experienced a relapse of M.S. within 7 days of delivery. This prospective study confirms prior restrospective studies suggesting that M.S. remains stable or remits during pregnancy, but becomes active postpartum. This study further suggests that the rate of postpartum relapse is much higher than previously reported."

We have also observed that an infusion of 1 unit whole blood or 2 units of fresh frozen plasma immediately after delivery prevents these exacerbations from occurring in most cases and promotes rapid recovery.

SO TIRED OF BEING TIRED

Everyone gets tired, but the fatigue described to us by the patients appears to be, at times, immobilizing. Fatigue alone can be very disabling without any other symptoms. When daily tasks become an effort and you frequently reach the crying point, you are experiencing M.S. fatigue. When your thoughts become cloudy and decisions are very difficult to make, you are experiencing M.S. fatigue.

Generally a change in mood develops and your personality takes on a twist of Jeckle & Hyde. A greying in skin color of the face and a drooping appearance is usually seen. A weary look in the eyes is an early sign. Unfortuately, fatigue is not always recognized by the physician, family, or employer, therefore, the patient continues to push themselves, and finally more symptoms develops.

So, how do we avoid this problem of fatigue? This is the most difficult mountain for the patient to climb. As the patient will learn, the price tag is very high for overdoing. The patient will usually make an attempt to become more disciplined and reduce their activities. We would like to stress that we are not suggesting that the patient withdraw from life and stay in bed. It is necessary to know the stopping point before fatigue begins. If you are working, try resting for one-half hour following lunch in a quiet area or in your car. When you arrive home, before beginning the evening activities, rest one-half hour. If work is a priority, treat it as one, and take the necessary steps to enable you to continue working at quality level. If you are at home and your family is your priority, treat it as one, and rest during the day so the children and spouse do not suffer because you have overdone. Learn to say no to unnecessary activities.

Be aware of nervous tension. The degree to which this occurs and its effects on M.S. varies from patient to patient. When this leads to agitation, lack of sleep, irritability and fatigue, aggravation of the disease occurs. If this state continues for long periods, increased symptoms and signs of the disease result and prolonged convalescence is necessary for recovery.

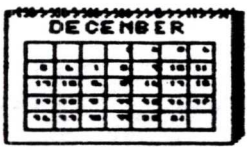
Remember, you can control this disease or it can control you.

A THOUGHT . . .

"A good day is when you wake up and nothing new hurts."

-Armand Deutsch

HOW IT ALL BEGAN - SWANK DIET CONT. 1948



The development of the Swank Low-fat diet was described in our last newsletter. Unfortunately, figures 1 and 2 were left out and are included here.

Figure 1 describes the relationship to fat intake per day to the rate of deterioration and percentage of deaths during the thirty-four year period of observation. All 150 patients (solid lines) and the 66 who were placed on Swank low-fat diet less than 3 years from onset of the disease (broken line) were each divided into those who consumed less than ( ) 20.1 grams daily, and those who consumed more than ( ) 20.1 grams daily, In both groups, those who consumed less than 20 grams of fat per day deteriorated an average of less than 1 neurograde (Ng). Those consuming more than 20 grams of fat daily, deteriorated an average of 3.1 neurogrades. Differences in the death rates are also shown.

Figure 2 shows the effects on the fat consumption on early, mild disabled (0, 1, 2) (solid line), and late seriously disabled patients (3, 4, 5) (broken line) in the Swank study. Note the average fat consumption (avg gram fat/day) and the percentage dead at the end of the study (% dead).

For further information on Dr. Swank's research refer to his recently published edition of "The Multiple Sclerosis Diet Book" written by Swank and Dugan, published by Doubleday.

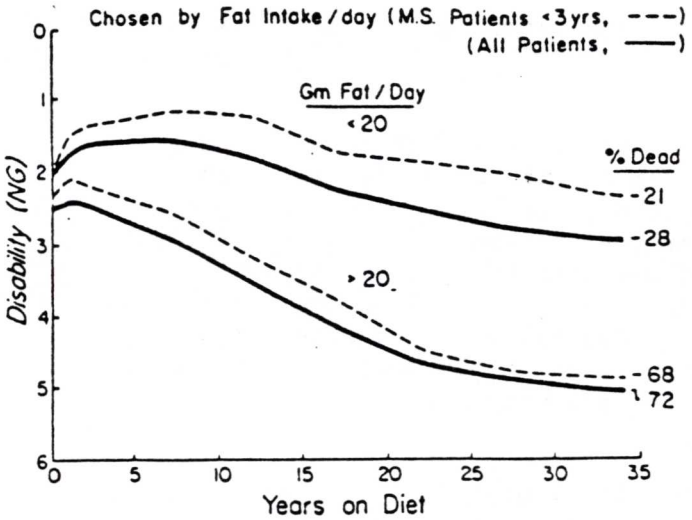


FIGURE 1

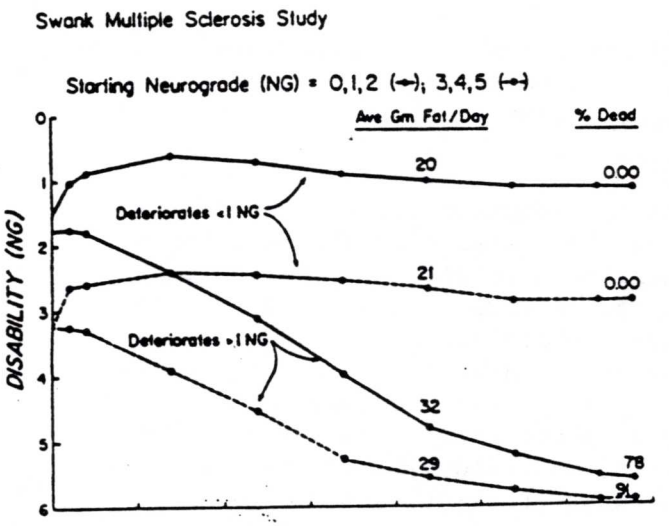


FIGURE 2

OFFICE TALK 

We would like to take this opportunity to thank our patients, their families, friends, and other interested parties for your patience and understanding of our very busy telephone and full schedule. With only a few exceptions, everyone has been understanding and supportive of our busy office, and we thank you very much.

*****

The office will be closed the last week in May (May 23rd thru May 30th). Tony will be in the office to take emergency calls.

*****

Please remember to cancel appointments you are unable to keep. Many patients are waiting for cancellations to see Dr. Swank.

*****

Please remember to write down what you eat for one week prior to your appointment and bring this with you.

*****

On the appointment reminder cards that you receive in the mail there will be a stamped reminder on each card. Please note that it says annual, which means this test is to be repeated once a year. If you had the test within the previous year, you do not need to repeat it. However, we would like to see chem screens at least once a year, and in some patients, twice a year.

*****

If you are receiving more than one newsletter, please contact the office so that we can delete the extra mailing address from our records.

Please remember that we request an annual donation of $20.00 per year to help defray the cost of the newsletter. Our clinic and research that we do largely depends on private donations from patients and other interested parties. We receive no funds from the National M.S. Society or from Federal sources.

*****

We are in the process of rearranging our schedule. We hope to clear afternoons to devote more time to research and to allow more time to spend on the telephone to help those patients who have immediate needs or to answer questions for those who are waiting to see Dr. Swank. If you have an afternoon appointment scheduled, we will need to reschedule your appointment to a time in the morning. Please be patient about getting a new appointment as we have several people on our waiting list. If you have not been contacted please call or write us a note informing us of your appointment that needs to be rescheduled.

*****

If you are interested in helping other M.S. patients and fighting for a cause, contact Cookie Pridemore at (503) 942-7383. Cookie is interested in starting a support system for M.S. patients in her area or any other area.

*****

Checks for the cod liver oil are to be made out to O.H.S.U. Foundation Swank M.S. Research The cost is $16.50 if mailed and $14.00 if picked up at the office.

*****

When ordering the M.S. Diet Book from the O.H.S.U. Bookstore, please add $.30 to the cost making the total cost $19.40.

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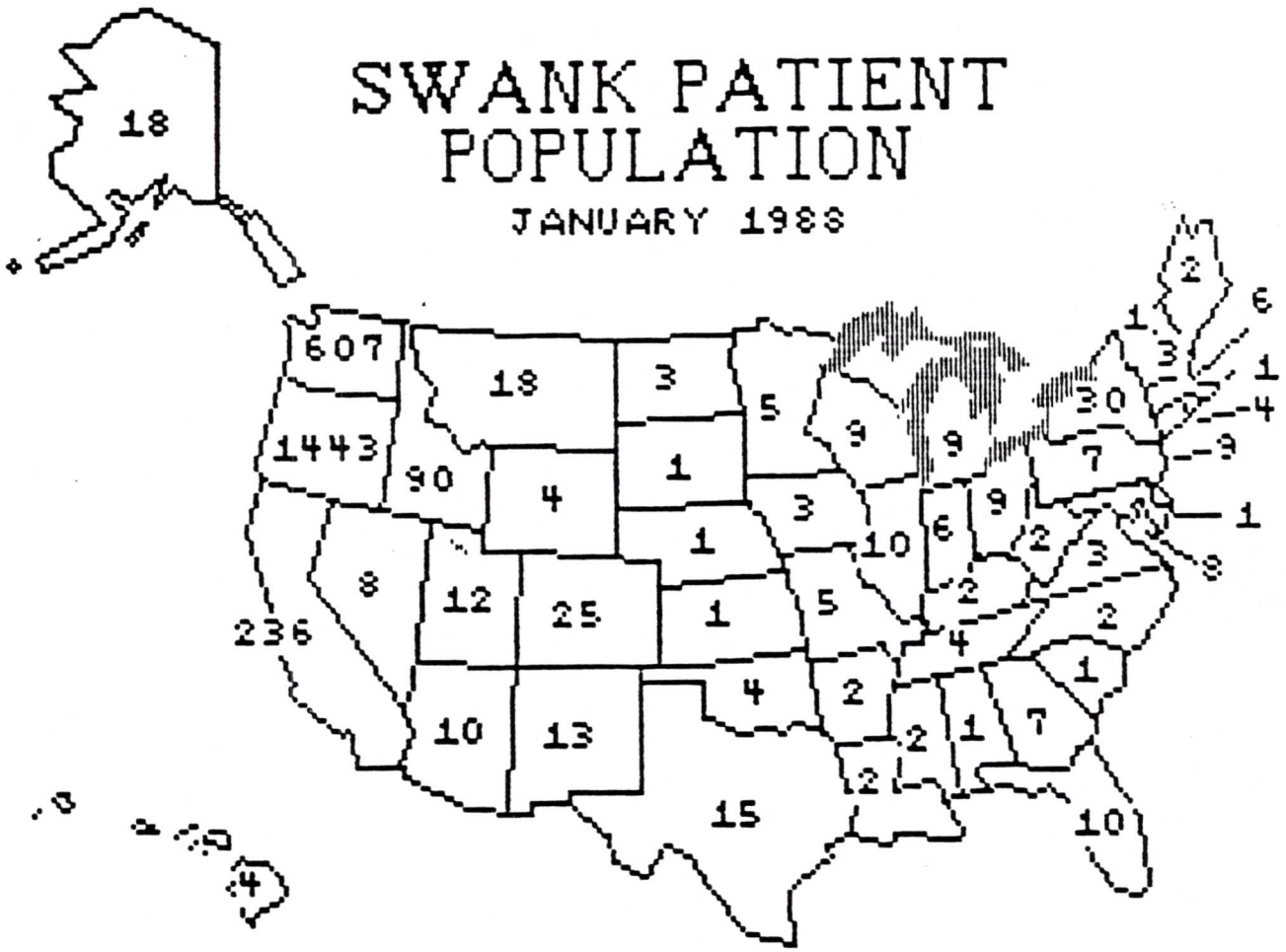
We would be interesting in hearing from, by mail, your thoughts on a Consumer Guide for people on a low-fat diet.



This is our present patient population as of January 1988. This does not include any Canadian patients or patients from other nations. Of interest. . . We receive about 5 to 10 telephone calls a day for new patients from every part of the United States. This does not include people who are calling for information only who request to be placed on our newsletter mailing list. It is interesting that Dr. Swank does not advertise his Clinic. Our telephone number is not even in the telephone book. These figures do not include some of the early cases that were seen before 1960.

RESEARCH FUNDING

To remind you of our increasing need for research funding, we are inserting this form to be completed when donating money for research. Thank you.

Mail to: Roy L. Swank, M.D., Ph.D.
3181 SW Sam Jackson ParkRoad
Portland, OR 97201

Make checks payable to: O.H.S.U. Foundation Swank M.S. Research

Contributor's Name: _____

Address: _____

Amount of Donation: _____

SWANK multiple sclerosis NEWSLETTER

AUGUST **NO. 34**

FROM THE OFFICE OF ROY L. SWANK, M.D., Ph.D.
EDITOR: BARBARA BREWER DUGAN - ASSISTANT EDITOR: BARBARA KALKHOVEN
DESIGN COORDINATOR: ANTHONY LECKBAND

ONE MAN'S OPINION

Our critics say that our low fat diet is not effective for multiple sclerosis patients. However, they acknowledge that it is a well balanced, nutritious diet, a diet which would benefit anyone.

Our long term studies, in press at present, leave little doubt that the Swank Low Fat Diet does far more than improve nutrition, it controls the disease M.S. It is not a cure however since straying from diet will result in resumption of the rapid downhill course of the disease, a course well known to Neurologists.

The study indicated that M.S. patients are highly intolerant of saturated fats.

There are a few simple rules that patients must follow if they are to get maximum benefits from the diet. The saturated, mostly animal fat, must be reduced to less than 15 grams a day. This is an approximate 90% reduction in the fat intake. At this level of fat intake the disease comes under control. At a 50 to 60% reduction in fat intake, exacerbations are significantly reduced in frequency, but the steady downhill slide continues. At 90% reduction of fat the downhill course is stopped or attenuated.

I state attenuated because the normal aging process that all people experience is evident after the age of 30 years. It is said that from then on we can expect to lose approximately 1% of our neurons (nerve cells and processes) per year, and at near the age of 60 or at death we can expect to have lost about 30% of these cells due to aging alone. This process goes on in all patients in addition to the M.S.

The mechanism by which our low fat diet helps patients with M.S., in my opinion, is as follows: The high fat intake results in an enormous increase in the small droplets of fat (chylomicra) floating in the bloodsteam. These small globules compete with the red cells and other cellular material in the blood for emulsifying agents which are apparently needed to prevent these cells from aggregating and forming large particles, large enough to block the circulation in capillaries and smaller arteries. This process called micro-embolism occurs in all tissues including the brain.

ALSO IN THIS ISSUE

One Man's Opinion - cont.

Emboli such as these are known to damage the smaller blood vessels of the brain so that they become permeable to large, toxic molecules which are ever present in the blood. This is referred to as a break-down of the blood-brain-barrier, a change which occurs in M.S., and has been clearly demonstrated enumerable times by the CT scan.

This increased permeability allows these toxic elements direct access to the brain tissues. They act somewhat like novocaine which most of you have experienced in the dentist office. The brain tissues are first anesthelized, and if the concentration is great enough the tissues are damaged. This leads to demyelination of the nerves in the area. The result is dysfunction of the nervous system and to the development of the clinical symptoms of multiple sclerosis.

Since the entire circulatory system is involved, and to some extent damaged by the micro-emboli mentioned before, the symptoms of general weakness and fatigue may well be due to a reduction in capillary blood flow throughout the entire body. Evidence of this is to be seen in the cold and often bluish hands and feet, and general coldness of the bodies of patients with M.S.

This series of events I would consider under the title "One Man's Opinion."

STRESS & ANXIETY

Have you ever experienced heart palpitations, a racing heart, hyperventilation, dizziness, nausea, followed by shaking, sweating, a feeling of losing control. If you have, you may have experienced a panic attack. Patients have related these symptoms to us. They feel they are going "crazy." The truth is these attacks are common in our society, but perhaps more so in M.S. patients who typically are nervous by nature.

What is happening is your body is reacting to cumulative stress. The symptoms of the attack are probably caused by a release of adrenalin into your system. This adrenalin release is beneficial when you are in danger by giving you energy to react. Under other circumstances its effects can cause you to experience what is known as a panic or anxiety attack. Generally these attacks happen during prolonged periods of stress, and are precipitated by fatigue, too much caffeine or nicotine, and possibility hunger with a drop in blood sugar. Counseling can be helpful in learning to deal with stress, but sometimes mild sedation is necessary until the cause is determined.

Books that patients have found helpful include those written by David D. Burns, M.D., Gerald Jampolski, M.D., Richard Bach, and Leo Buscaglia. There are many other books available. Meditation, Yoga, and exercise that is suited to your physical condition are also helpful. The important thing to remember is that you can control anxiety.

THERE IS NO SUBSTITUTE:

Again it seems confusion is being thrust upon our patients. The recommendation that patients follow the Heart Low Fat Diet is the culprit. It is true that the Heart Diet is a low fat diet, but it is not the same as the Swank Low Fat Diet.

The Swank Low Fat Diet contains less than 15 grams of saturated fat each day, about 4-7% of the calories in the diet comes from fat. Increasing the fat intake by 10 grams per day to 25 grams increases the calories from fat to about 12% of the total. This slight increase in fat intake causes a steady decline in the patient's condition resulting in disability. The patient will note a decrease or absence of exacerbations, but no protection from disability.

The Heart Diet as generally used obtains 20-30% of its calories from saturated fat. This is several times the amount of fat in the Swank Diet, and in our 34 years experience will result in total disability and a much larger death rate in M.S. patients.

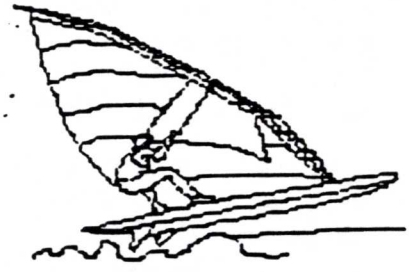
EXERCISE: SHOULD I OR SHOULD'NT I

Are you confused about the amount of exercise you should be doing? This is a common concern among our patients. Most patients have been used to a fairly vigorous exercise program. Following the diagnosis of M.S. they find themselves questioning what the correct program for them is.

Over the years we have been able to watch the patients closely and establish what we feel are sensible reliable guidelines for exercise. The following guidelines have been established according to the degree of disability, duration of disease, and the length of time on diet. You may find that you will move from one class to another as you gain stamina and fatigue lessens. Be sensible in your choices. The general rule continues to be followed - **Exercise That Is Fatiguing Should Be Avoided.**

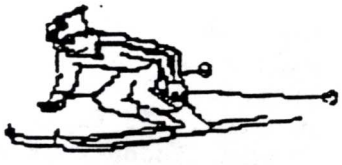
CLASS 1 - Ambulatory, working patient - Newly diagnosed. Has been following diet for less than one year. Has recovered from all symptoms, feels very well and strong. Notices only slight fatigue when over-doing.

EXERCISE - Swimming, Walking, Bicycle Riding, Yoga, Low Impact Aerobics, Mild Weight Lifting. Continuous for no more than 30-40 minutes. If body temperature elevates rest and cool down by placing water on back of neck and immersing hands in cold water. If fatigue is noticeable the following day and you feel you have not recovered, decrease the length of time exercised until recovered. You may exercise 3-4 times per week or daily for shorter periods. If activity of the disease develops, stop all exercise until recovered.

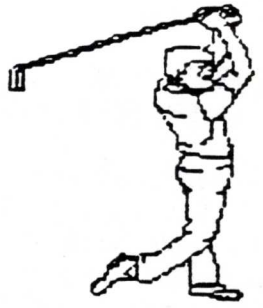


CLASS 2 - Ambulatory, working patient - Has been following diet for at least 3 years and has had the disease less than five years, and is in remission. Patient feels strong and free from all symptoms. Patient is working full-time and notices only occasional fatigue but recovers quickly.

EXERCISE - Swimming, Walking, Bicycle Riding, Mild Weight Lifting, Low Impact Aerobics, Yoga. Patient may exercise at his own strength and stamina avoiding fatigue. Patient must remember to cool down when doing continuous exercise. If fatigue is noticeable the following day and you feel you have not recovered, decrease the length of time exercised until recovered. You may exercise 3-4 times per week or daily if fatigue does not develop. If activity of the disease develops, stop all exercise until recovered.



Exercise: Should I or Shouldn't I - cont.

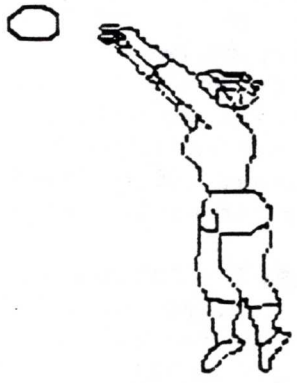


CLASS 3 - Ambulatory working patient, working full-time. On diet for at least three years and has had the disease more than five years. Disease is aggravated easily by exercise. Patient fatigues quickly and must be careful. Patient is symptom free but must be conscious of their limitations.

EXERCISE - Swimming, Reduced Walking, Stationary Bicycle, Water Aerobics, Mild Weight Lifting, Yoga. The patient should begin with a 20 minute program. If fatigue does not develop, excercise may be increased to 45 minutes. If body temperature elevates, rest and cool down by placing water on back of neck and immersing hands in cold water. The patient may exercise three times a week. If activity of the disease develops, discontinue all exercise until recovered.

CLASS 4 - Ambulatory, moderate disability, part-time work, may or may not have leg weakness. Patient fatigues quickly. The patient has been on diet less than one year and has had the disease for more than five years.

EXERCISE - Swimming, Water Aerobics, Stationary Bicycle-Riding, Mild Weight Lifting, Yoga. The patient should exercise no more than 30 minutes with breaks. If body temperature elevates, rest and cool down by placing water on the back of neck and immersing hands in cold water. Patient may exercise three times each week or for shorter periods daily. If fatigue develops or present symptoms intensify, decrease length of time exercising or discontinue exercise until recovered.



CLASS 5 - Ambulatory, moderate disability, part-time work. May or may not have leg weakness. Patient fatigues quickly. Patient has been on diet for at least three years and has had the disease for more than five years.

EXERCISE - Swimming, Water Aerobics, Stationary Bicycle, Yoga, Mild Weight Lifting. The patient should exercise no more than 30 minutes. The patient may exercise 3-4 times per week or daily if stamina permits. If fatigue develops the following day or old symptoms intensify, reduce the length of time exercised or discontinue until recovered. If body temperature elevates during exercise, rest and cool down by placing water on back of neck and by immersing hands in cold water.

CLASS 6 - Not Working, leg weakness, very limited energy level, Using cane and wheelchair for long distances. Patient has been on diet at least one year and has had the disease more than five years.

EXERCISE - Water Aerobics, Deep Breathing and Stretching exercises, Mild Weight Lifting, Yoga, Mild Physical Therapy. Patient should exercise 10 minutes morning and afternoon daily when energy permits. If fatigue develops or symptoms intensify, patient should discontinue exercise until recovered.

CLASS 7 - Not working, severe fatigue, unable to ambulate without wheelchair, upper body limitations. Patient has been on diet for at least three years and has had the disease for more than five years. Condition is stable.

EXERCISE - Water Therapy, Deep Breathing and Stretching exercises, Very Mild Physical Therapy Program. Patient should exercise 10 minutes daily when energy permits.

Due to the reduced circulation with this disease it is beneficial for the patient to exercise within his/her limitations. Exercise to the point of exhaustion can be harmful to the patient. It is very important not to set unrealistic goals for your energy program. Do not try to compete and find yourself paying the price for a week following the event.

It is only with many years of experience and listening to hundreds of patients that we have been able to guide our patients into adaptive programs for their needs. IT IS IMPORTANT TO REMEMBER THAT EXERCISE WITH M.S. IS HARMFUL IF IT LEAVES YOU FEELING LESS ENERGETIC AND INCREASES YOUR SYMPTOMS. IF YOU ARE HAVING ACTIVITY OF YOUR DISEASE DO NOT EXERCISE THAT WEAKENED AREA. WAIT UNTIL YOU RECOVER AND THEN BEGIN YOUR PROGRAM. IF AN AREA REMAINS WEAKENED FOR A LONG PERIOD OF TIME PHYSICAL THERAPY IS BENEFICIAL. NEVER EXERCISE DURING EXACERBATION OF YOUR DISEASE - WAIT UNTIL YOU HAVE RECOVERED.

Skiing, wind surfing, backpacking, mountain climbing - If these activities fit within your limitations and DO NOT INCREASE YOUR SYMPTOMS OR CAUSE FATIGUE FOR LONG PERIODS OF TIME: HAVE FUN!!

WE STRONGLY URGE YOU NOT TO JOG!!!

JOGGING - Only very few patients tolerate jogging. Our experience indicates most joggers eventually have problems. The reason for this is probably because the body temperature elevates and the patient becomes overheated, as well as, fatigued.

DIET TALK

A careful look at your diet periodically may prevent unnecessary fatigue. Patients often become very busy and the quality of their diet deteriorates. It is important to maintain an adequate oil and protein intake to assure an efficient energy level. If you are feeling low around 3:00 pm it could be because of low oil intake. A quick snack of nuts or peanutbutter on rice cakes mid-morning and mid-afternoon will help prevent this. It is also important that valuable protein foods such as non-fat milk, yogurt, cottage cheese, turkey, chicken, and fish be eaten regulary. Neglect of these foods will lead to deficient energy supply.

Some patients find increased energy by using a protein supplement mixed with non-fat milk. This can be easily prepared in the blender with fresh fruit.

VITAMINS

For prevention of bladder infection we are recommending that the patient supplement their diet with 1,000 mgs. of Vitamin C daily.

We have recently entered into a vitamin research study with Dr. Lendon Smith.

Vitamins - cont.

Eleven patients have been selected for this study. The results of this study will follow in the next newsletter.

HYPERTENSION

Hypertension (high blood pressure) is unusual in M.S. patients. Low blood pressure, often very low, is the rule. However, for those few with high blood pressure a few comments are in order.

As a rule these few are treated with pressure lowering drugs. This is of course very helpful, but it is often the case that M.S. patients become weak and tired when this treatment is pursued too vigorously. Since they are already suffering from a variable degree of fatigue from the M.S., it can be difficult for the patient to recognize the additional fatigue due to dropping the blood pressure. In addition to the low pressure and fatigue they often become depressed, appear tired, and move more slowly.

The few patients on antihypertensive medication must be monitored for fatigue and weakness from the drug. The patients will recognize that the symptoms are different from those they had experienced from M.S. alone. The medication can then be reduced (not stopped) so that the lowering of the blood pressure is less marked. The patients will notice an almost immediate improvement in their energy.

OFFICE TALK

Dr. Swank and Barbara will be on vacation from September 1 thru September 26, 1988. Barb and Tony will be in the office.

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When mailing in your check for the newsletter ($20.00) please make it out to O.H.S.U. Foundation Swank M.S. Research.

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To help Barbara in answering your questions thru the mail, write your letter in a question-answer format. Leave space under the question for her to write the answer, and she will then mail back your original letter with the answers filler in. This will be faster for Barbara and you will have your questions answered faster.

RECIPES

Poached Snapper With Citrus

1 grapefruit, cut into sections
1 orange, cut unto sections
1/2 cup fresh orange juice
1/2 cup fresh grapefruit juice
1 large clove garlic, pressed
1/4 tsp. thyme
1/4 tsp. salt
pepper to taste
1/4 cup fresh minced parsley
4 - 6 oz. snapper filets

Bring juices, garlic, thyme, salt & pepper to a boil in a large nonstick skillet. Add fish and cover lossely. Reduce heat and cook until opazue or about 4 minutes. turning once. Transfer fish to platter. Boil liquid in skillet until reduced to thin sauce like consistency. Pour over fish. Garnish with orange and grapefruit sections, and parsley.

Recipes - cont.

Honey Mustard Chicken

2 chicken breasts, skinned and boned
6 Tbs. honey
1/4 cup prepared mustard
salt to taste
1/4 tsp. curry powder

Preheat oven to 325°F. Remove all visible fat from chicken. Combine honey, mustard, salt, and curry powder. Mix well. Brush chicken evenly with sauce. Place chicken in covered baking dish and bake 45 minutes. Yields 2-4 servings.

Bran Apple Muffins

1 cup bran cereal
1 cup untoasted wheat germ
1 1/2 cups whole-wheat flour
1/2 cup nonfat dry milk
3 tsps baking powder
3/4 cup raisins
1 cup chopped walnuts
1 egg (complete)
1 egg white
12 ozs. thawed frozen apple juice concentrate
1/4 cup oil

In large bowl, mix together bran cereal, wheat germ, flour, dry milk, baking powder, raisins, and walnuts; set aside.

Beat to blend eggs, apple juice concentrate, and oil. Add to dry ingredients and stir to mix well. Let batter stand until moisture is absorbed, about 5 minutes.

Spoon batter into paper-line or oiled muffin cups, filling each to top. Bake in a 375° oven until muffins are ringed a dark golden brown, about 30 minutes. Remove muffins from pan, cool slightly on rack, and serve warm. Or cool, wrap air-tight, and store up until next day; freeze to store longer. Makes 12 muffins.

Ranch Dressing

1/4 tsp. pepper
1 1/2 tsp. garlic salt
1/4 tsp. onion powder
1 1/2 tsp dried crushed parsley
2 cups mayonaise
2 cups buttermilk

Mix ingredients and refrigerate.

Oatmeal Pancakes

1 1/2 cups quick-rolled oats
2 cups buttermilk
1/2 cup all-purpose flour
1 tsp. sugar
1 tsp. baking soda
2 eggs
1 tsp. salt

Mix together quick-rolled oats and buttermilk. Beat in remaining ingredients. Cook on non-stick lightly oiled griddle until both sides are brown. Yields 12 4-ince cakes.

Cottage Cheese Patties

1 1/2 cups cottage chesse, low fat, rinsed, or dry curd
1 cup rolled oats, quick or old fashioned
1 cup crushed cracker or cereal crumbs
1 medium onion, diced
2 eggs
1 cup chopped walnuts or other nuts
2 Tbs. oil

Mix all ingredients and form into patties. Fry in oil until brown. For casserole, bake at 350°F for 30 minutes and serve with mushroom or onion gravy (from book).

SWANK MULTIPLE SCLEROSIS NEWSLETTER

DECEMBER 1988 **NUMBER 35**

• **FROM THE OFFICE OF ROY L. SWANK, MD.,PH.D.**
• *EDITOR: BARBARA BREWER DUGAN - ASSISTANT EDITOR: BARBARA KALKHOVEN*
• *DESIGN COORDINATOR: ANTHONY J. LECKBAND*

SUBCANTANEOUS HEMORRHAGES

I am often asked about the subcutaneous black and blue blemishes of the skin covering the extremities. They appear spontaneously without cause and often after the slightest trauma. During activity of disease they may increase in number. Usually they vary in size up to about 1 inch in diameter, but occasionally the blemishes may be 3 to 4 inches in diameter. Generally they will occur during a short period of time, and then be absent for months. They always fade to light blue, to brown, then disappear. They are not cause for alarm. Early in my research I made a study of the phenomena. Biopsies were taken and observed under microscopic examination. Hemorrahages free in the tissues were revealed, but, no damaged blood vessels (Swank, R.L. subcutaneous Hemorrhages in M.S. published in the Journal Neurology, 8:497-98, 1958.) These hemorrhages occurred in about 60% of female M.S. patients but were rarely seen in men probably because of their heavily pigmented skin. Similar subcutaneous hemorrhages are observed frequently in normal women, so their presence cannot be considered specific for M.S. However, the high frequency in M.S. could be important. The observations of abnormal capillary blood flow in M.S. by other investigators is probably related to the subcutaneous hemorrhages and possibly in some way to the mechanism of the disease.

MEMORY CHANGES AND CONFUSION

Many of you have asked about the problems you have with your memory. You forget where you have placed your glasses, or keys to your car, or forget to do small chores or to purchase groceries that you only shortly before left home to purchase. You also suffer from a slow recall of names, places, and things. If you wait a few minutes , these things will come to mind. To avoid these embarrassing incidences make lists of your planned operations for the day preferably in a small notebook, which is kept near by so it cannot be misplaced. A real loss of memory is rare, and almost only occurs in very disabled patients. Some delay in the recall of names is apt to be present even in normal adults, and this increases with age. This may become a problem in some ambulant M.S. patients, but is rarely a problem in the early stages of the disease. It is important to know that slow recall is made worse by fatigue and by nervousness, and when feverish or exposed to very hot weather or water. It is only a mild inconvenience or no problem at all when rested, calm, and in good general health. Confusion may occur during an exacerbation of the disease, but clears as soon as recovery gets underway. Serious and prolonged confusion is rare, but does occur occasionally in seriously disabled patients. If the patient is overheated by weather or infection, or extremely tired from overwork and nervousness, mild confusion, can occur, but will disappear with recovery.

WINTER IS HERE

We are approaching winter and the time to dress warmly is here. A good practice is to wear long johns thru the winter until May unless you are one of those especially warm blooded individuals Muscle and joint pains are common in M.S. patients particularly during the winter months. Warm sleeping garments including a turtle neck sweater or gown, and warm pajamas bottoms, or sweat pants and shirts are ideal. Sleeping with windows open is not advocated.

ALSO IN THIS ISSUE

THE HOLIDAYS

The holidays are upon us. In addition to the cheer, religious feelings, and presents with jubilant and excited children, there is also stress--the stress of nervous tension, frustrations in choosing gifts, and the hard work of preparing for the celebration. It is important that you protect yourself from these stresses by avoiding fatigue and limiting stress as much as possible. Mid-day rest and mild sedation from Thanksgiving until mid-January is advised. We have noted fatigue, nervousness, and fluctuations of symptoms during Xmas and the month of January in many patients. This can usually be eliminated by the judicious control of your activities during this season.

Good luck, and Happy Holidays.

OH MY ACHING BONES

Flu and Cold Symptoms- This is the time of year we begin to see problems from flu and colds. Most patients after following diet for a few years are not bothered by these problems. However, if you are, we recommend following:

1. If there is an elevation in temperature you will have an increase in weakness, many times immobilizing and very frightening to the patient. Take aspirin regularly and remain in bed. Once the temperature has returned to normal the intense weakness will pass.

2. Attempt to drink fluids to prevent dehydration.

3. If nausea and vomiting occur for prolonged periods contact the office for medication to relieve the problem.

4. Following the symptoms continue to rest for several days. If you are working take 2 or 3 days leave.

5. We do not recommend flu vaccination for all patients. This should be discussed with the office.

LETS TALK DIET

The holiday season is upon us and it's time to think about what We Can And Can't Eat. We have a few suggestions and recipes to help make your holiday a little easier.

TURKEY - WHAT KIND? - FRESH VS. FROZEN - COOKING INSTRUCTIONS?

The most important thing to look for when buying your Christmas turkey is what's inside. Butter Ball turkeys contain large amounts of fat. Avoid any turkey that has been injected with hydrogenated oil or other fats. this includeds turkey broth. Fresh turkeys may also be injected. It is important to check with your market and order ahead. If you are eating away from home and the turkey has not been skinned, do not eat the top layer of meat. Cut down several slices. The first layer will contain more fat.

STUFFING - Do not cook the stuffing inside the turkey. Following you will find two stuffing recipes. One makes a nice side dish.

PIES - Canned skimmed milk is available and works very well for baking. Mayonnaise or oil pie crust is not difficult to make and your guests will not be able to tell the difference.

WHIPPED CREAM - Does your whipped milk go flat? Try this "WHIP IT" and "VANILLA SUGAR" by OETKER to keep the whipped milk from going flat. These products may take some time to find. Co-ops and large local markets may carry them. They contain no fat. Ingredients are simple. dextrose, precooked starch, and tricalcium phosphate. They may be found in the section of the market where you find sugar, starch, and flour.

MASHED POTATOES - Try Molly Mcbutter and canned skimmed milk for flavoring.

ARE YOU EATING ENOUGH FAT?

A reminder about your diet. Many patients are avoiding both fats and oils in their diet. It is essential that the unsaturated fat(oils) be maintained at no less than 4 teaspoons daily. Hair loss, dryness of skin, and fatigue are early symptoms. Our bodies need fat for stored energy. Because of the dramatic reduction in saturated fat , unsaturated fat(oil) must be increased. Carbohydrates supply only brief energy demands. Record your diet for one week and determine the amount of saturated and unsaturated fat consumed.

RECIPES

CRANBERRY STUFFING

1 cup freshly cooked cranberries
4 tablespoons oil
1/4 cup sugar
4 cups stale bread crumbs
1/4 cup chopped celery
1/2 teaspoon sweat marjoram
2 tablespoons chopped parsley
1 teaspoon salt

Combine cranberries and sugar. Saute celery and parsley in oil until celery is tender. Add to cranberries. Combine bread crumbs. majoram and salt. Add to cranberry mixture. This makes a nice side dish with sliced turkey or turkey sandwich.

fat: none

Oil; Total 12 teaspoons; 2 teaspoons per serving

BASIC STUFFING

1 tablespoon oil
1 teaspoon pepper
1 large onion, chopped
1 teaspoon thyme
1 cup chopped celery (with some leaves)
2 teaspoons sage
4 cups bread cubes
1/2 cup chopped mushrooms
1 cup of broth or cosumme' or chestnuts cooked giblets
1 teaspoons salt (optional)

Preheat oven to 350 F. Heat oil in sauce pan and lightly saute onion and celery. Toss together with other ingredients, using broth to moisten. Place in baking dish. Bake 1- 1 1/2 hours. Cover with foil to keep from drying out. Serves 6

Fat: None (1 teaspoon if giblets are used (2 ounces)

Oil: Total 3 teaspoons; per serving - 1/2 teaspoon

GREEK ZWEIBACK - Great for Christmas Cookie

1 cup oil
4 eggs
1 1/2 cup sugar
4 teaspoons baking powder
4 1/2 cup flour
2 teaspoons Aniseed
2 teaspoons vanilla
Preheat oven 325 F

Mix together sugar and oil until blended. Add vanilla, beaten eggs, and aniseed. Sift baking powder & flour together. Add to mixture. Place large tablespoon full of dough on cookie sheet. Mold into small loaves 2 per cookie sheet. Flatten slightly. Bake 25-30 minutes. Remove from oven let rest 15 minutes or more. Slice 1/4 inch thick. Place back on cookie sheetand return to oven for 10 minutes to toast lightly turning once while toasting. Yields approximately 100 pieces.

Oil: 48 tsp. 1/2 per Cookie

Fat: 4 tsp trace per cookie