SWANK MS CLINIC

FROM THE OFFICE OF DR. ROY L. SWANK M.D., PH.D.
EDITOR BARBARA BREWER DUGAN, RN

APRIL 1995 EDITION #63

Electric Shocks - L' Hermitte Sign

M.S. Patients will occasionally complain of "electric shocks" extending into the extremities or down the back and occasionally up over the back of the neck. These "electric shocks" were first described by L'Hermitte, and are known as the L'Hermitte sign. They are usually produced by bending the neck forward. As a rule, they will be present for some months, and may not recur for some months or years later. They can be prevented by not bending the head forward. A cervical collar may be worn to keep the neck from flexing and causing pain. In a few cases of tumor of the cervical spinal cord and disease of the cervical spine, similar electric shocks occur, but the L'Hermitte sign is by far most commonly seen in MS patients.

> The shocks are probably due to tugging or pulling of sensitive nerve fibers in the spinal cord by fibrous connections between the dura matter and the cord.

The shocks are probably due to tugging or pulling of sensitive nerve fibers in the spinal cord by fibrous connections between the dura matter and the cord. The dura matter is a heavy fibrous tube which contains the spinal cord. Within the dura matter the spinal cord floats in "watery" spinal fluid. The fibrous connections from the dura to spinal cord also support the cord. Bending the neck forward causes stretching of the fibrous connectors which pull or tug on nerve fibers in the cord. For some reason, in M.S. these fibers are sensitive and rise to a sensation described as "electric shocks".

No Other Answer - Prevention

The neurological symptoms and findings in M.S. are due to, lesions in the central nervous system. These lesions consist of both damaged and destroyed units of the nervous system, primarily of nerve fibers. The destroyed fibers will attempt to regenerate, but only very short or very small fibers will reach their destination. The repair is slow and will be accompanied by variable recovery of the symptoms.

In peripheral nerves, however, structures called neurilemma form tubes which guide regenerating nerve fibers to their correct distal destination. The neurilemma is found only in the peripheral nervous system not the central nervous system which is composed of the brain and spinal cord.

Many studies of regeneration in the CNS have been made. One, approximately 50 years ago, was headed by a friend of mine, Dr. Windel. His study was well equipped, well financed, and carried to a logical end. It was found that significant and sustained regeneration of the CNS was not observed. Since then, many studies have been conducted, all have ended with similar results as Dr. Windel's. We are, therefore, faced with a decision of what to do. Are we going to wait for regeneration, which does not occur, or are we going to prevent exacerbations from occurring.

Exacerbations significantly decrease in patients on diet for longer than three (3) years. Also, deterioration or development of disability greatly lessens in patients on the low fat diet.

Do not overlook the fact that complete repair of the lesions in M.S. rarely occurs. However, prevention of exacerbations, and stabilization of the disease is possible, with close adherence to low fat diet.

It is, therefore, in the patient's best interest to plan an appointment in the office at regular intervals, to check and adjust treatment so that exacerbations can be prevented.

LET'S TALK ABOUT DIET

LABEL READING

With all the new products on the market, there has been a great deal of confusion regarding what to count as fat and what not to count. I thought the best way to handle this is to give a few examples. First, let me say we are not in favor of processed foods in the diet, and these foods must be used infrequently.

Example I.

Baked Tostitos 1 gram of fat per serving	Nutrition Facts Serv. Size 1 oz Total fat 1 g. Sat. fat 0	Ingredients Corn Salt

First, look at the ingredients. In this product you have corn and salt. Next, look at the amount of saturated fat, which is 0. This leaves 1 gram unaccounted for. If you look back at your ingredients, you see corn, most grains and vegetables have a small amount of unsaturated fat. The 1 gram is coming from the amount naturally found in the corn. You have also determined that this product is baked, not fried. You have now analyzed the product and know that it can be eaten without risk of straying from parameters of diet. The 1 gram would be counted as unsaturated fat (oil) in your diet. Remember, this is per serving of <u>one</u> ounce. You are allowed 10 tsp. of oil daily.

Example II.

Jell-O Pudding & Pie Filling Chocolate Fat-0	Ingredients Phosphates, artificial flavor, Sugar, corn starch, salt, mono and di glyc erides, modified <u>cocoa,</u> hydrogenated veg. oil, processed with alkalidioxide, nonfat dry milk, sodium etc.,

First, check the ingredients. There are three (3) ingredients in the product which warn you there is saturated fat:

(1) Cocoa processed with alkali

(2) Mono and Di glycerides

(3) Hydrogenated vegetable oil

Second, check the saturated fat. This product indicated 0. How can that be. Well, remember I warned you in a recent newsletter that the F.D. A. allows labeling to be 0 saturated fat if the product contains less than one percent fat. However, this is per serving - not per total product. The serving size on this product is 1/2 cup - not much.

In this situation you must count every serving as 1 gram of saturated fat and eat no more than one serving per day. This is a processed food and we do not promote using these products. Those patients keeping their saturated fat below 15 grams 0-5 daily tend to have more energy.

ENERGY NEEDS

Unsaturated fat needs to be increased according to activity level. The minimum per day is 4 tsp. and the maximum 10 tsp. A few suggestions for obtaining these oils are as follows:

1. Nuts and seeds as a snack.
   10 nuts = 1 tsp. oil
   3 tsp. seeds = 1 tsp. oil
2. Avocados - 1/2 medium = 4 tsp. oil.
   Slice on a sandwich or make a dip.
3. Olive oil as a spread on bread with Italian food or sprinkled on salads and pastas.
4. Add oil to the water when cooking rice.
5. Add 1-2 tsp. oil to hot cereal.
6. Make muffins containing oil.

Oil is in the diet to replace the saturated fat. If you find you are craving sweets it is probably due to not enough oil in your diet. Remember to spread the oils out beginning at breakfast, with a snack mid-morning and mid-afternoon.

CONSTIPATION

Many patients experience constipation intermittently. This can be a result of several causes. It is known that many MS patients will have slow motility of the lower bowel; therefore, making transit time and emptying of the bowl slow. Also, patients may be less active, adding to the problem. There is also a reluctance to drink enough water for fear of bladder incontinence. Finally, the decrease of oils (unsaturated fat) in the diet will produce constipation.

WHAT TO DO:

1. If you are unable to exercise, at least do stretching and deep breathing daily.
2. Because the Swank diet is high in fiber, it is important that 4-6 glasses of fluid be consumed daily. Without liquid, fiber tends to solidify in the colon.
3. Oils or fats contain natural ingredients that act as laxatives. When your diet is deficient in oil, an important part of elimination is removed.
4. If all else fails, the natural laxative on page 59 in the Swank diet book is effective. Senna Tea is often helpful and may be purchased at your local health food store. Fruit Eze available through private distribution is natural and very effective. For more information regarding this product, contact the office.

BETA SERON

We continue to gather information on the effects of Beta Seron. The results have not been as promising as hoped for by the physician and patient. We have seen and heard from many patients across the United States. The side effects have been more intense than expected and several have experienced major exacerbations of which recovery has been very slow. The patient had been in remission for several years. It is our opinion that careful consideration should be given before beginning this drug.

SPRING CLEANING

The sun will soon shine again and patients will begin to feel better. This is a warning for all patients who plan to do spring cleaning all in one day. Remember to clean only one area each day and have periodic rest breaks. One day of overdoing will produce 2-3 days of increased fatigue. Be wise and avoid unnecessary problems.

HOME HEALTH PROGRAM

MULTIPLE SCLEROSIS SOCIETY OF PORTLAND OREGON GEARS UP FOR HOME HEALTH PROGRAM

Effective September 1, 1994, the Multiple Sclerosis Foundation, Inc. (MSF), officially joined the Multiple Sclerosis Society of Portland, Oregon, Inc. (MSSP) "family," by becoming an affiliate arm of the Foundation.

Historically the MSF has focused on providing information and research dollars to support alternative treatments into the cause and management of Multiple Sclerosis symptoms. MSSP is a 45-year old program of direct patient support through homecare services and social activities. By joining efforts, the two organizations are prepared to address both the emotional and physical needs of those troubled by M.S.

ADDRESS CHANGES

If you have had a change of address recently, please drop the clinic a postcard and let us know your new address. Please be sure to include your old address so we can correctly update you on our mailing list.

NEWSLETTER SUBSCRIPTION

Have you remembered to resubscribe to the newsletter. Please submit your annual fee, by completing the attached form and mailing it to: The Swank M.S. Clinic, 13655 SW Jekins Road, Beaverton, Oregon 97005. If you would like a packet of back issues please indicate on the form to the right.

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Roy L. Swank Low Fat Cook Book

You now can order your low-fat cookbook through the mail.

Please send me_____books at the cost of only $34.00 ea.

Send Books To:

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Please make checks out to the Swank Low Fat Cook Book

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

RECIPES

APPLE CRISP

3 pounds - (9 cups) Apples, sliced w/out skin
1 Cup all purpose flour
1 1/4 cups sugar
1/4 cup Egg Beaters
1 teaspoon cinnamon
1 Tablespoon Nutmeg
I Can't Believe It's Not Butter spray

Slice apples (Granny Smith), mix 1/4 cup sugar, cinnamon and nutmeg in 2 quart 8 x 12 pan. Mix flour, remaining sugar and egg beaters and spread on top of apples. Spray I Can't Believe It's Not Butter over the top.

Bake at 350 degrees

Tastes good served in a bowl with skim milk poured on top

SERVINGS: 8
PREP TIME: 1:15
CALORIES: 254
CHOLESTEROL: 0 mg.
SERVING SIZE: 1 slice (1/8 of 12")
TOTAL FAT: 1.1 gram
SATURATED FAT: 0.20 gram
POLYUNSATURATED FAT: 0.25 gram
MONO-UNSATURATED FAT: 0.35 gram

TAMALE CASSEROLE

16 ounces turkey, 1/2 breast w/out skin
1 cup onion chopped
16 ounces tomatoes canned
16 ounces corn canned, low sodium
1 tablespoon chili powder
2 teaspoons salt
3/4 cup cornmeal
8 large olives black
1 teaspoon garlic powder

Chop olives and onion. Brown turkey in frying pan. Stir in chopped onion and a shake of garlic powder. Cook until onion is transparent drain off any fat. Add tomatoes, corn, chili powder and salt. Heat to boiling and slowly stir in cornmeal. Cook over low heat 10 to 15 minutes, stirring occasionally to prevent sticking or lumping. Stir chopped olives into tamale mixture. Turn all into a 2 quart casserole and bake in moderate oven 350 degrees for 30-40 minutes.

SERVINGS: 6
PREP TIME: :30
CALORIES: 168
CHOLESTEROL: 47mg
SERVING SIZE: 1Serving
TOTAL FAT: 3.7 gram
SATURATED FAT: 0.6 gram
POLYUNSATURATED FAT: 0.55 gram
MONO-UNSATURATED FAT: 2.34 gram

SWANK CLINIC

FROM THE OFFICE OF DR. ROY L. SWANK M.D., PH.D.
EDITOR BARBARA BREWER DUGAN, RN

SEPTEMBER 1995 EDITION #66

PLASMA THERAPY

The effect of plasma and blood infusions for M.S. patients was first reported by Leo Alexander and Associates in 1948.

In 1951 at McGill University in Montreal Dr. Penrose, head of Obstetrics and Gynecology reported that M.S. patients did poorly shortly after delivery even though they remained stable during pregnancy. He had also noted exacerbation of disease following major surgical procedures.

My experience at that time in the M.S. clinic in Montreal agreed with what Dr. Penrose was seeing. It was at this time I suggested transfusing patients with one or two units of whole blood immediately following delivery and also after major surgery. The results were exceedingly beneficial. Post-delivery and post-operative exacerbations disappeared and patients experienced rapid recoveries.

Later it was found that fresh frozen plasma could be used as effectively as whole blood.

We have continued to infuse patients post-delivery and post-operatively and now we are using plasma therapy during exacerbation of disease.

Our first program began at Oregon Health Sciences University in collaboration with Dr. Peetoon, former Head of Portland Regional Red Cross. We later began a second program at Portland Red Cross which continued up until our new clinic opened in August, 1994. In November, 1994 we opened our own infusion clinic under the direction of Red Cross.

In 1988 analysis of the first 237 patients receiving 1288 infusions of plasma were made. In all but 5% of the 230 early (NG 1,2) cases the response was good (60%) or very good (35%). None of the seriously disabled were benefited.

Approximately 12% of our patients receive plasma at some period while in our care. The remainder of our patients do well with low fat diet alone.

With almost all treatments for progressive illnesses there are risks involved as there are with plasma therapy. We are very careful to educate our patients as to these risks. At the present time in the Portland Metropolitan area the risk of Aids is very low (1/650,000) and the risk of hepatitis is (1/3700) unit of plasma.

HEADACHES IN PATIENTS WITH M.S.

Patients with M.S. are nervous and sensitive. They are subject to anxiety and complications of anxiety. Headaches are probably the more common complications. Tension headaches begin with tightness of the muscles of the neck and shoulders. The aching of the head often starts in the back of the head and spreads to the top and front of the head on both sides or only one side and finally lands in the back of one or both eyes. These headaches can be severe and can be temporarily relieved by over the counter analgesic or mild to moderate prescription medications such as Tylenol III or Vicodin. For more permanent relief, mild sedation 3 to 4 times daily for several weeks usually works. Then sedation is only necessary for occasional headaches resulting from tension.

Migraine headaches are another matter. They usually, but not always, start with visual impairment referred to as scintillating scotomata. This lasts for about 30 minutes. It then begins, usually on one side of the head. It may or may not be accompanied by nausea and vomiting. The total episode usually lasts for at least one (1) day. A good sleep is often followed by relief from migraine, but on occasion, the headache may last several days and be refractory to sleep.

About 10% of M.S. patients have migraine headaches. After going on the low fat diet, migraine usually disap-

pears in about one (1) year. The usual medications for migraine are at best inadequate, often expensive, and finally without help in subsequent migraine attacks.

Other symptoms due to stress and related to headaches of both types are attacks of shortness of breath, a feeling of choking or being strangled by tightness in the upper throat (neck), low back pain, pain in the upper or lower abdomen and left side due to either acid stomach or spastic colon.

BEING PRODUCTIVE WITH M.S.

If symptoms of MS are keeping you from: being productive at home or work; enjoying rewarding pastimes; or managing daily responsibilities; then occupational therapy may be beneficial. Occupational therapy (OT) can work with you to stay "occupied" in your daily life and help you perform everyday activities with greater ease and satisfaction. Trained therapists work to enhance your independence by improving your skills through teaching alternative methods or introducing adaptive equipment. OT can provide assessment, treatment, intervention, and recommendations in the following areas:

handwriting aides
arm/hand therapy
home modification
bathroom/toilet equipment
dressing, grooming, cooking, eating & dinnerware
energy conservation techniques
leisure skill development
workplace equipment modifications
automotive modifications & driver evaluations
safety evaluations

If any of these occupational therapy services sound like they may be of benefit, please discuss it with your doctor or talk to an Eastmoreland Rehabilitation Center occupational therapists at (503) 234-0411.

VERTIGO (Dizziness)

Vertigo is defined as a sensation of movement, fast or slow, of the patient, the surroundings, or both. It is usually thought of as a violent, whirling which throws the patient to the ground. However, there are many variants of the degree and character of dizziness in M.S. patients.

As an early symptom, it is usually thought of as a problem for the otologist, but the diagnosis and treatment are disappointing. The vertigo can suddenly stop for no obvious cause and the patient feels well again.

It can occur as an initial symptom, clear in hours or days, and be followed by a period free of symptoms of M.S. for days or years.

It is often accompanied by nausea and vomiting or both. There can also be minor attacks of dizziness when the patient moves too fast, turns his or her head rapidly or when watching objects move quickly by, as when sightseeing by automobile or train.

As a rule, patients gain some relief by lying down and being quiet. The position of the head is important. Mild sedation (Phenobarbital 30 mg, or Valium 2 mg, 3 or 4 times a day) often help. If the nausea is severe Compizene suppositories, 25 mg may be helpful.

After a period of calmness, and careful adherence to low fat diet, the dizzy spells gradually become less frequent, and often disappear.

Treatment with plasma has proven to be a quick effective treatment for many patients experiencing dizziness and at the same time relieve diplopia, fatigue and other symptoms.

DIET

In the last newsletter I discussed label reading. It is very important to thoroughly understand this concept to gain results of low-fat diet. Remember a saturated fat intake greater than 20 grams once/week will cause continued deterioration of your health. In other words if you slip off diet while eating out once a week and the amount of fat consumed is greater than 15 grams by only 5 grams (approximately 1/2 ounce of cheese) you are risking progression of your disease and resulting disability.

EXAMPLE: Marble Loaf Cake

Ingredients: sugar, bleached flour, nonfat milk, egg whites, water, fructose, cocoa, maltodextrin, modified cornstarch, natural & artificial flavors, baking powder (baking soda, sodium aluminum phosphate), Mono and Diglyceriedes, salt, oat fiber, potassium sorbate (a preservative), dextrose, sodium stearoyl lactylate, xanthan gum, guar gum, beta carotene.

Serving Size:	1 oz slice
Servings per container:	14
Calories:	70
Protein:	2 grams
Carb:	16 grams
Fat:	0
Chol:	0
Sodium	115 mg.

The label reads 0 saturated fat, however, your ingredients indicate different. Cocoa and Mono and Diglyceriedes are fat producers. Remember the FDA allows labeling to be 0 grams saturated fat if a product contains less than 1 gram.

The serving size on this product is only 1 ounce. If you were to eat a 3-4 ounce serving the amount of saturated fat on the label would be higher.

This product must be counted as 1 gram of saturated fat per 1 ounce serving. Eat no more than one serving per day!

FAST FOOD

For those of you feasting on grilled chicken sandwiches thinking you are fat free, think again!

Burger King's BK Broiled Chicken contains:
29 grams of fat.

McDonald's McGrilled Chicken contains:
12 grams of fat.

These chicken delights contain more saturated fat than a small hamburger. Beware, many grilled chicken sandwiches are injected for moisture and texture. Eat no fast food - I repeat NO FAST FOOD!

THE FUTURE OF THE SWANK CLINIC AND RESEARCH

In recognition of the need to ensure Dr. Swank and Barbara Dugan's work will be available to future generations as well as reaching a wider range of M.S. patients, we have designed and implemented a continuation plan, which we would like to share with you.

In June, our Board Of Directors elected Jack Monteith as President, of The Swank M.S. Foundation. Jack is a C.P.A. and principal in the Portland investment firm Birch and Monteith, Inc. Jack brings to the Foundation many years of business and management experience. Under his direction, we have been able to establish both a short and long term plan that will insure the continuation of the care and research that is the legacy of Dr. Swank and Barbara Dugan.

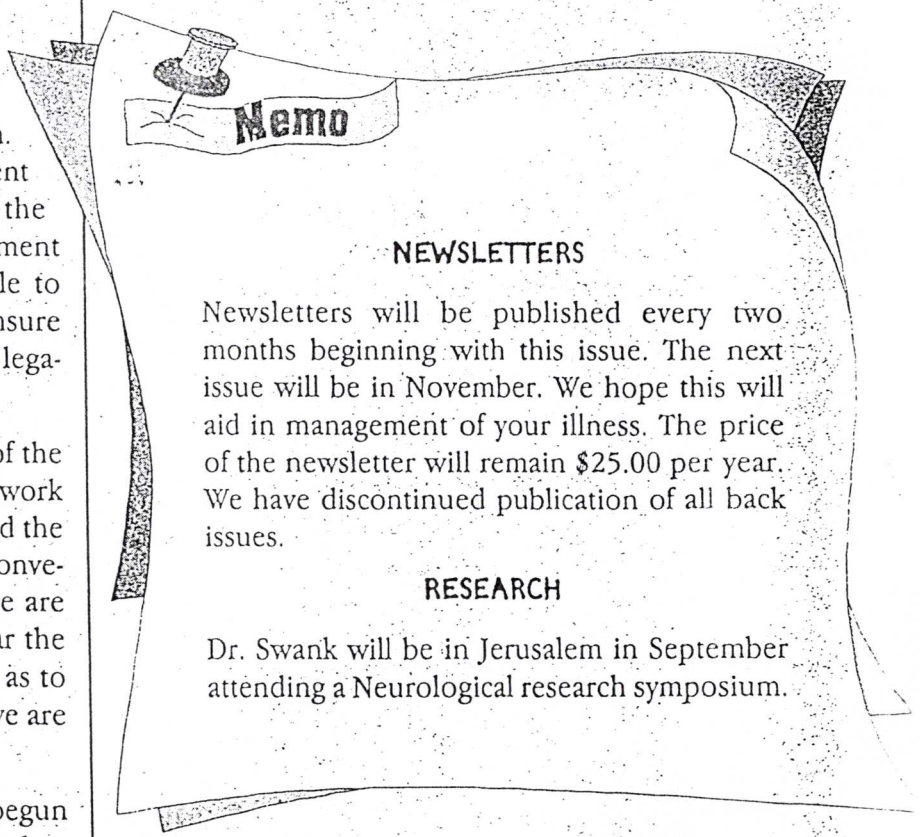
Briefly, our plans are to expand the availability of the Swank treatment by adding another physician to work with Dr. Swank and Barbara Dugan, as well as expand the clinic itself. To better provide for the care and convenience of our patients who travel long distances we are working on plans to make apartments available near the clinic. To serve patients more conveniently as well as to expand the availability of the Swank M.S. program we are looking at establishing a California based clinic.

To continue and further the research that was begun by Dr. Swank, an endowment fund will be established.

In addition to Jack Monteith, we have also brought on board Grace Antares, a professional marketing consultant. Grace will be working closely with Jack, Barbara and Dr. Swank to achieve our goals. For clinic expansion, Grace will be organizing a campaign with emphasis on early diagnosis for management of the disease worldwide. Grace will also be directing the grant seeking campaign to help meet our endowment goals.

In order to meet our long term expansion and endowment goals, we have created a Planned Giving department staffed by Jack Monteith and Grace Antares. This department will be responsible for ongoing education and communication.

To begin our new programs, we would like to request those patients whose lives have been impacted positively by the treatment and care of the Swank program to take a moment and write a letter about your experience. These testimonial letters will be presented to prospective grant makers as an appeal to the human side of research and treatment Dr. Swank has dedicated his life to. We thank you in advance for your ongoing support and involvement, It is our goal that together, we can change the world! Mail your letters to: Grace Antares C/O The Swank M.S. Foundation, Planned Giving Department.



NEWSLETTERS

Newsletters will be published every two months beginning with this issue. The next issue will be in November. We hope this will aid in management of your illness. The price of the newsletter will remain $25.00 per year. We have discontinued publication of all back issues.

RESEARCH

Dr. Swank will be in Jerusalem in September attending a Neurological research symposium.

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

RECIPES

Salmon Cakes

1 Lb. cooked salmon (fresh or canned)
1 cup shredded cooked potato
1/3 cup finely diced red bell pepper
1/3 cup finely diced red onion
1 Tbsp. finely minced fresh basil
2 saltine crackers, crushed
1 tsp. worcestershire sauce
2 whole eggs & 1 egg white (egg substitute may be used)
1 tsp. salt
1/3 tsp. black pepper
1 Tbsp. olive or canola oil

Skin & bone salmon, flake into a large bowl. Add the potatoes, red bell pepper, onion, basil, crackers & worcestershire sauce & toss to combine. In a small bowl, lightly beat the eggs with salt and pepper. Add the egg mixture to the salmon and mix well. Form the salmon mixture into cakes, using 1/2 cup mixture per cake. Lightly oil A large skillet and heat to medium. Grill the cakes until golden brown, about 3 minutes per side. Serve as an entree or on toasted buns with non-fat cheese.

Saturated fat: 2 tsp (10 grams)
Oil: 16 tsp. (80 grams) divide by # of servings

Cinnamon Rolls

1/2 cup warm water
2 tsp. granulated sugar
2 eggs
1/2 cup canola oil
1 tsp. salt
1 cup brown sugar
2 pkg. yeast
2 cups non-fat milk
3 oz. pkg. vanilla pudding
8 cups flour
3 Tbsp. cinnamon

1) Mix warm water, yeast and sugar together in a separate bow. Let rest for 5 minutes
2) In a separate bowl mix milk, eggs, oil and pudding in another container (Do Not Make Pudding)

In a third bowl mix flour and salt. Add mixture from step (1) and step (2) to the flour mixture. Mix thoroughly. Let rest in the bottom of a covered bowl until double in size. (1 hour or more)

Punch down and roll out into a rectangle, 16" x 24" x 1/2" thick. Mix together Cinnamon and Brown sugar and spread on top of dough. Roll gently from he widest side. Cut a piece of thread 12" long. Slip under the roll and bring both ends to the top and criss-cross until it cut a piece off. (It won't smash it as bad as cutting it with a knife) Place on a lightly oiled, non-stick cookie tray. Cover and let rise one more time until double in size one more time.

Bake in a 350 degree oven for 15 minutes.
Frosting: Mix powdered sugar with enough skim milk to make a runny frosting. Frost the top of the rolls.
Sat fat: 2 tsp (10 grams)
Oil: 24 tsp. (120 grams)
Divide by # of servings to determine amount of fat & oil

SWANK FOUNDATION

FROM THE OFFICE OF DR. ROY L. SWANK M.D., PH.D.
EDITOR BARBARA BREWER DUGAN, RN

NOVEMBER 1995 EDITION #68

INSOMNIA

A common complaint of many patients is the inability to successfully gain a full night's sleep. Most patients fall asleep quickly only to find themselves wide awake walking the house at 2:00-3:00 am. This pattern soon leads to sleep deprivation and intensification of MS symptoms.

Insomnia is not life-threatening but compared to good sleepers, insomniacs usually experience more health problems, anxiety and depression. There can be several causes for sleep disorders. It may be secondary to a medical or neurological condition, pain, restless legs or continued anxiety.

Prior to a pharmacological treatment, a few helpful sleep tips may promote a good night's sleep:

(1) Sleep in a quiet room free of internal noises, i.e., t.v.

(2) Sleep only as much as is needed to feel rested.

(3) A scheduled pattern of wake-up time aids in setting the internal clock and promotes the onset of sleep.

(4) Exercise in moderation daily produces a deeper sleep.

(5) Constant moderate room temperature promotes sleep.

(6) Do not go to bed hungry. This may interrupt sleep. A light snack is helpful.

(7) Avoid caffeine containing beverages.

(8) Alcohol at bedtime produces sleep more rapidly; however, sleep will usually be interrupted and unsatisfactory.

(9) Sleep medications may be necessary occasionally, but consistant long term use is often not effective.

(10) If you are unable to fall asleep, do not force yourself to stay in bed. Leave the bedroom and do something in another room such as reading.

(11) Smoking disrupts sleep. Nicotine is a stimulant. Before prescribing a sleep medication, it is necessary to determine the type of sleep disturbance. Contact our office if you are experiencing long-term insomnia.

WEATHER & THE INCIDENCES OF M.S.

In August of 1948, when I went to Montreal to start my studies of Multiple Sclerosis, it was felt that weather had something to do with the incidence of Multiple Sclerosis. It was known that cases developed frequently in the Northern part of the U.S.A. As one traveled south, the incidence of the disease slowly decreased.

In Portland, I talked with Dr. Hopkins, a statistician, in the Department of Preventive Medicine. He thought that perhaps components of weather would be a reasonable study subject to be compared with exacerbation of the disease. The study started in January of 1950, and ended November of 1953. Only clear-cut exacerbations were to be considered. The average number of exacerbations would be determined per year, per patient and compared with daily, and maximum, minimum and mean temperatures, relative, daily and daily mean humidity, sunshine, daily percentage if possible, daily mean wind velocity and daily total solar radiation. All of these factors influence the temperature on any one day. In addition, the temperature changes which altered the measured total run-off of the Ottawa River were studied. Precipitation was also studied, but barometric pressures were not.

All factors mentioned except the temperature showed no relationship to exacerbation rates. In the final analysis, it was found that a sharp upward, or a sharp downward change of temperature in a 24 hour period appeared to be responsible for at least five percent of all exacerbations. Changes which occurred during less than a day were of no importance. The striking fact was that sharp changes, and it mattered not which way the temperature changed, were closely connected with about five percent of the exacerbations in this group.

It should be kept in mind that the macro temperature of the surroundings was being studied in its relationship to physiological changes in humans. The effect on humans was no doubt changed by the housing in which they lived, by the automobile they drove, and by their natural habit of walking or riding outside and finally by their clothing. The micro temperature which was controlled by all of these factors was the thing which we could not measure but which was the cause of the exacerbation rate.

During that period, we learned that patients benefited from wearing warm underwear from the first of October until the end of May. This relieved them of considerable pain in muscles and coldness of the body as well as of the hands and feet. We also found that to step outside from a warm room into a cold, chilly outdoor atmosphere without adequate clothing was a mistake

Extreme changes in temperature often occurred because a cold wind could blow down from the Hudson Bay, or a warm wind could blow up form Florida in a matter of a day or so. During one day in the mountains, the temperature warmed up to 35 degrees above zero, then fell that night to 35 degrees below zero. A total shift in temperature from warm to cold of 70 degrees. A shift in the opposite direction would have been just as effective in causing an exacerbation.

Our patients on low fat diet have very few clear-cut exacerbations, but they do have fluctuations of the disease which are minor things consisting of fatigue and minor sensory changes, and other minor complaints which do not interfere with functions and do not cause any disability except for what could be due to the fatigue. We have observed during very changeable weather that the fluctuations of disease have increased. This may represent the same type of physiological change which we observe in Montreal, but in Montreal we were dealing with patients who were just going on diet and had not gotten to the point where no exacerbations were occurring. For us here in Portland, most of the patients which we see and which have complained have been on diet for some years.

JERUSALEM

My trip to Jerusalem to the European M.S. Meeting is the subject to be discussed in this letter. The meeting was September 3-6, 1995. I left Portland August 31 and returned September 8th. It was a quick trip half way around the world and back.

A poster describing our accomplishments with the low fat diet during the past 35 to 42 years was displayed. Many other posters (200) shouting various accomplishments were also displayed. Our poster as shown in Jerusalem is now on display in the clinic.

Figure 1 shows affect of low diet on the exacerbation rate. Before diet the average rate was one (1) exacerbation/yr/pt/. Note the rapid decrease in exacerbation rate (from 1 per year to 1 per 20 years) when patients followed the diet.

Figure 2 illustrates the benefits of the low fat diet. The upper curve shows 70 patients who consumed the diet (average 17 grams/day). The middle curve shows effects of increasing fat by 10 grams per day (middle curve), and the lower curve shows effect of not following diet. It is important to note that the addition of one 10 grams of fat to the diet leads to rapid deterioration and high death rate.

Roy L. Swank, M.D., Ph.D. Prof. Emeritus, Oregon Health Science University; Swank M.S. Clinic, Beaverton, Oregon.

To confirm epidemiological studies by Swank (1), Swank et al (2), and Alter et al (3), between 1949 and 1984, 150 multiple sclerosis patients consumed low-fat diets. Fat, oil, and protein intakes; disability; and deaths were determined. With fat consumption <20.1 g/day (av 17 g/day), 31% died, average deterioration was slight. In these, the exacerbation rate fell 95%. (4). An intake >20 g/day (av 25 or 41 g/day) was attended by serious disability and the deaths of 79 and 81% respectively. Oil intake bore an indirect relationship to fat consumption. Minimally disabled patients who followed diet recommendations deteriorated little if at all, and only 5% failed to survive the 35 year study, whereas 80% who failed to follow diet recommendations did not survive the study period. The moderately disabled and severely disabled patients who followed diet recommendations carefully did far better than those who failed to follow the diet. In general, women tended to do better than men. Those patients treated early did better than those for whom treatment was delayed. High sensitivity to fats suggests that saturated animal fats are directly involved in the genesis of multiple sclerosis.

1. SWANK, RL. Multiple Sclerosis: a correlation of its incidence with dietary fat. Am J Med Sci 1950; 220:421
2. SWANK, RL, et al. Multiple Sclerosis in rural Norway: its geographic and occupational incidence in relation to nutrition. N Engl J Med 1952; 246:721
3. ALTER M. et al. Multiple Sclerosis and nutrition. Ach Neurol 1974; 31:267
4. SWANK, RL. Multiple Sclerosis: Fat-Oil Relationship. Nutrition 1991; Vol 7, no. 9:368-376

figure 1

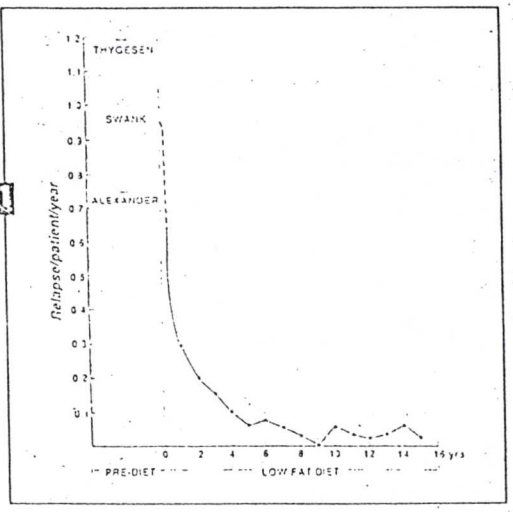
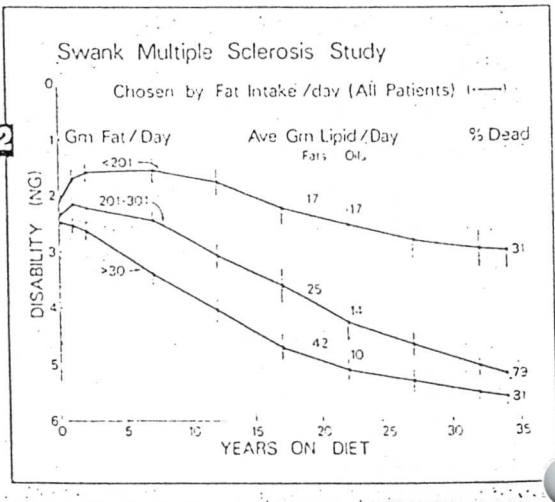


figure 2



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 ch

ing gifts, and the hard work of preparing for the celebration. It is important that you protect yourself form these stresses by avoiding fatigue and limiting yourself from these stresses 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 christmas and the month of January in many patients. This can usually be eliminated by the judicious control of your activities during this season.

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 the 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 vaccinations 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 Thanksgiving and Christmas turkey is what's inside. Butter Ball turkeys contain large amounts of fat. Avoid turkey that has been injected with hydrogenated oil or other fats, including 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 a basic stuffing recipe.

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 this 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.

ANNOUNCING THE SWANK MS FOUNDATION PLANNED GIVING PROGRAM

Our president Jack Monteith has taken on the task of establishing and maintaining a planned giving program for the benefit of our foundation and our supporters. Jack is a Certified Public Accountant and a Registered Investment Advisor. He will report directly to Dr. Swank and Barbara Dugan. And now a few words from Jack Monteith.

I am very excited about our new planned giving program. It will allow us to carry on our treatment and research well into the twenty first century. But also, it can be tremendously beneficial for you, or friends and supporters. Not only from a philanthropic point of view, but economically profitable for you as well.

The tree fold objectives of the Planned Giving Program are:

1. To build up an endowment fund that will allow for the continuing care of our MS patients as well as ongoing research.
2. Provide The Swank MS Foundation contributors opportunities to make meaningful lifetime gifts, which serve their best interests and benefit the foundation.
3. Broaden the financial base of support of the MS Foundation.

Donate To The Swank M.S. Foundation

Help keep the clinic alive and the patients healthy
All donation are greatly appreciated.

name

address

city state zip

amount of donation

donated in the name of

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

The Swank M.S. Foundation is a nonprofit organization.

RECIPES

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 or broth or cosumme' or chestnuts cooked giblets
1 teaspoon salt (optional)

Preheat oven to 350 degrees F. Heat oil in sauce pan and lightly sauté onion and celery. Toss together with other ingredients, using broth to moisten. Place in baking dish. Bake 1-11/2 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

DROP BISCUITS

1 1/2 cups unbleached flour
1/2 cups whole wheat flour
1 Tablespoon Sugar
1 Tablespoon baking powder
1/4 teaspoon salt
1 cup skim milk
2 Tablespoons canola oil

Preheat oven to 400 degrees. Spray a baking sheet with non stick cooking spray. Mix dry ingredients. Gradually stir in milk and oil, mixing with a fork until the mixture leaves the sides of the bowl. Drop by spoonfuls onto the baking sheet, making 8 biscuits. Bake for 15 minutes or until golden brown.

Traditional Biscuits - add an additional 1-2 Tablespoons of flour so that the dough is firm enough to handle. Divide dough into 8 pieces and, with your hands, form into 8 biscuits. Bake as per above.

Biscuit Wedges - Add an additional 1-2 Tablespoons of flour so that the dough is firm enough to handle. Divide dough in 2 pieces and pat out to form two flat circles, about 6" in diameter on the baking sheet. Score with a knife to form 8 wedges each. Bake for 15-20 minutes. Top each wedge with 1 teaspoon sugar free jam or jelly before serving.

Optional Toppings - Sprinkle with grated parmesan cheese and/or seasoning before baking.