SIVAN 5785 - JUNE 2025 ISSUE #26

LifeSpark NEWSLETTER

igniting victories for parkinsons

נעשה ונשמע - THE LOGIC OF LOVE

As we approach חג השבועות, in commemoration of מתן תורה, we reflect on the words we uttered millennia ago at הר סיני: our declaration of נעשה ונשמע , committing to follow הקב"ה and do His will. Every year, we profess again, with resolve: 'נעשה', we will do, even more and better, and 'נשמע', we will listen carefully to recognize what He demands of us.

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However, a careful reading of Chazal suggests that focusing solely on נעשה ונשמע would be misguided, as we must first direct our attention to the effort that preceded it.

The Gemara (Shabbos 88A) relates that a heretic (a "Min") observed the great sage Rava immersed in Torah study, while his fingers tucked and squeezed beneath his leg were spurting blood. Rava was so engrossed in learning that he did not notice that he was bleeding. The heretic said to Rava: "You act impulsively, just as your nation, who impulsively said נעשה, accepting to do the will of Hashem, without first hearing - נשמע - what those commandments entail. They should have listened first, ensuring they could fulfill them, and only then accept them." Rava answered him: "We walk with Hashem with devotion, and regarding us, the pasuk says "The innocence of the upright will guide them" (Mishlei 11:3). Rashi explains, "We relate to Hashem with a trusting, innocent heart, in the way of lovers; therefore, we were confident that He would not burden us with demands that we would be unable to withstand."

We learn from this Gemara that, essentially, our expression of נעשה ונשמע was impulsive and was not commendable. It would have made sense to say נשמע before נעשה, assuring our ability to withstand the onus of תורה ומצות. The only reason נעשה ונשמע is deemed praiseworthy, serving as a badge of courage and honor for Klal Yisroel, is due to the framework of innocence and love of Hashem that preceded it. First, we worked to cultivate a loving and trusting relationship with Him, enabling us to feel, deep in our hearts, that He only had our best interests in mind. Only then did we take the "leap of love" to accept the Torah. This was not some nonsensical, impulsive act; instead, it was rooted in the "logic of love", making perfect sense to those whose hearts are full of innocent affection and trust. Our confidence and conviction to blindly leap into His loving arms was the natural consequence of our preceding faithful relationship, and "therefore, we were confident that He would not burden us with demands that we would be unable to withstand." (Rashi ibid.)

All of Torah was transmitted at Sinai, yet the above lesson is perhaps the first and most fundamental: In Judaism, as in relationships, the objective is not to express or act as much and swiftly as possible. Such speech and action lack meaning and do not endure (nor do they endear). Instead, we cultivate a loving garden of innocence and faith, wherein blossom all good deeds, words, and intentions.

This Shavuos, let us prepare to accept the Torah just as our forefathers in מדבר סיני long ago, working to genuinely develop a closer relationship with Hashem, in simplicity, honesty, and loving trust. Then, only then, shall we leap into His arms, proclaiming passionately: נעשה ונשמע.

ובאו כולם בברית יחד, נעשה ונשמע אמרו כאחד

גוט יום טוב!

Rabbi Tzviki Fener

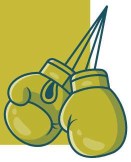
CLASS SCHEDULE:

MONDAY	WEDNESDAY	THURSDAY
ACTIVE MOVEMENT	BALANCE & CORE STRENGTHENING	PARKINSONS SPECIFIC BOXING
AVIVA POLTER, CPT, CFP, CBI, CTI	BATYA KASSOVER, CPT	AVI DEVOR
WOMEN 9:30	WOMEN 9:40	MEN 2:30

LifeSpark Wellness Center
1200 River Ave. Unit 9d
Lakewood, NJ 08701

Now inviting Caregivers to Join our Classes!

Join live virtually via zoom. 24 hour notice required. Call 732.806.1133 x301 or text 732.443.0071, whatsapp 732.534.6388, email rivka@lifesparkpd.com. $15/class.



NEWS flash

Israeli Researchers Develop New Blood Test That Detects Parkinson's Before Symptoms Appear

Pre-symptomatic detection of Parkinson's opens a door for earlier interventions, potentially slowing or halting the disease's progression.

Parkinson's is a chronic, progressive neurodegenerative disorder, with symptoms that typically begin with tremors, slow movement, and stiffness, that then progress to behavioral and cognitive changes. While medications can help manage symptoms, there is currently no cure for the condition. Additionally, a significant challenge in Parkinson's Disease is that most of the relevant neurons in the brain die off for many years before any symptoms appear. By the time of diagnosis, much of the neurological damage has already occurred.

A groundbreaking blood test, developed by Israeli and British researchers, may offer a fast, affordable, minimally invasive, and highly accurate tool for identifying Parkinson's disease in its earliest stages, even before symptoms appear. This would offer clinicians a window into the earliest biological changes associated with Parkinson's. The study was published in the journal *Aging Nature*. PhD student Nimrod Madrer led it under the supervision of Prof. Hermona Soreq at the Edmond and Lily Safra Center for Brain Sciences and The Alexander Silberman Institute of Life Sciences, both in Jerusalem. The research was conducted in collaboration with Dr. Iddo Paldor of Shaare Zedek Medical Center and Dr. Eyal Soreq of the University of Surrey and Imperial College London.

Transfer RNA fragments (tRFs) are small RNA molecules that are traditionally overlooked in Parkinson's research. The scientists identified two key biomarkers: a rise in Parkinson's-specific tRFs and a decline in mitochondrial tRFs (MT-tRFs), which deteriorate as the disease advances. If the ratio between these two RNA markers is calculated, the test may be able to reliably distinguish between healthy individuals and those in the pre-symptomatic stages of Parkinson's. Additionally, levels of the Parkinson's-specific tRFs were found to decrease following deep brain stimulation (DBS), suggesting that these biomarkers may also serve as indicators of treatment response and, over time, help doctors assess whether a therapy is working or needs adjustment.

Earlier detection of Parkinson's can lead to earlier interventions, with hopes of slowing or halting the disease's progression. Additionally, people with early non-motor symptoms, or those with a family history of Parkinson's or specific genetic markers, could be screened regularly. This test could also be used to identify pre-symptomatic patients for participation in clinical trials, particularly for drugs targeting early-stage Parkinson's disease.

As Parkinson's affects more than 10 million people worldwide and incidence is increasing quickly, a blood test like this that offers a reliable and rapid method to identify the disease in its earliest stages, and can alleviate uncertainty faced by patients and clinicians, is a very welcome advancement. The scientists are working to confirm the validity of this research and to make it available on a large scale.

TWO NEW TRIALS EXPLORE STEM-CELL THERAPY FOR PARKINSON'S

Parkinson's disease (PD) develops from the gradual loss of neurons that produce dopamine, which is critical to movement, mood, and motivation. Scientists have been utilizing stem cell research to develop effective treatments that address dopamine loss by transforming stem cell tissue into dopamine-producing neurons. They have been focusing on stem cells as these cells have the unique ability to develop into any cell type in the body, offering a potentially limitless source for generating the dopamine neurons lost in Parkinson's. Two types of these cells are induced pluripotent stem (iPS) and human embryonic stem (hES) cells. iPS is a type of stem cell derived directly from adult tissue, while hES are created from a small number of cells found in a blastula, a very early human embryo.

Scientists have been investigating the potential of these cells to develop safe and effective therapies that could one day alleviate the symptoms of Parkinson's disease. Previous stem cell studies have yielded mixed results for Parkinson's, and attempts to transplant stem cells into the brain have not produced the positive effects scientists had hoped to see. Now, however, two new clinical trials, both published in *Nature*, have evaluated the safety and potential benefits of transplanting early-stage dopamine-producing cells created from these types of stem cells. One study, conducted in Japan, utilized iPS cells derived from the blood of a healthy adult. These are easier and possibly more ethical to obtain. The second study was conducted in the U.S. and Canada and utilized hES cells from a cell line established in 1998. There was a total of 19 people with Parkinson's in both studies combined, each of whom received a transplantation of cells that were in the process of becoming dopaminergic neurons, directly into the putamen, a part of the brain involved in movement. Half of the participants received a higher dose of cells, and the other half received a lower dose; all participants received immunosuppressive medication to prevent the body's immune system from attacking the new dopamine-producing cells.

Study Results

The trials monitored the safety for 18-24 months after transplantation, and the results showed no serious adverse events. MRI scans revealed no signs of tumor formation from the transplanted cells, and neither study reported any issues with dyskinesias (involuntary movements) induced by the transplanted cells. Even more significantly, researchers examined any changes in the participants' symptoms and their brain's ability to produce dopamine, both of which had positive findings. In both studies, with iPS cells and hES cells, most showed notable improvements in their movement symptoms and brain scans showed increased activity in the putamen after the cells were transplanted, suggesting that the cells survived and were potentially functioning, with greater increases seen in those who received a higher dose of the transplanted cells. While these are early results that need to be replicated, particularly in larger and longer-term studies, the overall findings are promising. They offer a glimpse into a potential new way to treat Parkinson's and will most likely kick-start new research surrounding stem cell therapy as a promising treatment for PD. These two studies will pave the way for larger studies to confirm these findings. It is important to note, though, that potential stem cell treatments are linked to relief of PD movement symptoms, not non-movement symptoms.

What do these findings mean to people with PD right now?

Although this stem cell therapy breakthrough offers a new line of research and hope for people living with Parkinson's for potential safe symptom management, they are not yet a proven treatment for PD. Hopefully, similar studies will be forthcoming. If you are interested in a stem cell study, talk to your Parkinson's disease doctor to see if they know of any you could potentially join.

As always, we are mispallel to the *Rofei Chol Basar* to send us a complete cure for this challenging and devastating disease.

A CAREGIVER'S PERSPECTIVE

By Tania Friedlander

"We thought it was just being off-balance."

That's how it began.

Tiny, almost imperceptible signs
that something wasn't quite right.

We didn't have any idea what it was,
So we rationalized & tried not to worry.

That's what you do when you want
life to continue as if nothing is wrong.

But then came the words my 37 year old
husband had never expected to hear:

Parkinson's Disease.

Since then, everything has changed.
Not all at once, but gradually, relentlessly.

In ways you can't explain unless you live it.
And we've been living with it for 4 years.

It's not just my husband's diagnosis.
It's the quiet rewiring of our entire world.

It's the mornings that feel heavier.
The uncertainty that's part of every plan.

➢That time feels more precious. Fragile.
➢That love stretches to meet challenges.
➢Grief for a future we thought we'd have.

But also awe.
➢For how resilient the human spirit is.
➢For our love when things get hard.
➢For the new kindness of strangers.

This journey has changed me unexpectedly.
Now, I see how valuable every moment is.

And it's changed the way I see
everything including my work.
Because now, when I sit with clients
who are overwhelmed, who are lost,
or pushing themselves to exhaustion...

I don't just see business challenges.

I see people trying hard to navigate life.

The invisible burdens they're carrying.

The courage it takes to just show up.

Parkinson's has taught me:

➢Strength isn't always loud.
It's soft, quiet, and persistent.

➢Success isn't always in outcomes.
It's in how deeply we stay connected
to ourselves, G-d, our family and to others.

➢Progress won't always feel like winning.
It can often feel like breathing through the
hard stuff to rest, and try again tomorrow.

There are no perfect words to end this on.
Just that life can be brutal and beautiful.
And that we're all figuring it out as we go.

April is Parkinson's Awareness Month.

And this unseen disease is part of my life.
If you're going through something unseen:
I just want to say:
I see you.
And I'm with you.

My husband, Amit Friedlander, is the strongest
person I know. It's a privilege to be on this
journey with him.

MIND GYM

SPOT THE 10 DIFFERENCES IN THE TWO PICTURES

WRAP UP OF THE EDUCATIONAL ZOOM EVENT ON MARCH 30, 2025

Nutrition as a Foundation for Healing

FOCUSING ON THE NUTRITIONAL STATUS & REQUIREMENTS UNIQUE TO INDIVIDUALS WITH PARKINSON'S DISEASE WITH DR. LAURIE MISCHLEY

Dr. Laurie Mischley, ND, PhD, MPH, studied naturopathic medicine at Bastyr University and epidemiology and nutritional sciences at the University of Washington. She has published extensively and maintains a clinical practice at Seattle Integrative Medicine, focusing on the nutrition and neurological health of patients with Parkinsonism.

Dr. Mischley began by discussing how intrigued she was that, despite the medical world's reluctance to accept that psychological and neurological problems are often nutrition-based, doctors who focused on the nutrition angle were helping these patients with nutrition-based solutions. Meanwhile, the medical world, as of yet, doesn't have an answer to many psychological and neurological problems. She continued to define 'nutrition' as what the body needs, and 'food' is what gives your body the nutrition it needs.

Dr. Mischley views PD as a syndrome, not a disease, that develops metabolically, and then years later, the neurologic symptoms begin. By the time the tremors occur, it is 10 years late. She is focusing on what causes the metabolic processes to lead to PD years later, rather than what causes the tremors, in a significant attempt to detect Parkinson's significantly earlier and then work on how to reverse, or at the very least modify, the progression of the disease. She wants the undiagnosed to swim against the current! The three crucial things to do are: 1 - figure out the problem, 2 - replace what was lost, whether it is dopamine, glutathione, or any other chemical, and 3 - improve neuroplasticity by creating new, better branches in the brain to enhance whatever you still have.

Dr. Mischley uses a Positive Deviance Model for her work. This is based on the fact that in every medical situation, even with the same diagnosis, some individuals do worse, while others do better. Her goal is to identify which individuals are performing unusually well and what they are doing differently. To accomplish this, she built the "Patient-Reported Outcomes in PD." Every 6 months, over 3,000 patients would report on 35 symptoms by sliding a bar to the right or left to describe how they were faring with that symptom. This would give an idea of the direction they are going and the speed at which they are progressing.

Once someone is diagnosed with PD, they need to modify what they are doing to anything that will change or slow the progression. Some of the positive effects of these modifications may not be felt immediately, but it is crucial to make these changes because the longer they have PD, the more impactful these changes will be. For example, in your 40s, it makes a significantly bigger difference to exercise and eat healthily than when you are 85. Nutrition contributes to PD, but PD also generates free radicals and metabolic wastes that deplete nutrition, and some PD medications can further deplete nutrients. Dietary modifications can enhance the effectiveness of medicines, alleviate symptoms, improve quality of life, and alter the progression of the disease. She highly recommends the MIND diet and says that it can significantly help many of the symptoms that neurologists are not even treating. Some other recommendations include buying organic fruits and vegetables (and cleaning them thoroughly) of those on the 'Dirty Dozen' list – those that across the US, have been found to have the most pesticide residue.

She also claims that Social Health is a nutrient – humans need it for survival. Lonely people may not progress faster, but they tend to exhibit more symptoms. Poor sleep also contributes to more symptoms – without sleep, everything feels worse, and anxiety levels rise. Additionally, Financial Health is essential, partly because financially secure people have the money to purchase healthier foods.

To summarize, once diagnosed, approximately 50% of the dopamine-producing neurons have already died. The most important thing is to change your lifestyle now, rather than later, and to encourage the next generation to modify their lifestyles now to delay or even prevent a diagnosis. Decisions made over the long term in nutrition can have a significant impact.

In her Q&A session, Dr. Mischley discussed probiotics. They are not proven to slow the progression of PD at all, but she has no objection to someone taking it because they find it helps them with gut issues, such as constipation. She also discussed Glutathione, which is the primary antioxidant in the body. It removes wastes in the cell after metabolism, and can be devastating to the body when there is not enough.

As always, the whole Zoom event was recorded and posted on our website at www.lifesparkpd.com/education

Dr. Mischley has graciously invited all LifeSpark members to her online Parkinson's School with a special coupon code for ONE FREE MONTH. www.Parkinson-School.com The coupon code is LIFESPARK-2025 and it gives free access to everything.

IS THERE A GENDER BIAS IN PARKINSON'S?

April was Parkinson's Awareness Month. After reviewing numerous speeches, programs, and other materials, several key takeaways stood out as enlightening. One that we thought was interesting and a topic that should continue to be discussed on a research and funding level was how Parkinson's is researched and studied. Parkinson's Disease impacts men and women in quite distinct and dissimilar ways, yet studies by default, nearly always use mostly male subjects. This translates into treatment plans, guidelines, and drug protocols that have been tested mainly on male patients, and their responses to these may differ greatly from female patients.

Listed here are some differences between males and females:

Men usually experience acute bradykinesia, such as stiffness, whereas women have more tremor-dominant Parkinson's.

Men can exhibit earlier signs of cognitive decline, yet are much less likely to express or get help for any mental health or non-motor symptoms of the disease.

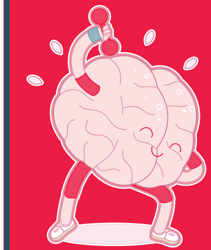
For a large majority of women, the effectiveness of Levodopa wears off faster, and they tend to suffer more from Levodopa-induced involuntary movements.

Because women are often under-represented in the research, none of the hormonal changes that they encounter during their life, such as menstruation and menopause which can exacerbate symptoms, are taken into account, nor directing their treatments.

Men often have quicker advancement of motor decline, yet women experience more

This small, incomplete list highlights how much more directed research needs to be in the coming years, and how imperative it is for treatment protocols to be personalized to each patient.

MIND GYM



ANSWERS TO MINDGYM, PG 5

"If it only happens when you rub your tummy, it's not Restless Leg Syndrome."

SUPPORT GROUPS

Our support groups serve as a dedicated space for individuals with Parkinson's and/or their caregivers to come together, share, and gain understanding in dealing with and coping with PD. They are not in person; they are conducted via zoom or telephone.

Ladies' Caregiver Support Group
Sunday mornings 10:30-11:45 AM
Moderator Mrs. Tehila Weisberg, LCSW

Ladies' Patient Support Group
Monday evenings 7:00 PM
Moderator Gloria Lebeaux, LCSW

Men's Patient Support Group
Tuesday evenings 7:00 PM
Moderator Rabbi Dr. Fishel Mael

For more information or if you are interested in joining any of these groups, please reach out to Rivka at rivka@lifesparkpd.com or 732.806.1133 ext. 302

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DID YOU KNOW?
NEW TREATMENTS AND THERAPIES ARE HELPING PEOPLE WITH PD STAY ACTIVE & INDEPENDENT LONGER THAN EVER BEFORE.

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SINCE 2024

Keep in Touch

The consultation was extremely helpful. It has given our mother (and us) a lot of Chizuk and hope going forward! It was amazing just to watch Rabbi Gruskin and the energy he exudes. We appreciate the way the meeting was run, and the warmth in the way the information was expressed. We hopefully will follow through on the recommendations and were impressed with the broad information that you have accumulated about PD. Thank you again and we look forward to staying in touch and hearing about the latest updates and information about PD.
T.P.

Thank you! My friend loved the zoom, and her husband actually did a few things since then that she is sure was only because he listened in also!
Y.E.

BH we had a good visit with the doctor you recommended. He made a good impression on us & answered questions. A real mentsch! Thank you & Rabbi Gruskin for everything!
B.W.

You should have a lot of Hatzlacha and be able to help many people!!
With gratitude,
M.P.

The knowledge that I can call you back and speak to someone who knows and understands makes me feel that I am not locked alone into my situation.
D.S.

Drop us a line: info@lifesparkpd.com Subject line - Editor OR text 732.534.6388