

## PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

### MESSAGE

PRESIDENT'S

**A** wonderful year of challenge, change and growth was celebrated by all the wonderful birthday sentiments and donations last month honoring a very special day in my life. Thank you for caring and sharing and helping me make the work PRO does possible. It is with renewed energy and commitment that I challenge everyone even remotely aware of Parkinson's to step up and join me in closing the year with the goal of making every day count and helping every person with Parkinson's realize we are all here together for positive change toward Ultimate Quality of Life.

**LET'S GET THINGS DONE** is my plea and promise.

Thankfully, along with many others, ICBI respected my year of recovery to wellness, and now together, we are once again bringing you interesting facts and the status of the **ROAD TO THE CURE** on this page. You'll find **BITS & PIECES** on page 2.

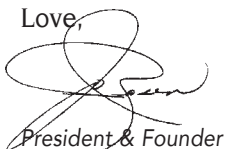
October also brings other PROvocative and informative news such as: **NURSES FOR SAFE ACCESS, Compassionate Care through the Hearts and Hands of Nurses** on page 3, and **END OF LIFE OPTION ACT OF CALIFORNIA (EoLOA): Physician-Assisted Dying** by Dr. Howard Cohen DO, HMD, CMD on page 4. A special **INVITATION** to our November 9th event in the Desert is on page 5.

**MARK YOUR CALENDAR** and if you're in the Desert on November 9th, beginning at 6:00 pm, **JOIN US** for a delicious gourmet dinner with wine pairings sponsored by **PIRCH**. Details are on the website and invitations are being sent through the mail, and on Facebook along with our other social media avenues.

We know we are providing valuable information and support in the Parkinson's community, we continue to appreciate your monthly or general donations through our safe PayPal donation page at **ParkinsonsResource.org/contribute-2/** or by mail to our office in Palm Desert, California.

Until next month, **REMEMBER** the Jewish holidays start with Rosh Hashana on the 2nd and end with Yom Kippur on the 12th. Columbus Day would normally be the 12th, but is being celebrated on the 10th. United Nations Day is on the 24th, National CHOCOLATE day is the 28th and Halloween on the 31st. The flower is the Calendula and the birthstones are Opal and Tourmaline. **ALWAYS** remember to **CELEBRATE YOU** and **PRAY FOR OUR TROOPS!**

Love,



President & Founder

### UPDATE ON PARKINSON'S "ROAD TO THE CURE" PROJECT

#### DRUG DEVELOPMENT AND THE ROAD TO THE US FDA

Ram Bhatt, CSO ICBI, Inc.

ICBI SMART Molecules (SMs) technology is poised to translate our most promising scientific breakthroughs into meaningful disease-altering treatments capable of tackling the most complex and vexing medical challenges related to the diseases of the central nervous system (CNS). In spite of the rapid pace of our initial scientific advances, the recent budgetary constraints have slowed down the progress of manufacturing and the market penetration of our potential diagnostic and disease-altering drugs for Parkinson's and Alzheimer's diseases.

The process of drug development is complex filled with scientific, technical, financial, and regulatory challenges. The average cost (*capitalized*) to successfully develop a drug from start to finish (FDA Approval) in the US was estimated to be \$2.6 billion in 2014 (*reference: Tufts Center for the Drug Development, November, 2014*). If one takes into account the time and resources wasted on failed drugs during the same time by the same group of scientists who successfully launched their drug in the market, the cost exceeds \$4 billion.

The steps involved in developing a drug and getting it through FDA approval are listed below:

#### 1. Basic Research: Disease Target Identification

The journey begins with basic research to understand the process behind the disease, often at a cellular or molecular level. It is through better understanding of disease processes and pathways that targets for new treatments are identified. The target might be a gene or protein instrumental to the disease process that a new treatment could interfere with, for example, by blocking an essential receptor or protein such as alpha-synuclein or LRRK2.

Equally important is to understand the location of the target receptor or protein. If the target protein is located in the brain, interfering with its function may be almost impossible as most drugs capable of modifying brain diseases do not reach the brain. This is the reason why, so far, there are no curative treatments for Alzheimer's (AD) and Parkinson's (PD) diseases.

#### 2. Drug Discovery: FINDING A PROMISING MOLECULE (A "LEAD DRUG CANDIDATE") THAT COULD BECOME A NEW MEDICINE

After understanding the underlying disease pathway and identifying potential targets, we then focus on developing "Targeted Therapy" to narrow the field of potential drugs to one lead drug candidate – a promising molecule that could influence the target

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## OUR WELLNESS VILLAGERS:

### ACUPUNCTURE

- Dr. David Shirazi

### AROMA THERAPY

- Renee Gauthier

### ASSISTIVE TECHNOLOGY

- California Phones

### CARE FACILITIES

- Atria Hacienda

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- California Clinical Trials

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- Healthy Chocolate
- Wild blue-green algae
- Nerium Age Defying Formula

### HOSPICE CARE

- Family Hospice (local)
- Gentiva Hospice (regional)
- Vitas Healthcare (Nationwide)

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- Cambrian Homecare
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- Easy Speech Communication Center

### LSVT BIG PROGRAM

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Drs. Kohtz & Spurling

### WATSU

- Kim L. Hartz, LMT, WABA

## BITS & PIECES: YOUR EYES AND YOUR HEALTH

**Brown Rings around the Iris** - One symptom that only happens with Wilson disease is having brown rings around the iris (colored part) of the eyes (called Kayser-Fleischer rings). They are seen only on the eye exam. Copper buildup causes the rings. The rings don't cause vision problems.

Neurological symptoms: Copper buildup in the central nervous system can cause symptoms such as:

- *Changes in behavior*
- *Tremors, shakes, or movements you can't control*
- *Weak muscles*
- *Slurred speech*
- *Drooling*
- *Stiff muscles*
- *Slow or repeated movements*
- *Trouble swallowing*
- *Poor coordination*
- *Decreased fine motor abilities*

**Sudden Blurry Vision** also may be a symptom of a detached retina, eye herpes or optic neuritis (inflammation of the optic nerve), among other causes. Certain eye conditions and diseases can cause permanent loss of vision, so it's important to visit your eye care practitioner for diagnosis and prompt treatment. Sudden loss of vision may be a sign of the blood flow to your eye or your brain. Medical attention can prevent serious damage and may even save your life. Even if your vision gets better quickly, it might still be a warning of a stroke or the beginning of a migraine headache. Clouded vision caused by cataracts can make it more difficult to read, drive a car (especially at night) or see the expression on a friend's face..

## NURSES FOR SAFE ACCESS

*Compassionate Care Through The Hearts And Hands Of Nurses...*

Nurses For Safe Access (NFSA) are Integrative Cannabinoid Nurse Advocates! Across America people every day are becoming more and more disenfranchised from Western medicine; the side effects of debilitating pharmaceuticals; and the soaring cost of prescription drugs.

People suffering from serious health challenges and life-threatening disease conditions are becoming more pro-active in seeking knowledge and alternatives, and many are exploring Medical Cannabis as one of the most viable options to address many debilitating health conditions.

**Nurses Rank #1** – Time and again, nurses rank as the #1 most trusted profession in Gallup's annual survey of professions for their honesty and ethical standards. Nurses are the foundation of health-care providers who strive to promote optimal health, prevent illness, and alleviate suffering. The fundamental principles of nursing are: Compassion, Education, Respect and Advocacy... building a foundation for optimal patient care.

Their nurses are experienced and well versed in Western Medicine and Integrative Cannabinoid Treatment Modalities. Their goal is to Safeguard YOU, and Your Access to Nature's Medicine... Including Cannabinoid Medicine."

The primary focus of NFSA is to coach you, in integrative cannabinoid health and provide "safe access" towards batch-tested medicinal cannabinoid (cannabis) products for the therapeutic use for symptom relief, pain management and healing. Nurses For Safe Access: is a Non-profit Mutual Benefit Corporation, "A Collective Of Caring Nurses." Their mission is to provide professional caring support and healing choices, while at the same time, obtaining important health data from their members for cannabinoid/cannabis medicine research.

The mission of NFSA is to deliver and set the industry standard in providing legitimate and safe managed cannabis care through a highly trained network of Registered Nurses. Their vision statement is: *To advocate and advance knowledge to patients, the health care industry, and insurance companies, in utilizing medically sound managed cannabis care, research, products, and professionals that enhance and integrate into Western Medicine treatments protocols.*

NFSA's creator, an award-winning Registered Nurse, Linda West-Conforti is also the Founder of Angels in Waiting ([AngelsInWaitingUSA.org](http://AngelsInWaitingUSA.org)). With more than thirty years experience as a neonatal intensive care nurse, she has seen the majority of neonatal foster care babies born from drug addicted mothers. This one issue was her inspiration to also create Nurses for Safe Access that utilizes the same nursing model on opposite ends of a growing national opioid epidemic known as Substance Use Disorder.

Surrounded by a highly experienced corporate team and IT Nurses For Safe Access is a growing national network of uniquely certified Nurses working under a professional and educational service model (*patents pending*).

Nurses For Safe Access (NFSA) is a proud member of the Society of Cannabis Clinicians. They are working hand in hand with The Medical Cannabis Institute and the Society of Cannabis Clinicians.

Their short term goal is to educate Registered Nurses about the importance and/of the discovery of the role that the endocannabinoid system (ECS) plays in human health and disease.

Working with the Society of Cannabis Clinicians, their current effort is developing a member health care survey that documents patient's responses to batch-tested cannabis products. While laboratory-based research is uncovering fascinating information about CBD and cannabis in general, NFSA nurse-clinicians will know first-hand what their members are experiencing. With increasing access to lab-tested cannabis, they have learned that different cannabinoid ratios have different applications.

Their growing number of colleagues in traditional allopathic medicine and NFSA look forward to the day when all patients/members have access to accurately labeled cannabis medicine, that we can report with

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## END OF LIFE OPTION ACT OF CALIFORNIA (EoLOA): PHYSICIAN-ASSISTED DYING

**Dr. Howard Cohen** DO, HMD, CMD  
Medical Director, Family Hospice Care

Many of us are aware of the (controversial) new law that allows physician assisted death in California, the End of Life Option Act (EoLOA), which became legal on June 9, 2016. The new law has garnered much discussion in the news since the EoLOA came into effect and has been met with much frustration by patients as well as their physicians.

Although the law is clear and has a detailed process describing the specific steps that a terminally ill person must complete in order to receive the aid-in-dying drug, there has been much confusion and misperceptions reported in the news as well as in the medical community. I will simplify the main points of the law here to hopefully give a better understanding of the EoLOA of California. The most crucial point of the law is that in order to qualify, the individual must be at least 18 years of age, have a terminal condition with a life expectancy of six months or less, and must have the capacity to make medical decisions as well as have the physical ability to self-administer the aid-in-dying drug. The steps include the following:

1. Request the aid-in-dying drug from his/her physician who will determine capacity (physical and mental) as well as the terminal condition. The physician will also ask the patient why he/she wants the aid-in-dying drug and discuss alternative options, such as hospice and palliative care. The law also requires that the physician ask the patient (on at least two occasions) if he/she would like to rescind the request. The physician will also discuss how the drug works, safety, as well as the potential side effects. The patient will also be informed that if the drug is dispensed, the patient does not have to take the drug.

2. The physician will then refer the patient to a second physician "consultant" to confirm the patient's terminal diagnosis as well as his/her mental and physical capacity. If either physician questions the patient's mental capacity (includes emotional), the patient must be referred to a licensed psychologist or psychiatrist prior to prescribing the aid-in-dying drug.

3. The patient must make a second verbal request to his/her physician no less than 15 days from the first request.

4. The patient must request in writing (on a specific form provided by the state of California) that he/she wishes to be prescribed the aid-in-dying drug. The patient must also have two qualified witnesses sign the form (translator signatures and qualifications are described within the EoLOA for non-English speaking individuals). The patient will also be asked and encouraged to notify next of kin as well as not be alone when he/she takes the aid-in-dying drug although it is not required by law.

5. The law does state that the patient must take the drug in a private location and complete a 48 hour attestation form (also provided by the state) indicating his/her intent to take the drug.

6. The prescribing physician is required to complete specific forms provided by the state which also includes a post death worksheet within 30 days of the patient's death.

Many physicians and other healthcare providers have been divided as to their willingness to participate in physician-assisted death, also known as to "opt in" or "opt out". Although only physicians are allowed to write the prescription for the aid-in-dying drug, other healthcare workers (nurses, social workers, etc.) may not wish to provide care for patients who have decided to end their own life allowed by this new law. The religious, ethical, and moral views of the medical community, as well as the terminally ill patient and their families, vary widely and is beyond the scope of this article, but suffice it to say that the law honors and respects all perspectives, protecting all persons involved whether they choose to "opt in" or "opt out". The law specifically states that this is NOT suicide if the process is followed exactly as laid out in the EoLOA of California. However, here

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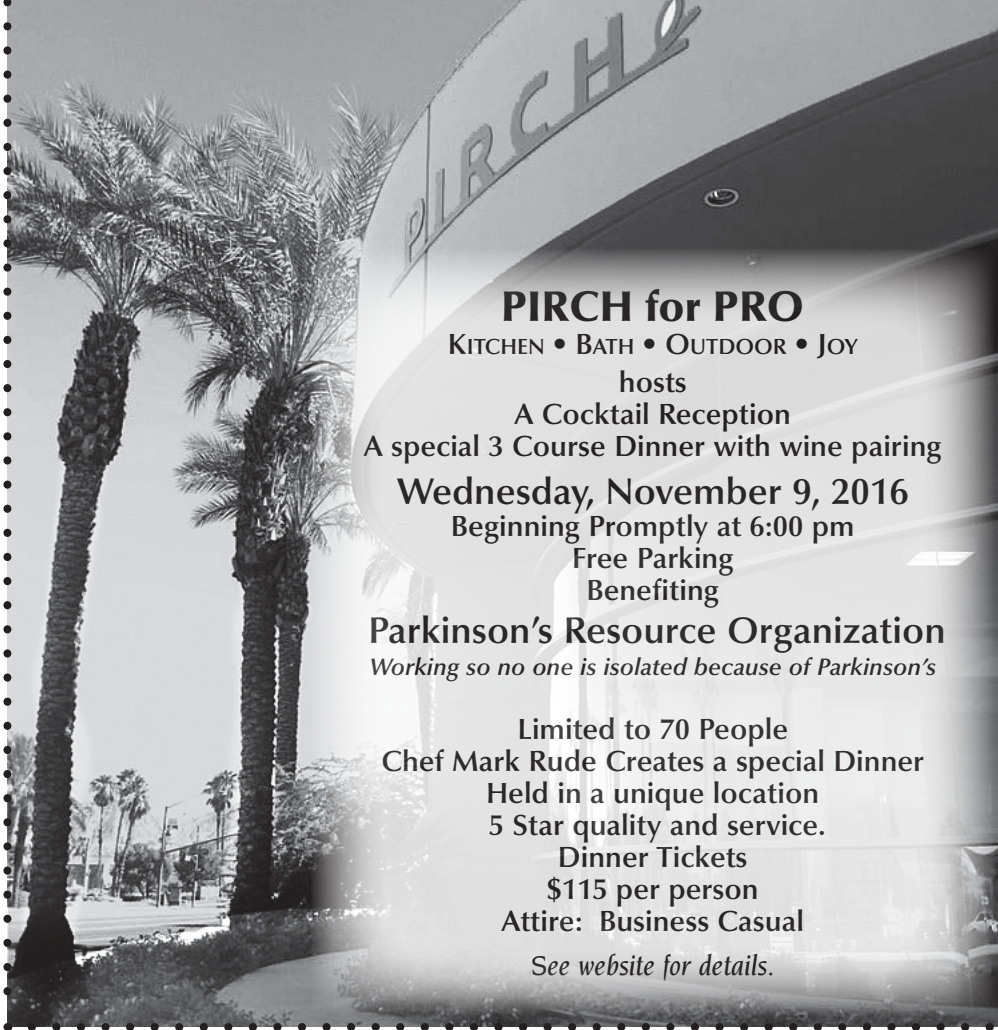


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*Mark Your Calendar and Join Us in The Desert*



## PIRCH for PRO

KITCHEN • BATH • OUTDOOR • JOY

hosts

A Cocktail Reception

A special 3 Course Dinner with wine pairing

**Wednesday, November 9, 2016**

Beginning Promptly at 6:00 pm

Free Parking

Benefiting

**Parkinson's Resource Organization**

*Working so no one is isolated because of Parkinson's*

Limited to 70 People

Chef Mark Rude Creates a special Dinner

Held in a unique location

5 Star quality and service.

Dinner Tickets

\$115 per person

Attire: Business Casual

*See website for details.*

in the Coachella Valley, as well as many other communities across California, one of the largest obstacles for a terminally ill patient to obtain the aid-in-dying drug is locating a physician who can or is willing to write the prescription. More and more physicians have left private practice to become employees for hospitals or managed medical organizations and are bound by their corporate policy allowing or not allowing them to participate in the EoLOA of California. Most corporate policies prohibit their employed physicians to participate in the EoLOA of California, even if a physician wishes to opt in. If a physician wishes to participate, he/she would need to see the patient when off duty and off the campus/office owned by the employer. The new law specifically protects the physician to do so without any negative ramifications by his/her employer.

I have worked in the field of Geriatrics and Hospice for over 15 years (board certified in emergency medicine 15 years prior to that) and have dealt with end-of-life issues on a daily basis. It has been very interesting to hear, in my own field of medicine, the division of feelings and attitudes towards physician assisted death and the patient's right to end his/her own life despite it now being legal. In each state that has provided terminally ill patients with a law to end one's own life (e.g., Death With Dignity Act, DWDA), the fear and controversy as well as willingness of physicians to participate in prescribing an aid-in-dying drug has settled to some degree allowing more patients access. Only time will tell how California will respond to the EoLOA but I believe that California will follow suit as Oregon, Washington, Vermont, and Montana and we will see similar numbers of patients being prescribed an aid-in-dying drug.

## PARKINSON'S RESOURCE ORGANIZATION

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AS LEGAL OR MEDICAL ADVICE NOR TO  
ENDORSE ANY PRODUCT OR SERVICE;  
WE INTEND IT TO SERVE AS  
AN INFORMATION GUIDE.

**ROAD TO THE CURE** – cont. from page 1

and, potentially, become a medicine. Targeted therapy for brain disorders, so far, has been meaningless because most drugs capable of changing the course of AD or PD have failed to reach the brain in concentrations adequate for therapeutic efficacy.

Targeted therapy is superior to random screening of tens of thousands of known organic compounds to find the one that may interfere with the function of the pathogen (target protein). Most big pharma have been pursuing the latter approach, although they have turned their attention to targeted therapy during the last 5–10 years. Below are time and cost estimates to identify a lead drug candidate by big pharma;

<i>Average Time (ID'ing lead drug candidate)</i>	<i>4–5 years</i>
<i>Average Cost</i>	<i>\$436M</i>
<i>ICBI Cost: 5 lead drug candidates in 6 years</i>	<i>\$ 3.5M</i>

**3. Manufacturing under GMP Regulations**

After identification, the lead drug candidate has to be produced on a big scale for the preclinical studies. Protocols are developed to scale-up the synthesis and purification of the lead drug candidate following FDA's guidelines for good manufacturing practices (GMP).

<i>Time required for manufacturing (Pharma)</i>	<i>6.5 years</i>
<i>Total Average Cost through Manufacturing</i>	<i>\$483M</i>

**4. Pre-Clinical Testing**

Once the drug has been generated in large quantities, the experiments are conducted in test tubes, tissues specimens, and animals to gather information on:

- Specificity (selectivity) of the lead drug candidate
- Binding affinity with the target (pathogen)
- Whether or not the lead candidate can cross the blood-brain barrier to reach the brain
- How the drug is absorbed, distributed, metabolized and secreted
- Best dose to treat the animals
- Best route of administration (oral, i.v., etc.)
- Toxicity of drug
- Therapeutic index of the drug in animals and how does it compare with the existing drugs if any
- Mechanism of action

<i>Average Time for Pre-Clinical Study</i>	<i>7.5 years</i>
<i>Average Pharma Cost up to this point</i>	<i>\$533M</i>

**5. File Investigational New Drug (IND) Application with the FDA**

Before any clinical trial can begin, all companies including ICBI must file an investigational new drug (IND) application with the US FDA. The application includes the results of the preclinical work, the candidate drug's molecular structure, and details on how the investigational medicine is thought to work in the body, a listing of any potential side effects as indicated by the preclinical studies, and manufacturing information. The IND also provides a detailed clinical trial plan that outlines how, where, and by whom the studies will be conducted.

All INDs are submitted to the FDA and processed in 30 days if there is no additional feedback or restriction given from the agency.

In addition to the IND application, all clinical trials must be reviewed, approved, and monitored by the institutional review board (IRB) or ethics committee (EC) at the institutions where the trials will take place. The IRB/EC has the responsibility to protect research participants, and has the right to disapprove the study protocol or require changes before approving the planned clinical trials and allowing any participants to enroll. This process includes the development of appropriate informed consent documents, which will be required from all clinical trial participants. The clinical trial research team, including the nurses and clinical investigators, continually monitor trial participants and collect data that will be carefully reviewed and tracked by the company supporting the research. Whenever a volunteer in the trial experiences a serious adverse drug reaction, the company sponsoring the research must provide a report of the event to the FDA and the IRB. The FDA or the company can stop the trial at any time if problems arise. In some cases, a study may be stopped because the candidate drug is performing so well that it would be unethical to withhold it from the patients in the trail who are not receiving the candidate drug and the company may accelerate development. Companies also ensure that the trials are conducted correctly and with integrity, and that clinical trial results are publicly disclosed at the appropriate time.

<i>Average Time for IND Application</i>	<i>8 year</i>
<i>Average Pharma Cost up to this point</i>	<i>\$550M</i>

**NOTE OF IMPORTANCE:** The data/discussion published above is for the big pharma where scientists have to go through too many management layers and have numerous meetings over several months to get approval to move onto the next step. In a small company such as ICBI decision-making time is considerably shorter which saves lots of time and money. If ICBI can raise the needed funds today, we will have IND approval in less than 18 months for our diagnostic product and in 24–27 months for the therapeutic product.

*Next month we will cover the Clinical Trial Process beginning with Phase 1. "6. Phase 1 Clinical Trial:..."*

**Note from Jo Rosen:** *I invite you to contact me if you want more information about supporting or investing in The Parkinson's ROAD TO THE CURE. I would be proud to make this important introduction and we continue to salute these scientists as they forge ahead!*

**NURSES** – cont. from page 3

confidence the unique therapeutic effects of CBD-Rich cannabis.

Nurses For Safe Access (NFSA) is dedicated to establishing guidelines and protocols; helping conduct quality medical cannabis research, expanded care for patients/members while ensuring the safety and HIPAA confidentiality of all of their members.

Working with the Society of Cannabis Clinicians and other foundations, Nurses For Safe Access is a mutual benefit non-profit educational and research company, dedicated to the education, promotion, protection and the utilization of medicinal cannabis for medical use.

It is their mission to educate and unite all NFSA nurses and help them direct our members into safe and integrative-complementary treatment modalities. By working with the various medical specialties and allied cannabis professionals with this common purpose in mind and heart, they bring this Miracle of Mother Nature to you.

THE PRIMARY FOCUS OF NURSES FOR SAFE ACCESS ...

- To coach patients and caregivers in safe, legitimate integrative cannabinoid health-care, as well as collect data related to the efficacy of cannabinoid medicine.
- To provide guidance in accessing “batch-tested” medicinal cannabis products from the most trusted manufacturers for the therapeutic use for symptom relief and pain management.

As nurses, we can advocate, educate, collect data, and coach our members by utilizing our expanding network of top-quality, batch-tested cannabis products. These products are distributed to our members by our vast collective-to-collective agreements with California’s top Cannabinoid medicine manufactures who perform batch tested results on all of their products prior to distribution.

As a result our members get fast Safe Access to cannabinoid medicine, such as but not limited to: Flower, CBD, Cannabis Oils, Vapes, Tinctures, etc,... delivered to them to help address their health-care issues from the comforts of their own home.

Nurses for Safe Access will privately determine via a HIPAA compliant Tele-medicine platform, called Tell-A-Nurse what cannabis strains, cannabis products and/or

other integrative complementary treatments that could be used to help appropriately address any of your debilitating diseases and symptoms .

NFSA is pioneering into a nursing specialty practice of its own; Cannabinoid Nursing as an Integrative Nursing Treatment Modality. Drawing on their in-depth nursing practices, knowledge, theories, expertise and insight to help guide their members in becoming therapeutic partners and willing research participants within their collective of caring nurses.

Nurses are at the pivotal point in compassionate patient care. Now, in the realm of cannabinoid medicine, registered nurses provide a legitimate safety net as Integrative Cannabinoid Advocates and Coaches.

In a system mired in “sick care” verses “health care,” nurses are a proud, respected and empowered community of caregivers. Nurses have earned the public’s distinction as the most “honest and trustworthy profession.”

*Linda West-Conforti and JJ Meier will be presenting to our Palm Desert Speaker meeting October 24th beginning at 6:30 pm. RSVP is required.*

**BITS & PIECES** – cont. from page 2

**Blurred Vision or Blurry Vision** is the loss of sharpness of eyesight, making objects appear out of focus and hazy. The primary causes of blurred vision are refractive errors—nearsightedness, farsightedness and astigmatism—or presbyopia (*farsightedness caused by loss of elasticity of the lens of the eye, occurring typically in middle and old age*). Blurred vision can be a sign of diabetes—too much sugar in your blood. If not managed it can cause diabetic retinopathy (*tiny blood vessels in your eyes that leak blood or other fluids*). Doctors can use a laser to seal the leaks and get rid of unwanted new blood vessels. This may affect your side vision, but it can save your central vision.

**Drooping Eyelids** can be caused by:

- The normal aging process
- Present before birth
- The result of an injury or disease

Diseases or illnesses that may lead to drooping eyelids include:

- Tumor around or behind the eye
- Diabetes
- Horner Syndrome
- Myasthenia gravis
- Stroke
- Swelling in the eyelid, such as with a sty

Myasthenia Gravis makes the immune system attack and weaken muscles. It affects your eye, face, and throat muscles more than others and can make it difficult to chew, swallow, or even speak. In some cases, surgery is needed to remove the thymus gland.

Parkinson’s Resource Organization (PRO), through its WELLNESS VILLAGE ([ParkinsonsResource.org/wellness-village](http://ParkinsonsResource.org/wellness-village)) has begun its campaign to populate all categories of professionals that provide services or products to people with Parkinson’s or their caregivers. If you refer a professional into the WELLNESS VILLAGE that has helped you or your family gain “quality of life,” alleviate symptoms, helped you through the Parkinson’s Journey in some fashion and therefore wants to and can help others, and if that professional becomes a subscriber, we will thank you with 100 Parkinson’s Resource Organization 47¢ postage stamps.

# PRO CALENDAR FOR OCTOBER 2016

The current support group meeting locations are listed below.  
For any information regarding any of these meetings, please contact the PRO Office at 877-775-4111.

							1
2	<b>3</b> PALM DESERT Caregivers Only 10:00 am Portola Community Center 45480 Portola	4	5	6	7	8	
9	<b>10</b> PALM DESERT Round Table 6:30 pm Atria Hacienda 44-600 Monterey Ave	11	<b>12</b> GLENORA Caregivers Only 6:30 pm <u>Kindred Rehabilitation at Foothill</u> 401 W Ada Ave	<b>13</b> NEWPORT BEACH Caregivers Only 6:30 pm Oasis Senior Center 801 Narcissus Corona Del Mar	14	15	
16	<b>17</b> PALM DESERT Caregivers Only 10:00 am Portola Community Center 45480 Portola	18	<b>19</b> ENCINO Caregivers Only 7:00 pm Providence Tarzana Outpatient Therapy Cntr 5359 Balboa Blvd	<b>20</b> WEST LA Round Table 6:30 pm OPICA Adult Day Care Center 11759 Missouri Ave	21	22	
23	<b>24</b> PALM DESERT Educational Speaker 6:30 pm Atria Hacienda 44600 Monterey Ave	<b>25</b> MANHATTAN BEACH Emotional & Educational Support 6:30 pm Parish House 659 15th Street	26	27	28	29	
30							

**CAREGIVER MEETING:** (For caregivers only) Come share the ups and downs of living with someone with Parkinson's. Together there are ways of finding solutions that, when alone, might never be considered. No need to continue with your frustrations because you are not alone. Give yourself a break.

**EDUCATIONAL MEETING:** We invite the community, especially the Person with Parkinson's and their family or friends, to attend. Educational meetings usually feature guest speakers who are professionals servicing the Parkinson's Community. Educational meetings are packed with a wealth of amazing information so bring your pencil and notepad!

**"ROSEN ROUND TABLE" MEETING:** Join a loving circle of like-minded individuals including local professionals. Learn what works for others, share what works for you. Find out what doesn't work for certain individuals. Share emotional trials and tribulations. Realize that you are not alone and that others can relate to and learn from your story.

"Life's most persistent and urgent question is,  
'What are you doing for others?'"

- Dr Martin Luther King, Jr.

## NEWSWORTHY NOTES

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### PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

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