LIFESPARK
igniting victories for parkinsons

NEWSLETTER

SUKKAH – FOREVER SAFE

The Gaon of Vilna points out that the mitzvah of Sukkah is one of only two Mitzvos we fulfill with our whole body, as we enter and are completely enveloped by the Sukkah. What is the purpose and notion of this wholesome experience? Furthermore, we find it historically common that when Klal Yisroel sustains a great collective redemption, we immediately have a Sukkah encounter. For example, upon exiting Mitzrayim, we traveled to Sukkos, as the posuk says [Shemos 12:37] ויסעו בני ישראל מרעמסס סכותה. Also, when Yaakov is finally saved from Esav, he travels to Sukkos, as it says [Bereishis 33:17] ויעקב נסע סכותה, and when we returned with Ezra from גלות בבל to rebuild בית שני, we find Klal Yisroel engaging in something to engender the merit of Mitzvas Sukkah specifically [see Eruchin 32B]. Why do remarkable national salvation and Sukkah conform and coincide?

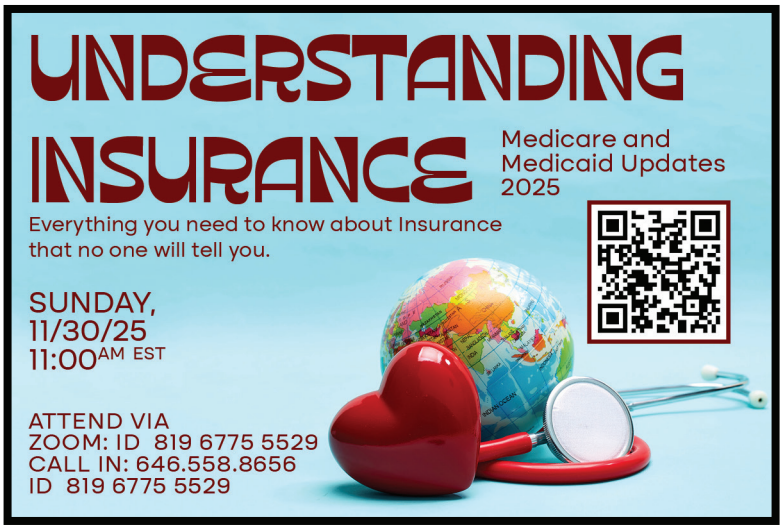
The Arizal reveals that the posuk in Shir Hashirim [2:6], which tells of Hashem embracing Klal Yisroel — וימינו תחבקני — refers to the Sukkah, wherein He envelops us in a loving, Divine embrace on all sides. The Sukkah indicates that the atonement we achieve on Yom Kippur is not merely an external act of kindness from Hashem; rather, it is Hashem showing that we dwell together with Him and our place is within His protective arms. At moments of extraordinary national ישועה as well, Hashem sends us this message of belonging, letting us know that we are not alone; he is not simply helping us from without, instead, our deliverance and protection come by dint of the fact that we reside with Him, the safest place in the universe.

Aside from the physical act of sitting in the Sukkah, the Mitzvah requires us to be mindful of our being encircled, conscious that the Sukkah represents our finding refuge in Hashem's benevolent arms. This is the meaning of Chazal's teaching that the feelings of relationship and intimacy formed on Sukkos stay with us for the entire year. Sukkos enlightens us to realize that Hashem doesn't just do things *for* us or *to* us, He does them *with* us. It defines our relationship with Him, telling us exactly where we are and where we belong. Now, even as the year moves on and life's challenges arise, the profound realization we acquired on Sukkos emboldens us to keep on going. After all, we know we are always in His arms, and all is good, safe, and sound.

ופרוש עלינו סוכת שלומך סוכת רחמים וחיים ושלום

מועדים לשמחה

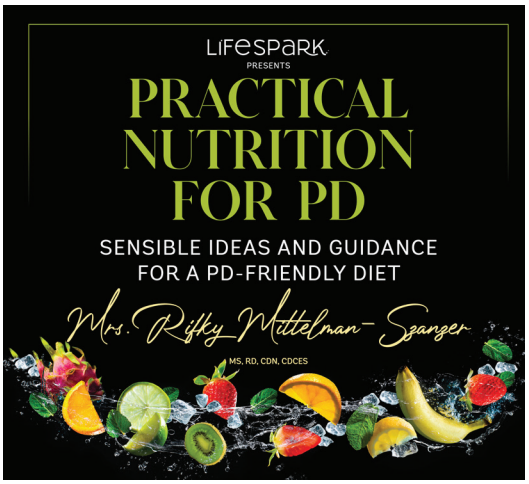
Rabbi Tzviki Feuer



Wrap-up of Educational Zoom Event on July 27, 2025

PRACTICAL NUTRITION FOR PD

SENSIBLE IDEAS AND GUIDANCE FOR THE PD DIET



By Mrs. Rifky Mittelman-Szanzer, MS, RD, CDN, CDCES

Mrs. Mittelman-Szanzer is a registered dietitian with over 10 years of experience in nutrition counseling. She specializes in diabetes and gastrointestinal diseases, and has also dealt extensively with other conditions affecting the frum community, including Parkinson's Disease. She is the founder of Complete Nutrition NY and has offices in Boro Park and Crown Heights. She sees patients via Zoom and telehealth as well.

The preferred diet for people with Parkinson's is the MIND Diet. This diet combines the Mediterranean Diet, which is beneficial for conditions such as diabetes and high blood pressure, with the DASH Diet, which is effective in managing hypertension. When these two diets are put together, they are excellent for brain health. Both diets are heavy on plant-based foods and strongly emphasize reducing sugar and highly processed foods. The diet should include many weekly servings of whole grains, vegetables (particularly green leafy vegetables), nuts, beans, and berries. Pastries, sweets, red meat, cheeses, fried foods, butter, and margarine should all be very limited. She provided a comprehensive sample menu for a week that incorporated these foods, offering many great options for eating.

Then she focused on the Shabbos menu; some tips include having less challah and substituting whole wheat matzah or sourdough for the challah, reducing mayonnaise-based dips, and replacing them with salads, techina, etc. Additionally, for each carb-heavy side dish, such as potato kugel, pair it with an additional vegetable, like green beans. Desserts can be fruit-based, and snacks to have around for Shabbos afternoon should include cut-up fruits or vegetables, or nuts, rather than cakes and cookies. Water and seltzer should be the only drinks available; avoid juices, iced teas, and all soda. The primary goal of all this is to increase anti-inflammatory food intake, which includes colorful plant foods, and to increase neuroprotective foods, such as 3 cups of green tea a day and a variety of nuts. Limiting dairy and red meat is also very beneficial.

Common Nutrition concerns with PD are poor gastric motility – constipation, nausea, delayed gastric emptying, trouble chewing and swallowing, and lethargy. For constipation, try eating high-fiber foods (such as whole flax seeds), drinking plenty of water, and consider taking probiotics. For nausea and vomiting, eat small, frequent meals that are acidic, low-odor, and at room temperature rather than hot or cold. (But not too hot that it becomes a risk factor for burning.) To help with difficulty chewing and/or swallowing, foods need to be soft and moist. Consider pureeing, taking small bites, sitting upright, and maintaining a relaxed environment (e.g., don't eat in a rush). Lethargy might be a part of Parkinson's, but diet can help! Avoid processed carbohydrates such as sugars and white flour, and the carbs you eat should be eaten with fat and protein. Also helpful is to go to sleep and wake up at the same time each day, even on weekends. Medications for PD should not be taken with protein; therefore, nutritionists can help create a suitable schedule, especially when eating smaller, more frequent meals.

Exercise cannot be stressed enough!! All types, and any amount, will be beneficial. Exercise slows the progression of PD, improves cognition, sleep quality, balance, motor skills, and overall quality of life. It also enhances energy levels, boosts mood, helps with constipation, and decreases the risk of comorbidities.

To schedule an appointment, contact her via the information below, and please let her know that you heard about her through LifeSpark!

Mrs. Rifky Mittelman-Szanzer MS, RD, CDN, CDCES

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

BEECHBAND

The BeechBand is a watch-like, wearable, low-cost wellness device, developed by Carl Beech, a Parkinson's patient from the UK whose speech was seriously impacted by his Parkinson's. It is a cueing method that uses rhythmic pulsing vibrations to provide a calming effect and help manage symptoms of PD and other neurological disorders. The device sends a signal to the brain, potentially shifting users from a "fight or flight" sympathetic state to a more "calm and peaceful" parasympathetic state, which can help improve speech, walking, tremors, and emotional regulation. It acts as a distraction and a comforting stimulus for the brain to regulate daily tasks better, and while it's not a cure, it offers regular daily relief for many users.

For months, here at LifeSpark, we have been working to acquire these BeechBands, which have been out of stock. The manufacturer has resumed production, but direct shipping to the United States is not yet available. We have successfully obtained a limited quantity, though the process was both lengthy and costly. For those interested, one option is to have a friend or family member in England receive the item and transport it to you in the U.S. For those without this option, please reach out to our office. We will do our best to assist as many Members as possible. The price is $100 per item, plus shipping costs if we mail it to you.

NUSHU X SMART SHOES

NuShu Smart Shoes is an innovative technology developed in Switzerland by Magnes AG. These shoes are a medical device that enables patients with Parkinson's disease to collect data on their gait and share this data with healthcare professionals. NuShu utilizes sensors to provide real-time feedback and vibrational cues, aiming to enhance walking, prevent freezing of gait, and improve mobility for individuals with neurological conditions such as Parkinson's Disease.

Following positive feedback from people who have used the product, representatives from the company came to Shrewsbury, NJ, on Monday, September 8th, for an in-person test event. Rabbi Gruskin and the LifeSpark office staff attended the event to gather more information and evaluate the shoes. It was an excellent opportunity to experience the technology firsthand and assess its potential benefits. After being fitted with the shoes, Rabbi Gruskin first walked without any of the vibrotactile cues, then the Magnes representative turned the vibrations on. He was told to walk in a series of deliberate patterns, navigating a straight path, a tight circle, a sequence of corners, and the narrow space of a doorway. We were actively comparing his two gaits, as was the representative. There was noticeable improvement in his stride, as well as significantly less dragging of his left leg. Rabbi Gruskin had recently taken his medication, rendering him in an 'on' state, and even before the shoe's vibration was turned on, he was walking quite well; we speculate that the improvements in his gait may have been even more pronounced had he been in an 'off' period from his medication.

With NuShu Smart Shoes, Rabbi Gruskin's stride grew steadier, with less dragging of his left leg.

The NuShu Smart Shoes cost $1,800. The company offers a satisfaction guarantee, allowing for returns if you are not happy with the product. For additional questions, please get in touch with them at info@magnes.ch. You can check it out more at this link: https://www.magnes.ch/solutions/nushu/

For those who would like to try on the shoes and experience the benefits firsthand, the UCS Lounge in Brooklyn, run by Yoeli Mendlowitz, has a test center of NuShus. You can reach out to them at office@ucslounge.org

Wrap-up of Educational Zoom Event on Aug 24, 2025

HOME-BASED NEUROLOGIC MUSIC THERAPY

HOW MUSIC CAN IMPROVE MY PD SYMPTOMS

By Nicholas Zaborowski, MT-BC, NMT

Nicholas Zaborowski is a board-certified music therapist with specialized training in Neurologic Music Therapy (NMT), a research-based approach that uses music to support brain and body function.

What is Neurologic Music Therapy?

Walking, talking, and thinking use different parts of the brain: the sensorimotor cortex, speech and language areas, and multiple areas involved in cognition, respectively. Music has a remarkable ability to harness the brain's natural neuroplasticity to both train and, for PD patients, retrain these functions, a principle effectively used in Neuro-Musical Therapy (NMT). As a clinical gold standard, NMT is comparable to Physical, Occupational, and Speech Therapies. Music's power stems from its unique ability to engage both sides of the brain, forging new neural connections. Music costs so little, is highly accessible, and everyone responds similarly to music despite age or ability. Music can improve motor control —including balance, walking, and endurance—as well as improve attention, memory, language, executive function, emotions, and perception. The reason for this effect is straightforward: the brain's auditory processing centers are interconnected with its motor areas, which allows us to perceive and respond to a beat.

NMT Exercises for PD

Sensory-motor – First, you will need to assess your cadence, which is how many steps you take in 60 seconds. 'Normal' would be 80-100. Then you walk with a metronome or music at that cadence, which many people will find easier than walking without music. Next, increase the speed of the metronome at 5-10% increments to increase your walking speed. Even more advanced would be doing this exercise with steps, on a ramp, in grass, and then fading out the music stimulus. After about 1-2 weeks of 3-5 minutes twice per day, you can change your cadence!

Speech

1. Exercises using Rhythmic Speech Cueing help improve Dysarthria – slurred or slowed speech, or Dysphonia – weakened voice quality and pitch control, by guiding the timing and pace of speech to enhance fluency and clarity. Use the metronome at 65 beats per minute, tap to the beat, and then read out loud in time with the beat. Then practice saying phrases used in Activities of Daily Living to the beat, gradually working your way into speaking more smoothly, but still to the beat. And finally, transfer this way of talking to conversations with others.

2. Other speech exercises use Vocal Intonation Therapy to train breath control, inflection, pitch, and dynamics. One breath control exercise is to use the metronome at 96 bpm, inhale for four beats, then exhale for 10 beats, and then gradually increase the number of beats for the exhale.

3. Joining a choir and any Therapeutic Singing helps maintain voice function because the singing mimics everyday speech patterns, and is a fun, rewarding exercise that can help your everyday speaking become much less challenging.

Cognition

1. Musical Echoic Memory Training works on short-term memory – sing or play a song, stop at a random place, then repeat the last words that were just sung.

2. Musical Attention Control Training – listening to a song and naming the instruments, pick a word or a phrase, and count how many times it is repeated in the song, which can help your brain pay closer attention. This exercise will further enhance your skills in listening and concentrating.

3. Associative Mood and Memory Training – The goal is to improve your cognitive functioning by recalling memories and establishing new ones. When an event or information is processed, neural connections are established with other elements of the event, such as emotions, music, or odor. These can be activated by music stimuli that you can create to help bring back memories of events.

Get in Touch

To contact Nick directly, please use the information below and be sure to mention that you heard about him through LifeSpark:

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

A NEW DRUG THAT MAY HELP REVERSE PARKINSON'S IN ITS EARLY STAGES

A potent LRRK2 inhibitor rebuilt primary cilia, revived dopamine signaling, and doubled nerve-ending density in mice with Parkinson's mutations, suggesting enzyme-blocking therapy could slow or reverse the disease.

Approximately 25% of Parkinson's disease cases are attributed to genetic mutations, with the most common mutation affecting an enzyme called LRRK2 (leucine-rich repeat kinase 2), causing it to become overactive. LRRK2 is a complex protein in the brain that interacts with other cells and is involved in numerous cellular functions. An overactive LRRK2 enzyme causes cells to lose their primary cilia, a cellular appendage that looks like 'arms' of the cell and is responsible for sending and receiving chemical messages. A cell that has lost its primary cilia is compared to a cellphone when the network is down -- no messages come through or are sent. In a healthy brain, many messages are sent back and forth between dopamine neurons in a region of the brain called the substantia nigra and the striatum. Typically, when dopamine neurons are stressed, they release a signal to other neurons and cells to produce neuroprotective factors. However, when too much LRRK2 activity occurs and cells have lost their primary cilia, those cells have lost the ability to receive the signal from dopamine neurons, which means that needed neuroprotective factors are not produced. Additionally, scientists believe that the cells that have lost their cilia are also on the pathway to death because they need cilia to receive signals that keep them alive.

Researchers are currently working with MLi-2, a molecule that attaches to LRRK2 and decreases its activity. Suzanne Pfeffer, PhD, the Emma Pfeiffer Merner Professor in Medical Sciences and a professor of biochemistry, Ebsy Jaimon, PhD, a postdoctoral scholar in biochemistry, and Dario Alessi, PhD, at the University of Dundee in Scotland, have published a study in Science Signaling testing whether MLi-2 can

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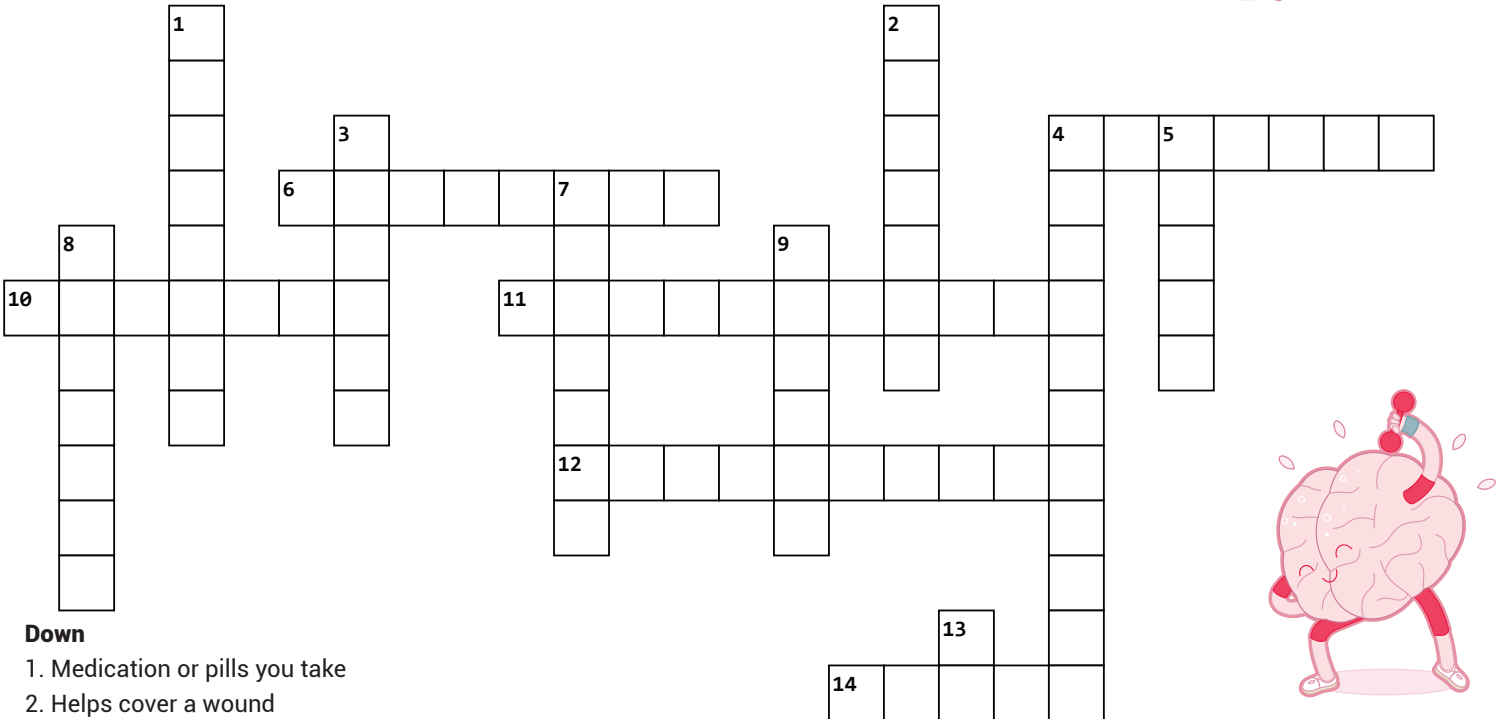
AT THE DOCTOR CROSSWORD PUZZLE



Down

1. Medication or pills you take
2. Helps cover a wound
3. Medical professional who treats patients
4. Device used to listen to heart and lungs
5. Treatment focused on restoring skills
6. Helps improve movement and strength
7. Helps maintain this to prevent falls
8. A health facility smaller than a hospital
9. A shaking symptom common in Parkinson's

Across

4. Needle device for injections
6. Place where patients receive care
10. Someone receiving medical care

Across

11. A specialist doctor for nervous system disorders
12. Condition affecting movement and coordination
14. Medical professional assisting doctors

MIND GYM

answers on page 7

Shailos During the *Yomim Nora'im*

Parkinson's patients often raise halachic questions during the *Yomim Nora'im*. Rabbi Dr. Fishel Mael, facilitator of our men's support group in Baltimore, compiled them, and LifeSpark forwarded them to Rabbi Zischa Ausch, שליט"א. Below are the questions and his responses.

אל תשליכנו לעת זקנה, ככלות כחנו אל תעזבנו

Illnesses and chronic conditions can make daily or seasonal *mitzvos* difficult to perform—sometimes only partially, and sometimes not at all. They may also cause discomfort or even pose health risks.

With progressive diseases, symptoms often vary: a person may struggle greatly one day and need little or no accommodation the next.

A person customarily goes to the first *selichos* at night, and now they have become an early to bed, early riser - is it all right to change their custom?

Yes.

People who now say *selichos* much slower (harder for them to see and pronounce the words), what should they do - interrupt every *piyyut to* say the *yud-gimel midos,* or keep going at their pace? (Constant interruptions can throw them off.)

Keep going at their pace.

If the person cannot complete everything said after *shema koleinu*, what should they prioritize and what should they plan to skip? Should they try to say different *piyyutim* on different days or always have the same priorities?

They should just say Ashamnu.

Which part, if any, of the *selichos* should be a priority when the person has limited energy for standing?

Should not stand at all.

It's important to encourage them that רחמנא לבא בעי, אחד המרבה ואחד הממעיט ובלבד שיכוין לבו, so that no matter how much they are able to say, it's all about what they say under the circumstances.

If a person has a hard time putting on /taking off a *kittel,* could they be lenient about not being *mashtin* while wearing a *kittel?* Would it matter whether it is an open communal bathroom or a single-use bathroom (for one person at a time)?

It's absolutely ok to urinate while wearing the kittel.

If a person always fasted (half day) *erev Rosh Hashanah,* if fasting will have no ill effects, should they fast? Why yes or why not?

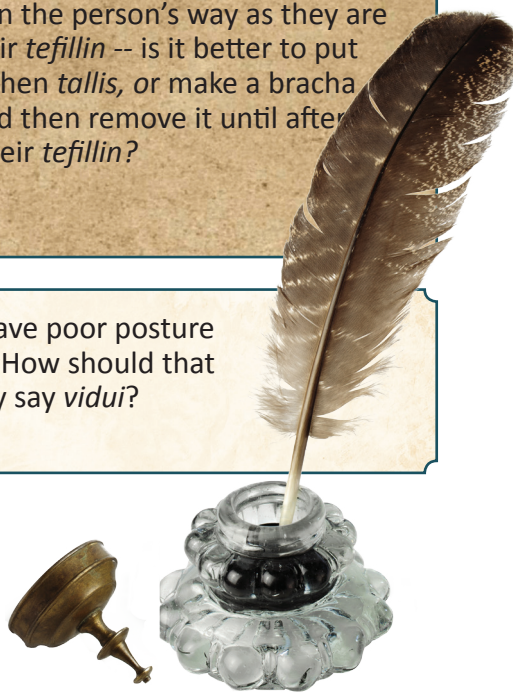
While it might not cause any adverse effects, it will still weaken him, so it is not recommended.

If the *shul*'s custom is not to make *kiddush* for *tekios,* yet the person may feel weak by the end of *Mussaf*, should they make *kiddush*?
YES!

What if a person feels very stiff some days, such that the *Tallis* gets in the person's way as they are trying to put on their *tefillin* -- is it better to put *tefillin* on first and then *tallis, or* make a bracha on the t*allis f*irst and then remove it until after they have put on their *tefillin?*

Tefillin first.

Many PD persons have poor posture and balance issues. How should that factor into how they say *vidui*?
Should sit.



NEWS Flash

A NEW WEEKLY INJECTION MAY BE ABLE TO REPLACE MULTIPLE DAILY PILLS

A potential weekly injectable treatment for Parkinson's disease was developed by researchers at the University of South Australia in mid-2025. The long-acting, biodegradable gel formulation is injected under the skin or into a muscle. It releases a steady dose of levodopa and carbidopa throughout the week, aiming to replace the multiple daily pills typically required for treatment. Patients needing to take numerous tablets several times per day face a challenging routine that can lead to missed doses and worsened symptoms, especially for the elderly or those with difficulty swallowing. This injection can improve not just how the drug is delivered, but also patients' lives. It simplifies treatment, improves patient compliance, and maintains consistent therapeutic levels of medication.

As of September 2025, lab tests have been performed on pig tissue and showed that it successfully released the drugs over seven days. This breakthrough research is an early but promising development, with human clinical trials pending. Further testing on animals and humans for safety and efficacy is necessary before the treatment can be licensed and made available to the public.

NEWS Flash

A COMMON COUGH MEDICINE MAY OFFER A NEW WAY TO TREAT PARKINSON'S AT ITS ROOT

Several cough medications that have been approved for use in Europe contain an ingredient called ambroxol, which is used to thin phlegm and mucus in the airways, thereby easing breathing. It also seems to have effects on the central nervous system, by boosting levels of an enzyme called GCase, which clears away waste products that have gathered in brain cells. Alpha-synuclein is one of the troublesome proteins that clump together in the brain tissue of Parkinson's patients, and Ambroxol may help the body's ability to rid the brain of them and prevent damage to brain cells. Recent research has indicated that GCase deficiency may be a fundamental contributing factor to PD; intervening to correct this deficiency is potentially a new therapy option for Parkinson's that treats the underlying causes, rather than the symptoms. This has led some researchers from Cure Parkinson's to test amboxol on patients with Parkinson's, and it is currently a Phase 3 trial – the last extensive study a drug must go through before it's decided whether it can be approved for use. Although this is exciting news, it is a 2.5-year study, and more research is still needed to show that ambroxol can be a safe and effective treatment for Parkinson's.

MIND GYM

Answers from At the Doctor Crossword Puzzle

ACROSS
4: SYRINGE
6: HOSPITAL
10: PATIENT
11: NEUROLOGIST
12: PARKINSONS
14: NURSE

DOWN
1: MEDICINE
2: BANDAGE
3: DOCTOR
4: STETHOSCOPE
5: THERAPY
7: EXERCISE
8: BALANCE
9: CLINIC
13: TREMOR

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APPLES AND HONEY MUFFINS

A delicious, healthier way to incorporate special Rosh Hashana foods in

Muffins

2 apples, peeled and chopped
3 ripe bananas, mashed
2 eggs
1 Tablespoon oil
3 Tablespoons honey
2 cups flour (can substitute with gluten free flour)
1 teaspoon baking soda
½ teaspoon baking powder
½ teaspoon salt
1 teaspoon cinnamon
1 teaspoon vanilla extract

Topping

¼ cup Heaven & Earth date sugar
¼ cup chopped dates
2 Tablespoons oil
¼ cup oats

Instructions

1. Preheat oven to 350
2. Mix muffin ingredients together, and scoop into muffin tins.
3. In a separate bowl, mix topping ingredients together, and sprinkle on top of muffins.
4. Bake for 24 minutes.

Smart SPARK
DID YOU KNOW?
VIBRATIONAL CUES CAN HELP ALLEVIATE SYMPTOMS OF PARKINSON'S, SUCH AS TREMORS, STIFFNESS, AND GAIT ISSUES.

continued from page 5

reverse the effects of too much LRRK2 activity. They began by working with mice that have the genetic mutation that causes overactive LRRK2 and symptoms consistent with early Parkinson's disease. After three months of eating MLi-2, these mice had the same percentage of neurons with primary cilia as normal mice. With the increase in primary cilia in these cells, communication between the dopamine neurons and the striatum was restored, neuroprotective factors were again secreted, and the dopamine neurons overall appeared to be under less stress. This is comparable to moving away from an area with spotty cellphone service to one with good service – it can restore our ability to send and receive text messages.

These findings suggest that timely treatment to inhibit the overactive enzyme LRRK2 could not only stabilize, but actually reverse disease progression in this form of Parkinson's. The following steps would be to uncover a way for earlier detection, as early as 10-15 years before a first tremor appears. Researchers would also want to test whether other forms of Parkinson's disease that are not associated with the LRRK2 genetic mutation could benefit from this type of treatment. There are currently multiple LRRK2 inhibitor clinical trials underway, and our tefilla, as always, is that these findings in mice will hold true for patients. May the Ribono Shel Olam send a refua shlaima to all Parkinson's patients b'karov!

The study was funded by The Michael J. Fox Foundation for Parkinson's Research, the Aligning Science Across Parkinson's initiative, and the United Kingdom Medical Research Council.