

A MONTHLY PUBLICATION OF

## PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

### MESSAGE

PRESIDENT'S

MAY - Maia (meaning "the great one") is, in fact, the Italic goddess of Spring. Parkinson's Resource Organization embodies all that spring represents: NEW beginnings, renewed energy, a fresh approach to challenging circumstances, INSPIRATION and HOPE... as we continue to "*Work so that no one is isolated because of Parkinson's*" we invite YOU to USE us as a vital, uplifting resource and also JOIN us in helping those facing the challenge of Parkinson's.

For your Mother's Day or other gifts, please use **YOU SHOP, AMAZON SMILE PAYS PRO** highlighted on page 8. We will appreciate your thoughtfulness.

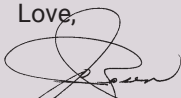
Incredible information awaits your reading under the titles of: **UPDATE ON THE ROAD TO THE CURE** on this page; **PKG-WATCH HELPS IN MANAGING PARKINSON'S SYMPTOMS AND LOWERING PATIENT COSTS, GLOBAL KINETICS REPORTS** on page 2; **PARKINSON'S DISEASE FORUM GIVES MEDICAL MARIJUANA PLATFORM FOR THE 1ST TIME** on page 3; **SEROTONIN SYNDROME: 7 THINGS YOU NEED TO KNOW** on page 4; our Inspirational **THINKING OUT OF THE BOX**, also on page 4; **JAM CARD APP FOR TELLING PEOPLE "JUST A MINUTE"** on page 5; and **CAREGIVING WITH GRACE** on page 6.

**MAY** we ask you to join us and make a difference in your life or the life of a loved one this MONTH? Supporting us is simple: Make monthly donations through our safe PayPal donation page at **ParkinsonsResource.org/#modal-donate** or mail your donation to our office in Palm Desert, California.

Note the special additions of World Turtle Day and National Wine day below.

Until next month, REMEMBER May Day on the 1st, Kentucky Derby on May 4, Cinco de Mayo and World Laughter Day on the 5th, Mother's Day on the 12th, National Chocolate Chip Day on the 15th, Armed Forces Day on the 18th, World Turtle Day on the 23rd, National Wine Day on the 25th and Memorial Day on the 27th. The birthstone is the Emerald and the flowers are Lily of the Valley & Hawthorn. ALWAYS remember to CELEBRATE YOU and PRAY FOR OUR TROOPS!

Love,



President &amp; Founder

### ICBI UPDATE ON THE ROAD TO THE CURE

#### A REAL-TIME SCIENCE REPORT

**A New Experimental Brain Stimulation Treatment Shows Promise in Restoring the Movement of Patients with Chronic Parkinson's disease (PD)**

Canadian researchers are developing a new brain stimulation treatment to restore movement in Parkinson's patients according to which previously housebound patients are now able to walk more freely as a result of electrical stimulation to their spines. A quarter of PD patients have difficulty walking as the disease wears on, often freezing on the spot and falling. Normal walking involves the brain sending instructions to the legs to move. It then receives signals back when the movement has been completed before sending instructions for the next step. Parkinson's disease reduces the signals coming back to the brain - breaking the loop and causing the patient to freeze. The parts of the brain involved with movement are not working properly, but three months into the trial those areas are now functioning.

Prof. Mandar Jog, of Western University and associate scientific director, Lawson Health Research Institute in London, Ontario, and his team developed the brain implant that boosts that signal, enabling the patient to walk normally. Prof. Jog told the BBC News the scale of benefit to patients of his new treatment was "beyond his wildest dreams". He believes the electrical stimulus reawakens the feedback mechanism from legs to brain that is damaged by the disease.

"This is a completely different rehabilitation therapy," Jog said. "We had thought that the movement problems occurred in Parkinson's patients because signals from the brain to the legs were not getting through."

Dr. Beckie Port, research manager at Parkinson's UK, said: "The results seen in this small-scale pilot study are very promising and the therapy certainly warrants further investigation. Should future studies show the same level of promise, it has the potential to dramatically improve quality of life, giving people with Parkinson's the freedom to enjoy everyday activities."

"This study is very preliminary and the patients must consult their physicians before flying to Ontario, Canada for this new brain implant," says Dr. Ram Bhatt of ICB International, Inc., ("ICBII"). He continued to say that "the implant cost, side effects, patients' eligibility, and duration the treatment lasts are some of the unknowns of this new procedure. As exciting as this news seems to be, the implant will not cure the disease, says Ram Bhatt "but the restoration of movement, regardless of the length of time, would be of great benefit to Parkinson's patients."

Contrary to developing solutions that may be short-lived, ICBII is developing long-term solutions to halt and reverse Parkinson's. The Company has developed a drug that has shown tremendous potential in Parkinson's animals to stop the disease progression. Now the Company is diligently working to test its drug in Parkinson's patients.

#### Update on Pharma Collaboration

Using prior licensing deals as benchmarks, ICBII had quoted the

cont. on page 7

# Our Wellness Villagers

## ACUPUNCTURE

- Dr. David Shirazi

## ANIMAL-ASSISTED THERAPY

- Canine Companions

## AROMA THERAPY

- Renee Gauthier

## ASSISTIVE TECHNOLOGY

- California Phones

## BEAUTY

- Younger By Tonight



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Coachella Valley



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- A&A Home Care Services
- Caleo Bay

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## PKG-WATCH HELPS IN MANAGING PARKINSON'S SYMPTOMS AND LOWERING PATIENT COSTS, GLOBAL KINETICS REPORTS

### Marta Figueiredo

Global Kinetics recently announced that the use of its wearable device, Personal KinetiGraph (PKG)-Watch, significantly improves the assessment and management of Parkinson's disease symptoms, while reducing patients' costs.

These results were presented in four scientific posters at the International Congress of Parkinson's Disease and Movement Disorders, held Oct. 5-9 in Hong Kong.

The PKG-Watch is a wrist-worn device that collects data on a patient's movement, providing information regarding motor symptoms of Parkinson's—such as tremor, slow or involuntary movements, motor-skills fluctuations, and immobility—to the patient's doctor.

The PKG system is now commercialized for clinical use in 17 countries, including the U.S. and several European countries. Earlier this year, the company announced that the PKG-Watch was recommended by two separate expert panels to improve clinical management of Parkinson's disease.

A previous population study using a database of more than 10,000 Parkinson's patients worldwide who wore the PKG-Watch showed that this technology had the potential to provide clinicians with a passive and continuous assessment of patients' symptoms, helping them to better understand disease progression and to optimize treatments.

The study, "Objective Data in Parkinson's Disease: A description of over 20,000 Parkinson's symptom scores across the world using the Personal

# PARKINSON'S DISEASE FORUM GIVES MEDICAL MARIJUANA PLATFORM FOR 1ST TIME

Weedmaps • News • Science & Medicine

Maureen Meehan • April 14, 2019

An online survey circulated among physicians who treat Parkinson's disease found that 80% of their patients had used cannabis to treat their symptoms. Furthermore, 95% of the neurologists polled said they'd been asked by their patients for a doctor's recommendation to use medical marijuana.

Results of the survey inspired a conference that was held in Denver on March 6th and 7th, 2019. Some 45 experts from the United States, Canada, and Europe gathered to discuss the use and implications of medical marijuana for people with Parkinson's disease.

**Survey Says: Let's Talk About Medical Cannabis.** - "The results of the survey were alarming," said Dr. Beth Vernaleo, Senior Director of Research Programs at the Parkinson's Foundation. "Not only are the majority of patients using medical cannabis, but few physicians have received the training necessary in order to help guide their patients in its use."

The goals of the Colorado meeting, which was led by Dr. James Beck, included discussions about evidence for the use of medical cannabis in treating Parkinson's disease, developing guidance for patients and physicians, outlining an agenda for future research and addressing gaps in knowledge, many of which stem from legal and regulatory issues that continue to hamper medical cannabis research.

"While the Foundation cannot recommend the use of medical cannabis for Parkinson's at this time due to lack of conclusive evidence of efficacy, our hope is to educate the patient and medical communities so they can make informed decisions regarding its use," Vernaleo said.

Parkinson's disease is the 14th-leading cause of death in the United States, the second-most common neurodegenerative disease after Alzheimer's disease.

Although treatments can help relieve some of the physical or mental symptoms associated with neurodegenerative diseases, there is currently no way to slow the progression of Parkinson's disease, and there are no known cures.

"It is clear that people with Parkinson's and their families are intensely interested in the potential of marijuana and cannabinoids to help manage symptoms and other aspects of the disease," Dr. Benzi Kluger professor, and director of the Movement Disorders Section at the University of Colorado Hospital in Aurora, Colorado said. "There is a critical need to analyze existing data on medical marijuana and to set priorities for future research."

Kluger noted that there is ample anecdotal evidence suggesting that cannabis may help several of Parkinson's disease's most common symptoms including pain, sleep dysfunction, appetite and weight loss, nausea and anxiety.

**Medical Cannabis Treatment for Parkinson's Disease?** A chronic degenerative disease of the central nervous system, Parkinson's disease mainly affects the areas of the brain that are responsible for controlling bodily movement.

Although few randomized, double-blind clinical trials have been carried out involving the effect of cannabis on Parkinson's disease sufferers, Moisés García Arencibia, Ph.D., professor of cell biology at the University of La Laguna (ULL) in Spain's Tenerife, the largest of the Canary Islands, has researched how cannabis can help improve motor and non-motor skills in Parkinson's disease patients.

In a 2011 study co-authored by Garcia Arencibia, published in the British Journal of Pharmacology, the researchers posited that if cannabis can slow down some of the neuron damage in the brain, it could be a promising therapy for alleviating and reducing the progression of Parkinson's disease.

Cannabis's anti-inflammatory and antioxidant properties may help prevent neuron damage. This is particularly important for Parkinson's disease because inflammation may be responsible for causing damage to neurons in the brain that produce dopamine, one of the neurotransmitters that help regulate movement, attention, learning, and emotional responses.

When the brain fails to produce enough dopamine, it can result in Parkinson's disease.

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## SEROTONIN SYNDROME: 7 THINGS YOU NEED TO KNOW

Serotonin syndrome is a dangerous reaction to antidepressant drugs

Everyday Health Staff / Medically Reviewed by Sanjai Sinha, MD

**Serotonin Syndrome** - Serotonin is a neurotransmitter (a naturally occurring brain chemical) that helps regulate mood and behavior, and increasing serotonin is one way of treating depression.

But if you're taking antidepressant medication that increases serotonin too much, you could be at risk for a dangerous drug reaction called serotonin syndrome.

"Serotonin syndrome usually happens when a doctor prescribes a drug that increases serotonin to a patient already on an antidepressant," said Mark Su, MD, assistant professor of emergency medicine at Hofstra University and director of the Toxicology Fellowship at North Shore University Hospital in Manhasset, N.Y.

**Drugs for Depression Increase Serotonin** - Early reports of serotonin overload occurred in the 1950s with antidepressants called monoamine oxidase inhibitors (MAOIs). When new drugs called selective serotonin reuptake inhibitors (SSRIs) became widely used to fight depression, reports of serotonin syndrome increased.

SSRIs include Prozac and Paxil. Other antidepressant drugs that increase serotonin are called serotonin-norepinephrine reuptake inhibitors (SNRIs), which include Cymbalta and Effexor.

**Drugs That Cause Serotonin Overload** - "A single antidepressant can cause serotonin syndrome if a patient overdoses on the drug. Another cause is starting a new antidepressant before an old antidepressant has been completely washed out of the body," said Dr. Su.

"But the most common cause is adding on another type of drug. This can happen if a patient doesn't let a doctor know they are on an antidepressant or if a doctor is not aware of the danger." Some common add-on drugs that could lead to serotonin overload are the pain medication meperidine (better known by the brand name Demerol), the cough medication dextromethorphan, drugs called triptans used for migraine, and the recreational drug ecstasy.

**Serotonin Syndrome Symptoms** - Serotonin syndrome can cause a wide spectrum of symptoms due to overstimulation. Gastrointestinal symptoms include diarrhea and vomiting. Nervous system symptoms include overactive reflexes and muscle spasms, said Su.

Other serotonin syndrome symptoms include high body temperature, sweating, shivering, clumsiness, tremors, and confusion, and other mental changes.

Symptoms of serotonin syndrome can range from mild to life-threatening. In extreme cases, body temperature can become very high, muscles may break down, and a person may go into shock.

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## THINKING OUT OF THE BOX

(Creative Thinking)

In a small Italian town, hundreds of years ago, a small business owner owed a large sum of money to a loan shark. The loan shark was a very old, unattractive looking guy that just so happened to fancy the business owner's daughter.

He decided to offer the businessman a deal that would completely wipe out the debt he owed him. However, the catch was that we would only wipe out the debt if he could marry the businessman's daughter.

Needless to say, this proposal was met with a look of disgust.

The loan shark said that he would place two pebbles into a bag, one white and one black.

The daughter would then have to reach into the bag and pick out a pebble. If it was black, the debt would be wiped, but the loan shark would then marry her. If it was white, the debt would also be wiped, but the daughter wouldn't have to marry the loan shark.

While standing on a pebble-strewn path in the businessman's garden, the loan shark bent over and picked up two pebbles.

Whilst he was picking them up, the daughter noticed that he'd picked up two black

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## JAM CARD APP FOR TELLING PEOPLE “JUST A MINUTE”

Virgin Trains in the UK, part of Sir Richard Branson’s transportation company, is issuing JAM cards for passengers who need to convey to staff that they need an extra minute to communicate. JAM stands for Just a Minute, and the card can let people know that they’re speaking with someone who has aphasia or another condition and needs extra time to understand and respond. Virgin realizes that train travel can be stressful. They’re aiming to make it more comfortable for people with aphasia. You don’t need to live in the UK to access the digital JAM card. Learn how to download it to your mobile device.

**Is It Only For Trains?** – No, you don’t have to ride the rails in the UK to get this card. The JAM card is either a physical card (only for people living in the UK) or it can be downloaded on the app created by the NOW group in Northern Ireland. You can download it directly onto your phone right now. While Northern Ireland has done an impressive job training public spaces to recognize the app and card (and providing signage that can be put into windows for businesses that are “JAM friendly”), all of your local businesses can get to know this initiative through your use.

Once you download the app, you create an account and sign in. While they currently don’t have “aphasia” listed as an option, you can choose the cause of your aphasia or select “other.” The app is basic, but it’s a great supplement to the physical aphasia card (that you can print out). And if you’re ever traveling in the UK, it’s a great way to discover businesses that are aphasia-friendly.

**The Aphasia ID Card** – Many people are not familiar with aphasia, or they might just not realize that someone has difficulty communicating because of aphasia.

Carrying an Aphasia ID is a great way to ease communication awkwardness. You can customize and print an ID card for free by following the link provided below. You can then present the card when buying groceries, paying for gas, meeting new people, or in any other situation when you think a person might need to be informed that you have aphasia.

Click on the link [Aphasia ID card](#) to customize and print your own card for free.

**What Is Aphasia?** Aphasia is an impairment of language, affecting the production or comprehension of speech and the ability to read or write. Aphasia is always due to injury to the brain—most commonly from a stroke, particularly in older individuals, and is being seen more often in people with Parkinson’s. Brain injuries resulting in aphasia may also arise from head trauma, brain tumors, or infections.

Aphasia can be so severe as to make communication with the patient almost impossible, or it can be very mild. It may affect mainly a single aspect of language use, such as the ability to retrieve the names of objects, or the ability to put words together into sentences, or the ability to read. More commonly, however, multiple aspects of communication are impaired, while some channels remain accessible for a limited exchange of information.

To assess the possibility that treatment might enhance the use of the channels that are available, it is the job of the professional to determine the amount of function available in each of the channels for the comprehension of language.

To find more information about the different types of aphasia such as Global, Broca’s, Wernicke’s, Primary Progressive, Anomic, and Mixed Non-fluent aphasia, check out the website of the National Association Aphasia.

**Can a Person Have Aphasia Without Having a Physical Disability?** Yes, but many people with aphasia also have weakness or paralysis of their right leg and right arm. When a person acquires aphasia, it is usually due to damage on the left side of the brain, which controls movements on the right side of the body.

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WE INTEND IT TO SERVE AS  
AN INFORMATION GUIDE.

## CAREGIVING WITH GRACE

Grace Powell, PhD

PRO is delighted to bring this WONDERFUL resource to the Parkinson's world. The book reviews we've received are enlightening, heart-warming, words of satisfaction, words of gratitude and only positive.

We express our gratitude to Dr. Powell for giving Parkinson's Resource Organization the exclusive right to distribute the book in any way we see fit, but particularly she would like us to make money from it to be used in carrying on the legacy of her Caredfor Joyce Powell (died 6/1/2010) by continuing to help caregivers of people with Parkinson's.

**THE FORWARD:** "Getting old isn't for sissies!" I'm certain that you have heard people say this. It is often said with such conviction, especially if some old and frail individual says it, that is both amusing and sad at the same time. Usually, the speaker is referring to the various and sundry maladies that may have afflicted him/her (hereafter referred to as "he" or "him" for convenience of expression.) Also, usually, he is referring to his own most recent affliction.

What if the affliction is of such a nature that the person becomes dependent upon someone else to help him with his ADLs (Activities of Daily Living)? This is how untrained Caregivers are recruited. The person may be a relative or a friend. In almost every case, this scenario of someone in a household assuming their role as a Caregiver is unexpected and not part of the lifelong plans.

Hence, a lot of Caregivers start their career as amateurs! From the time we are old enough to give dying some thought, most of us say, very emphatically, that we do not want a long, painful death. For most people, this means physical pain because this is the horror of our world. But until we are faced with the long, slow, painful-to-watch process of wasting diseases, we usually make the "not me" statement and then go on with our lives as we have not yet discovered the world of the "Long Good-bye."

I'd like to address the problem of terminology. I cringe whenever someone refers to me as a "caretaker"! Even some doctors lack the insight to use the word CAREGIVER. Anyone in this role not only gives care but also gives a part of themselves as they perform their tasks. I have not found a good term in the literature for the recipient. Terms like "care recipient," patient, spouse, victim of some disease all fall short of describing the individual, who, above all, is STILL an individual who happens to have some affliction, like Parkinson's disease. "Caregiver" is a compound noun. I am proposing "Caredfor" as a term to cover everyone in the recipient role. The common and powerful threads are LOVE and CARE.

Caregivers are everywhere. A huge percentage of them are untrained, unprepared, and unpaid. This book is written for these people. They just happen to be present in a household that suddenly (or slowly) has someone whose needs can no longer be met by themselves. Most of these unmet needs are filled by non-professionals. The world of caregiving is often a silent visitor, sometimes creeping up on us like the fingers of ground fog, sometimes engulfing everyone with one sudden catastrophic event.

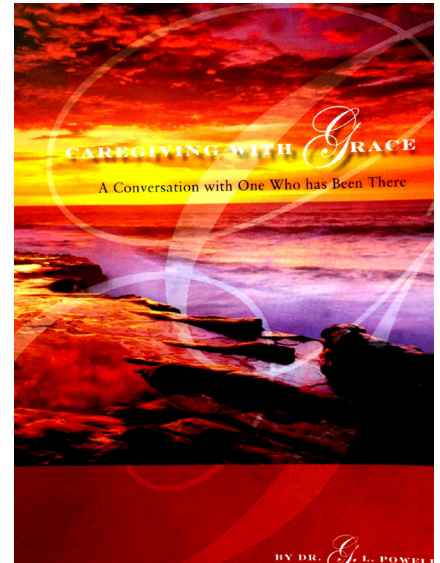
In many cases, neither the Caregivers nor the Caredfors are fully aware of all the ramifications of the new status. All too

often the Caregiver is neither trained nor prepared for this new set of circumstances. And the learning curve for Caregiver is as diverse as the problems addressed. A large percentage of the demand for Caregivers comes with the onset of a chronic (and frequently disabling) medical problem present

with the Caredfor. Once the disease has been diagnosed, the best ammunition that a Caregiver can have is to learn as much about it as he possibly can. For one thing, everyone involved needs to understand the progress of the disease and be aware of the adjustments that will be necessary at each stage. This is no small task. In fact, quite the contrary, it is a challenge of stupendous proportions. In order to have an effective caregiving environment, both the Caredfor and the Caregiver need to understand fully the needs of the Caredfor at any particular time. The Caredfor needs to know what is still possible for him to do. The Caregiver needs to provide the remaining effort to accomplish the task(s).

You might ask what credential I bring to this treatise. First of all, I admit to being an amateur - especially in the beginning. Second, I have attended many courses on caregiving and have read lots of books, pamphlets, and other literature that address this subject. Last, I have been a willing caregiver for my cousin and best friend, Joyce, who has had Parkinson's disease for 30 years. Alzheimer's for 6 years and had a colostomy for colorectal cancer 12 years ago. Overcoming the challenges of each has not been easy at times. But Joyce, my "CAREDFOR," is still such a delightful person that trying to view these challenges as just part of life has provided me with an education that makes continued caregiving possible. And it has helped put a lot of things into a perspective that might not have evolved otherwise. No one ever promised that life was going to be easy. And many sages have stressed living in the now. Eleanor Roosevelt made the following observation that has helped me understand "the disease process," as medical people keep calling the bizarre behaviors, etc., that are part of the routine.

This E-book can be purchased on our website <http://parkinsonsresource.org/caregiving-with-grace> for \$15 or you can purchase one of our fifteen soft-cover copies (sold on first come basis) for \$32, including shipping. Please contact us by phone: 877-775-4111.





**PKG-WATCH** – cont. from page 2

KinetiGraph (PKG)," showed updated results from that growing database, involving 21,234 PKG-Watch users worldwide from 2012 to 2018.

Data supported previous findings, showing that a substantial proportion of patients have suboptimal management of their motor symptoms, with high levels of slowness of movement, tremors, and daytime immobility.

Among these patients, 54% had uncontrolled but likely treatable slowed movement, and 10% had uncontrolled but likely treatable involuntary movements.

Subsequent use of the PKG-Watch significantly improved patients' motor symptoms, suggesting that the data collected and provided did help clinicians to optimize treatment and improve motor symptom management.

Similar results were presented in the poster "Personal KinetiGraph™ Movement Recording System: An Assessment of Utility in a Movement Disorder Clinic," regarding an open-label study that involved 28 Parkinson's patients wearing the PKG-Watch.

The study also showed that patients reported the device had a positive impact on their care, assessing their daily activity levels (96% of patients), providing data that helped to manage their disease (93%) and they could not otherwise provide to their physician (89%), and explaining symptoms (79%).

Another study, titled "Costs and outcomes for Parkinson's disease patients who have their management adjusted by Personal KinetiGraph (PKG)," assessed the potential cost savings for 33 Parkinson's patients in Northern Tasmania, Australia, whose oral therapy was adjusted with guidance from the PKG-Watch.

Better disease management associated with the use of PKG-Watch contributed to an estimated annual cost savings of AU\$1,719.42 per patient, results showed.

The study, "Pilot economic evaluation of Personal KinetiGraph (PKG) for management of Parkinson's disease in Australia," also supported PKG-Watch use being tied to cost savings.

It showed that even small additional therapeutic benefits associated with PKG-Watch contribute to lesser resource utilization and lower cost, compared to current usual care. The study estimated that PKG-Watch use contributed to an annual savings of AU\$962 per patient.

"We are pleased to share this data, as well as having our PKG device be used as an objective measurement tool in the clinical care setting," John Schellhorn, Global Kinetics's CEO, said in a press release.

"We are also excited that our PKG smartwatch is being used in multiple clinical studies conducted by pharmaceutical and biotechnology companies to evaluate potential new therapies," Schellhorn added.

If you or someone you care about has been diagnosed with a movement disorder such as Parkinson's disease and is receiving treatment, the PKG® may be appropriate.

To get the best possible outcome for you from your Parkinson's treatment your doctor may want to record your symptoms. With advancements in medical technology, recording of your movement can now be achieved through wearable technology such as the Parkinson's KinetiGraph® (PKG® or Personal KinetiGraph® as it is known in the USA).

If you would like to get in contact with us to discuss how you can utilize the PKG® system, please send an email to [info@globalkineticscorp.com](mailto:info@globalkineticscorp.com)

**OUT OF THE BOX** – cont. from page 4

pebbles and placed them both into the bag. He then asked the daughter to reach into the bag and pick one.

The daughter naturally had three choices as to what she could have done:

1. Refuse to pick a pebble from the bag;
2. Take both pebbles out of the bag and expose the loan shark for cheating, or;
3. Pick a pebble from the bag knowing full well it was black and sacrifice herself for her father's freedom.

She drew out a pebble from the bag, and before looking at it "accidentally" dropped it into the midst of the other pebbles. She said to the loan shark;

"Oh, how clumsy of me. Never mind, if you look into the bag for the one that is left, you will be able to tell which pebble I picked."

The pebble left in the bag is obviously black, and seeing as the loan shark didn't want to be exposed, he had to play along as if the pebble the daughter dropped was white, and clear her father's debt.

**Moral of the story:** It's always possible to overcome a tough situation through **Out Of The Box Thinking**, and not give in to the only options you think you have to pick from.

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

licensing fees for its MSA and Parkinson's drugs to a European pharma. The European company is now conducting its own market analysis to assess the value of ICBI's drugs for MSA and Parkinson's diseases. We are hoping the European company will conclude its own market analysis and arrive at fair licensing fees by mid-May, 2019.

**WOULD YOU LIKE TO HELP** get their drugs to market faster? The joy of being a part of this historical event can be had by helping ICBI find the funds to bring these trials to fruition through your investing, and by finding others with the financial ability and humanitarian mindset to accomplish the—until now—impossible. Please contact Jo Rosen at 760-773-5628 or [jorosen@Parkinsonsresource.org](mailto:jorosen@Parkinsonsresource.org) or by contacting ICBI directly through their website [ICBI.com/](http://ICBI.com/) or by phone at 858-455-9880.

IMAGINE the world without Parkinson's, MSA or Alzheimer's disease. **JUST IMAGINE.**

# PRO CALENDAR FOR MAY 2019

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.

			<b>LONG BEACH 1</b> Round Table For Everyone 6:30 PM Cambrian Home Care "Training Center" 5199 Pacific Coast Hwy	2	3	<b>4</b> <i>KENTUCKY DERBY</i>
<b>5</b> <i>CINCO DE MAYO</i>  <i>WORLD LAUGHTER DAY</i>	<b>6</b> PALM DESERT Caregiver Only 10:00 AM PRO Office 74-090 El Paseo Suite 104	7	<b>8</b> GLENDORA Round Table For Everyone 6:30 PM La Fetra Senior Center 333 E Foothill Blvd	<b>9</b> NEWPORT BEACH Caregiver Only 6:30 PM Oasis Senior Center 801 Narcissus Corona Del Mar	10	11
<b>12</b> <i>MOTHER'S DAY</i>	<b>13</b> PALM DESERT Round Table For Everyone 6:30 PM Atria Hacienda 44-600 Monterey Ave	14	<b>15</b> ENCINO Caregiver Only 7:00 PM Rehab Specialists 5359 Balboa Blvd <i>NAT'L CHOC CHIP DAY</i>	<b>16</b> SANTA MONICA Round Table For Everyone 7:00 PM Rehab Specialists 2730 Wilshire Blvd Ste 533	17	<b>18</b> <i>ARMED FORCES DAY</i>
19	<b>20</b> PALM DESERT Caregiver Only 10:00 AM PRO Office 74-090 El Paseo Suite 104	21	22	<b>23</b> <i>WORLD TURTLE DAY</i> SHERMAN OAKS Educational Meeting 1:00 PM Sherman Oaks East Valley Adult Center 5056 Van Nuys Blvd	24	<b>25</b> <i>NATIONAL WINE DAY</i>
26	<b>27</b> PALM DESERT Speaker Meeting CANCELLED <i>MEMORIAL DAY</i>	<b>28</b> MANHATTAN BEACH Round Table For Everyone 6:30 PM American Martyrs Welcome Cntr 700 15th Street	29	30	31	

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## NEWSWORTHY NOTES

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### PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's  
74-478 Highway 111, No 102 • Palm Desert, CA 92260-4112

760-773-5628 • 310-476-7030 • 877-775-4111 • fax: 760-773-9803

Email: [info@ParkinsonsResource.org](mailto:info@ParkinsonsResource.org) • web: [ParkinsonsResource.org](http://ParkinsonsResource.org)

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We do not intend the PRO Newsletter as legal or medical advice, nor to endorse any product or service; we intend it to serve as an information guide.

"THE PATH FROM DREAMS TO SUCCESS DOES EXIST. MAY YOU HAVE THE VISION TO FIND IT, THE COURAGE TO GET ON TO IT, AND THE PERSEVERANCE TO FOLLOW IT."

~ KALPANA CHAWLA