

Spikes & Spasms

The TremorAction.org Newsletter

MAY 2010

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WELCOME TO THE MAY ISSUE!

The month of May is a celebration of the end of winter and the beginning of spring. Follow [tremoraction on Twitter](#) for timely updated information.

Our spring newsletter introduces you to TouchDX TremorTracer™, New York Institute of Technology clinical genetics study, Dana Alliance for Brain Initiatives, Real Medicine, Plain Talk® Dr. John Hong and the Laurier Movement Disorders Research driving behaviour study.

Taking a cue from the National Center for Complimentary and Alternative Medicine (NCCAM), this issue explores therapies...the Stressometer, Rosen Method, Yoga, Caprylic | Octanoic acid supplement and Curvware, that are outside the box of traditional movement disorders treatments.

We dedicate this newsletter to the [Tremor group](#), whose members are the inspiration for CAM articles.

Enjoy reading Spikes & Spasms brought to you by **Tremor Action Network and Sponsors.**



TouchDx Releases TremorTracer™ a Novel Tremor Assessment App Designed for Patients and Healthcare Practitioners

Over 12 million people in the United States suffer from various types of tremor, the most common being patients with Essential Tremor or Parkinson's Disease. Currently there is no diagnostic test available to detect movement disorders such as Parkinson's, thus the diagnosis depends strictly on clinical observations. It is this clinical need and utility that prompted TouchDx to develop TremorTracer.

TremorTracer provides healthcare practitioners and patients a new and innovative iPhone and iPad based medical app to quantify, assess and record tremor in patients with Essential Tremor, Parkinson's Disease, Multiple Sclerosis and other movement disorders.

Patients can use TremorTracer to longitudinally record the standard tremor assessments often performed by healthcare practitioners - which include evaluating a patient's hands at rest, in various postures and during action, and include writing samples of lines, spirals and handwriting.

The TremorTracer application includes the following three tests:

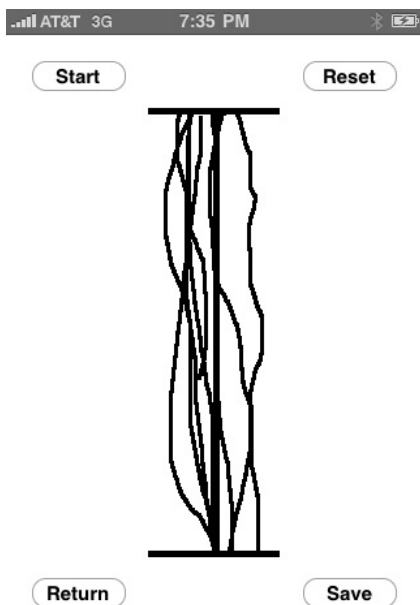
The Archimedes Spiral Test - The Archimedes Spiral Test is a widely used shape tracing task used to assess various tremor types in patients. This test guides a patient to trace a spiral pattern on the iPhone screen, which is then recorded and used clinically for differential diagnosis. The Archimedes Spiral Test helps clinicians quantify normal motor activity as well as dysfunction in patients with movement disorders.



The Writing Test - An extension of the tracing test, the writing skills assessment allows for the recording of handwriting samples by the patient. These handwriting samples can help the healthcare practitioner determine the presence or absence of micrographia and can be used as a tool for differential diagnosis in patients with tremor.



The Straight line Test - A time-based configurable test that guides the patient to trace straight lines across the screen and allows for observation and tracking of fine motor function and coordination deficits, in patients with movement disorders.



"Detection and periodic and objective monitoring of tremor are essential for properly diagnosing and effectively treating patients with movement disorders, stated Brent Gutekunst, CEO of TouchDx. With TremorTracer, healthcare practitioners and patients now have a tool in hand, to measure real time and longitudinal progression of tremor related illnesses. The unique longitudinal monitoring that TremorTracer can provide is especially valuable for determining and optimizing pharmacologic intervention in patients with tremor."

Today the worldwide population is approximately 6.8 billion, of which an astounding 4.6 billion own and use mobile phones - with an estimate of 5 billion by the end of 2010. In contrast, currently there are 1.8 Billion internet users worldwide. With mobile phones being in the hands of nearly 75% of the world's population, it is unequivocally the communication and technology platform of choice. Pairing

the mobile phone's accessibility, technical capabilities, portability, convenience, and global reach, TouchDx believes the mobile phone will revolutionize how medicine will be managed and delivered in the 21st Century.

About the Author

Founded in 2009, Touch Diagnostics, is leading the mHealth revolution by providing patients and healthcare practitioners solutions for better patient care, treatment and management. As pioneers in mHealth, TouchDx leverages the convenience, innovation and technical capabilities of the iPhone, to quantify the previously unquantifiable, enhance clinical surveillance, increase diagnostic sensitivity, and to yield better health outcomes for patients worldwide.

www.touchdx.com



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VOLUNTEERS NEEDED

For a research study on: ESSENTIAL TREMOR

If you are diagnosed with Essential Tremor and would like to learn more about a research study into the genetic causes of Essential Tremor please contact:

**Dr. David Tegay
At: (516) 686-3897**

To arrange to speak with a study investigator

Study commitment requires completion of a brief questionnaire and ability to provide a small saliva sample

New York Institute of Technology Institutional Review Board APPROVED From <u>5/4/10</u> to <u>5/18/11</u>
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New York Institute of Technology Genetic Variation Study

Predisposing genetic factors remain unknown for the vast majority of individuals with Essential Tremor. A team at the New York Institute of Technology has developed a novel genetic testing platform for uncovering genetic variants responsible for ET predisposition. We are currently recruiting individuals with ET who are willing to complete a brief questionnaire and provide a cheek swab or saliva sample for entry into this research study. No on-site visit is required. If you have any interest in contributing to this research or any questions regarding this study please contact the principal investigator, Dr. David Tegay, at (516) 686-3897 or by e-mail at: dtegay@nyit.edu.

About the Author

Dr. David Tegay is associate professor of medicine and medical genetics at New York College of Osteopathic Medicine (NYCOM) of New York Institute of Technology (NYIT). His specialties and interests include clinical genetics and internal medicine. He is a graduate of NYCOM, and a Fellow in Medical Genetics, completed at Mt. Sinai School of Medicine, NY. He is the recipient of the Clinical Research Scholar Award from the Stony Brook University School of Medicine, NY.

Meet the Dana Alliance for Brain Initiatives

By Sarah Thompson

The Dana Alliance for Brain Initiatives, a non-profit organization of more than 280 neuroscience experts, is dedicated to advancing public awareness about the brain and the benefits of neuroscience research. Through a range of programs and publications, the Alliance promotes a greater understanding of brain science to the general public. The Alliance is funded by the Dana Foundation, a private philanthropic organization that supports brain research through education.

One of the Alliance's primary programs is the global Brain Awareness Week (BAW) campaign, which has just celebrated its fifteenth anniversary. Held each March (the 2011 dates are March 14-20), BAW unites the efforts of organizations worldwide—hospitals and universities, K-12 schools, advocacy groups, government organizations, and much more—in a week-long celebration of the brain. These partner organizations plan brain-related activities and events in their communities, helping to spread the message of the promise of brain research. The Alliance supports these events by providing free materials for distribution and by promoting the events on our web site. More information on the campaign, including reports and photos from recent partner events and details on how to become involved in BAW, is available at www.dana.org/brainweek.

The popular "Staying Sharp" series explores topics related to the aging brain, from memory loss (what is normal, what is not normal, and when to worry about memory lapses) to diseases and disorders of the brain and how to stay sharp through a brain-healthy lifestyle. The "Staying Sharp" forums are live panel discussions that take place in cities throughout the United States. In addition, a series of six "Staying Sharp" booklets covering topics such as "Learning

Throughout Life," "Successful Aging," "Depression," and more, are available [online](#) for free download.

Here is a sampling of the many other free online resources available on www.dana.org, the Web site of the Dana Alliance and the Dana Foundation:

In a recent series of seven articles, [Cerebrum: A Decade after The Decade of the Brain](#), directors of neuroscience-related institutes at the National Institutes of Health take stock of how brain research has progressed in the past 10 years and provide insight into what the next 10 hold in store.

Each year, the [Progress Report on Brain Research](#) describes the top findings in brain research during the previous year. The 2010 report features in-depth articles on the genetics of psychiatric disorders, deep brain stimulation, Parkinson's disease, multiple sclerosis, memory, neuroprotection, and more.

[Brain Connections](#) is an online guide to more than 240 organizations in the United States likely to help those looking for information, referrals, and other guidance in connection with brain-related disorders.

[Brain in the News](#) is a gathering of recommended reading on the brain, from around the Web. The Dana Foundation blog, <http://danapress.typepad.com/>, offers additional insight into recent news about the brain.

[Your Brain at Work](#) is a free booklet that explores our ability to affect the way our brains work and to maintain our mental edge and functional independence throughout our lives.

"The popular "Staying Sharp" series explores topics related to the aging brain."

About the Author

Sarah Thompson is Campaign Coordinator for the global Brain Awareness Week campaign, and Project Manager at the Dana Alliance for Brain Initiatives in New York, NY, where she has worked on Brain Awareness Week, Staying Sharp, and other outreach and educational programs since 2007. Prior to joining the Foundation Sarah worked in communications and marketing for cultural institutions around the country. Since the diagnosis of a close family member with Parkinson's Disease in 2006 she has dedicated her work to public outreach about the brain and brain health issues. Sarah lives in Sunnyside, Queens with her fiancé and a tortoiseshell cat named Sunday.

Please feel free to contact her for more information on the work of the Dana Alliance at sthompson@dana.org.

Tremors: What's Shaking?

By John S Hong MD

Spikes & Spasms Note:

As the old saying goes, "laughter is the best medicine." Dr. Hong reinvents the expression with witty and informative articles. In Dr. Hong's words, "This is my forum for plain talk about real medicine, in a fun, hip, non-threatening manner. Do take a look!"

Don't miss reading Dr. Hong's other movement disorders articles, such as Cervical Dystonia | Pain in the Neck! and Parkinson's Disease | More than a shaky matter at:

<http://www.drjohnhong.com/blog/category/neurologic/>

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During my first year in medical residency in Los Angeles, we experienced an earthquake that rocked my world. Well, actually at the time I was visiting my significant other at UVA, but when I returned to LA, I had the unfortunate thrill of experiencing after-shocks. (I always thought "after-shocks" occurred in family situations, like finally realizing your parents disowned you after being in denial for a few days.)

I was talking to a nurse in the LA clinic, and suddenly it looked like the nurse was dancing to KC & The Sunshine Band's "Shake Your Booty." Before I knew it, I was shaking along with her- and the whole clinic!

Is that what having a tremor disorder is like?

There are many types of tremors. One of the most common types is Essential Tremor (ET- not to be confused with

Steven Spielberg's cute little alien friend). About 10 percent of Americans have ET. Look at Katherine Hepburn-poor thing. She not only shook her own body but Spencer Tracy's world. ET has been called "Familial Tremor," but only 50 percent of people with ET have a close relative with the tremor. (Another case of being disowned?)

The incidence of ET increases with age, though if inherited from a family member, it can occur at an earlier age. ET can be very distressing to a person who relies on steady hands: surgeons, artists, manicurists, pick-pockets. A fine tremor occurs in ET; it's due to contracting flexor and extensor muscles affected by an unknown neurological problem.

The tremor occurs at rest and is usually worse with action, like shaving (ouch!), sewing (oops!), slicing foods (band aid!), and putting on mascara (doh!). The tremor is always there, but is worst when the movement is just about done- such as putting a key into the lock. You get the key to the hole, but then the shakiness makes it difficult to insert it easily.

"Look at Katherine Hepburn-poor thing. She not only shook her own body but Spencer Tracy's world."

The head is usually affected as well, which is why I hate seeing those celebrity bobbing head toys in people's cars. I think Ozzy Osbourne made millions on his bobbing head, unlike Lorena Bobbitt. The head can bob up and down like a "yes-yes" motion (very optimistic), or tremble side to side like a "no-no" motion (very pessimistic). A Queen would lose her crown. The head bobbing doesn't bother the person physically as much as the way it looks.

The voice can quiver like Belinda Carlisle singing, "I Get We-e-e-a-a-a-k." The chin can jitter like Tammy Faye crying with Jim Bakker in the '80s; legs can tremble like Elvis Presley's did. And the trunk of the body sometimes shudders like we did when we saw pictures of Liz Taylor with Michael Jackson at Liza's wedding. Chilling!

ET gets worse with stimulants and better with relaxants.

Caffeine, decongestants, steroids, and albuterol (for asthma) can make a person with ET look like a person being electrocuted. Red Bull, anyone? Stress and anxiety can make signing divorce papers seem like making papier-mache. On the other hand, alcohol or valium can quiet a tremor- not that I am advocating that. You might be able to get the car keys into the lock, but then you're not sober enough to drive!

Beta blockers are not fraternity bullies. Beta blockers are a class of medicines that have been shown to be very effective in reducing tremors in ET. Propranolol is most often used, but it also slows down your heartbeat, which can be a problem. Also, an asthmatic can feel like they're breathing through a straw when they're on beta blockers.

There are other options to treat and deal with essential tremors. Just don't shake your baby, don't drink too many fattening milk shakes, shake a leg, and when you meet your opponent: shake.

© John S Hong, MD, MS August 2005

About the Author

Learn all about Dr. Hong at:

<http://www.drjohnhong.com/about.php>

Dr. Hong appears regularly on the NBC affiliate WVIR-TV, and writes a column for Charlottesville newspaper, The Hook.

Facebook users can share the Dr.JohnHong.com FB page with friends.

Still safe behind the wheel? Waterloo researcher is tracking the driving behaviour of seniors with Parkinson's disease

By Barbara Aggerholm, Waterloo Region
Record Staff

Spikes & Spasms Note:

There is awareness that our driving skills may change with age because of certain health conditions.

<http://www.nia.nih.gov/HealthInformation/Publications/drivers.htm>

This article, courtesy of the Waterloo Region Record, appeared on March 06, 2010. Tremor Action Network is grateful to Barbara Aggerholm and the Waterloo Region Record for granting permission to reprint the article for viewing only.

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"Losing their driver's licence, and therefore their independence, is a common fear among older adults."

WATERLOO - Alex Crizzle is using modern technology to track the driving behaviour of older people with Parkinson's disease - with a view to helping them drive more safely and stay behind the wheel longer.

By installing a global positioning system device (commonly known as a GPS) in their cars, and plugging in a CarChip to record information, Crizzle is able to tell when these drivers head out, say, for a cup of coffee, how far they go from home, which way they turn, how they brake and how many stops they make during an outing.

The University of Waterloo PhD student will also know the road and weather conditions they encounter as they travel.

And he's looking at how they see themselves as drivers, how much confidence and comfort they have behind the

wheel and what they think of their own abilities.

It's the first study in the world to use valid and reliable tools to measure driving behaviour and the perceptions of older drivers with Parkinson's disease, Crizzle says.

His findings will add information to a much larger Canadian research project that is looking for ways to keep older drivers driving longer and more safely.

Crizzle, 30, is conducting the study in collaboration with the Sun Life Financial Movement Disorders Research and Rehabilitation Centre at Wilfrid Laurier University and the help of a McMaster University researcher.

To help with his research, Crizzle is looking for participants, men and women 55 and over who have Parkinson's disease. Parkinson's disease is caused by degeneration of dopamine producing neurons of the basal ganglia, the central core of the brain, leading to symptoms that include tremor, rigidity and gait impairment.

He also needs older, healthy individuals in the same age range to be part of a control group. All must live in or around Waterloo Region and have a 1996 vehicle (or newer) that they drive at least three times a week.

He's having trouble finding older participants, perhaps because people nervous about showing their driving patterns. Losing their driver's licence, and therefore their independence, is a common fear among older adults, he says.

But the aim of Crizzle's study, and of the overall Canadian study, is not to take drivers off the road.

"We're trying to help older adults with Parkinson's stay on the road longer by looking at what they do," Crizzle says.

"We want (governments) to make good policy based on real research as opposed to stereotype."

The Canadian research project, called Candrive, is tackling the thorny question of seniors and driving.

Its main goal is to develop screening tools that doctors can use in their offices to assess characteristics leading to an increased risk of unsafe driving. The project is led by Ottawa doctors Shawn Marshall and Malcolm Man-Song-Hing, who have stressed that pure age restrictions on driving for older drivers are inappropriate.

The subject takes on more and more significance as more Canadians reach age 65 and older.

It's "the most comprehensive study of elderly driving ever undertaken," says the Canadian Institutes of Health Research, which is funding the \$5.5 million, five-year study.

A diverse group of researchers - including those at UW - is looking at everything from the use of a simulator as a tool for screening at-risk older drivers to what factors have an impact on their driving safety.

It's all aimed at giving doctors a screening tool so they can make objective decisions about older people's fitness to drive.

"Seven provinces require doctors to determine elderly patients' fitness to operate a motor vehicle," says the Canadian Institutes of Health Research website. "Yet there is little scientific evidence available on which to base this life-altering decision.

"Canada's aging population makes this a growing problem."

Candrive researchers are checking in with drivers from seven Canadian cities who are 70 and older to see what has an impact on their driving safety. (Crizzle has lowered the age of Parkinson's participants so that he can draw from a

wider pool of possible participants.)

Why 70 years of age?

"At 70, the collision rate goes up for drivers," says UW gerontologist Anita Myers, who is Crizzle's supervisor. She is working on large Candrive projects, as well as other research involving older drivers.

"Seventy is the age at which we start seeing increased risk for older drivers."

In Ontario, drivers 70 and over don't have the highest rate of accidents. That's a dubious distinction earned by males ranging from age 16 to their early 20s. But the next-highest group is males and females aged 80 and older, Myers says.

Drivers in their 60s are among the safest.

For her part, Myers is examining psychosocial factors that include older drivers' decision-making and behaviour - their perceptions of their abilities, their confidence, beliefs, attitudes and motivations. In another project, she's researching their comfort level while driving. She has developed scales to measure these.

"We're trying to prolong their driving, as long as it's prolonged, safe driving - not prolonged driving at any cost," Myers says. "We're not out to get anybody. All of us in the research are really in the corner of older drivers. But public safety is an issue."

At present, Ontario drivers who are 80 and older must renew their driver's licence every two years. At that time, they must take an eye exam, write a rules-of-the-road test and take part in a 90-minute group education session. A counsellor reviews their driving record and could decide a road test is needed as well.

Meanwhile, doctors in Ontario are legally required to report to the Ministry of Transportation any driver who

has a medical condition or medication that makes him or her at-risk on the road, Myers says.

There are now "a whole bunch of tools" that doctors can use to assess a patient's driving, Myers says.

"There are tools, but the vast majority of physicians aren't using any kind of screening for drivers and many physicians don't even ask patients if they drive," she says.

Doctors might hesitate because they don't want to jeopardize their relationship with the patient. They worry that patients won't tell them all their symptoms if they ask questions about driving.

"Losing your driver's licence is probably one of the worst things that can happen to you," Myers says.

So Candrive researchers are looking at other options, such as conditional licenses that would allow people to drive under certain conditions, during daylight for example. Some provinces already have conditional licensing.

That might help people with Parkinson's disease. The research findings may show there are occasions when these people can drive with a conditional license.

"Ontario is looking at introducing restricted licenses, which don't exist now," says Crizzle, who for his master's degree at Lakehead University created an effective aqua-therapy exercise program for people with Parkinson's disease. Ontario now has only two driver's licence conditions - requiring the use of corrective eye lenses and adaptive equipment.

Crizzle's research on drivers with Parkinson's disease would help with any discussion about conditions - another reason why people might want to participate in the study, he says.

If there isn't research, recommended conditions could be "too limiting," he says.

For two weeks, Crizzle's participants will drive about as they usually do, after he places the GPS, or Otto Driving Companion, and CarChip in their vehicle.

It's a simple and easy installation and the devices are not intrusive, he says.

"We link the Otto device to satellite and actually download data and link to Google Earth."

Before and after the study, he'll ask the participants some questions and do some vision and other tests. Laurier's Movement Disorders Research and Rehabilitation Centre, based in a former elementary school on Hickory Street in Waterloo, is the testing site.

The study will not identify people by name, or look at how well people drive, he says.

Quincy Almeida, director of the WLU centre, says Crizzle's study is unique.

"It will allow us to better understand the myths and truths of whether or not there are any driving limitations associated with Parkinson's disease."

Anyone with Parkinson's disease who wants to take part in Crizzle's study can contact Sun Life Financial Movement Disorders Research and Rehabilitation Centre at 519-884-0710, ext. 3924. Healthy older adults who will be part of the control group should contact Crizzle at 1-416-876-7773.

baggerholm@therecord.com

About the Author

Barbara Aggerholm is a talented writer who has won many awards during her 25+ years as a journalist. Her versatility includes writing about in-depth topics on health, education and politics. She has written a children's book, titled *The Phantom Piper*, inspired by her childhood spent in Kincardine, Ontario.

Stressometer: Description of a tremor measurement instrument

By Gorden Pfau

I would imagine that many others, like myself, have wanted to determine to what extent a particular protocol they were using to reduce their tremor in essential tremor was effective. It might be a medication or an invasive type of surgery. My tremor started some 16 years ago when I discovered I had cancer that had metastasized into my lymphatic system. In his later years my father had ET, his hand and his head were affected. Mine started with my head, followed by my voice and hand.

Research on the Internet was not as effective then as I tried to find the source of an instrument. I read several articles that such an instrument was used for evaluation of the tremor but when I would write the author, I would either not get a reply or they would say they were quoting others. I contacted as well the International Essential Tremor Foundation but they had no information on the source of the instrument.

By 2006 the power of the Internet had greatly improved and I was able to find such an instrument. It is called the Stressometer and was developed by Bruno Comby in France. It consists of a hand held sensor that is connected by a wire to the instrument. It is battery operated using 3 AA batteries lasting about 5 years taking 40 measurements per day. It comes with a case which makes it very convenient to travel with as the size of the instrument is only 4.7" x 6.7" x 1.5" thick and weighs about $\frac{3}{4}$ of a pound. It has an on and off buttons and a button for continuous measurement and another for a 20 second measurement. It also has a liquid crystal digital display. The precision of the sensor is about one tenth of a thousandth of a millimeter in amplitude and it measures in TNR units.

"The Stressometer was developed by Bruno Comby in France."

- The body's normal tremor is 0 to 25 TNR
- A medium tremor is 25 to 50
- A high tremor is 50 to 100
- Greater than 100 is a very high tremor

You measure your hand tremor by standing in the same position each time, one hand holding the sensor. In addition I measure my head tremor by strapping it on the side of the head with a large rubber band or an Ace elastic bandage.

At the time I purchased my instrument in 2006 the price was 487 Euro plus shipping of 26 Euro. I got a bank draft for payment.

For further information visit:
<http://www.tnr.fr/base/baseen.htm>
 and click on the picture of the instrument.

About the Author

Gorden Pfau has had essential tremor for over 16 years and has progressed to the point where the touch pad on his computer has to be disabled and the mouse slowed way down and even then presents problems in issuing buy and sell orders. He is a trader of mostly the S & P placing many orders in the course of a workday and the hand tremor is so bad that sometimes a buy order is placed when a sell order was intended. He is interested in any non-invasive and non-medicated treatment and to date his research shows that Taoist Meditation has brought the lowest readings on the Stressometer, but only lasts an hour or two. He is working on a short form of sitting meditation whereby it can be implemented while working.

Therapist's hands-on method has gone worldwide

By Patricia Yollin, Special to The Chronicle

Spikes & Spasms Note:

This article, courtesy of the San Francisco Chronicle, the Northern California newspaper founded in 1865, appeared on page E-1 of the San Francisco Chronicle Datebook on Monday, March 8. Tremor Action Network is grateful to Patricia Yollin and the San Francisco Chronicle for granting permission to reprint the article for viewing only.

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On Friday, April 30 TAN attended a 2+ hour lecture and demonstration featuring Marion Rosen and Hans Axelson, Director of the Axelsons Gymnastiska Institute in Finland, Norway and Sweden. The Berkeley Center was filled with a standing room crowd. Throughout the evening Marion and Hans encouraged feedback. The shining comment that brought applause and everyone standing was from an individual who had driven a long distance from the South Bay. She shared reading Patricia Yollin's article has made an incredible sea change difference!

Marion Rosen describes herself as a bodyworker and physical therapist. Others call her a healer.

"I'm not a healer," said the 95-year-old Berkeley resident. "But people get well. It's not so much what I'm doing but what they allow to happen to themselves."

The Rosen Method, a style of body-centered therapy she developed over the decades, is taught and practiced around the world. It relies on gentle and direct touch to

access the unconscious, where emotionally unmanageable experiences are buried - resulting in muscle tension and restricted breath. As people become more aware of the roots of their problems, they open up, and the barriers they've created begin to dissolve.

"A person's story is written on their body," said Sara Webb, Rosen's first pupil and now a senior teacher at Rosen Method: The Berkeley Center.

Rosen was born into a Jewish family in Germany in June 1914. As the Nazis gained power, she was abandoned by one gentile friend after another and grew more and more petrified. Finally, she decided to flee Europe and move to New York. She had to take an indirect route - from Sweden through Eastern Europe, Russia and Japan - and arrived first on the West Coast, where she stayed with relatives in Berkeley.

"It was June 16, 1940," recalled Rosen, sitting in the hillside home she shares with her daughter. "When I saw Berkeley, I said, 'That's it.' The

beauty, the freedom - it was my kind of place. You could do anything. You could go out at midnight and hitchhike on San Pablo Avenue. I didn't do it, but I could have."

She learned physical therapy in Germany, Sweden and the Mayo Clinic in Minnesota. She worked three years at Kaiser Hospital in Richmond, treating injured shipyard workers, then opened a private practice where she began, in the 1950s, to synthesize her training with her own discoveries and various somatic sources. She started teaching her approach in the early 1970s and it was named the Rosen Method in 1980, when the nonprofit Rosen Institute was founded.

She has treated tens of thousands of people and trained more teachers than she can count. She still sees clients four mornings a week, gives lectures and runs several workshops a year. Rosen Method centers have spread to

"A person's story is written on their body."

more than a dozen countries, and practitioners are now being trained in Bosnia.

Although Rosen relies on a cane or walker and struggles with macular degeneration, she has no plans to retire.

"That's the last thing I think about," she said. "As long as I can work, it's such a joy."

Prominent psychiatrist Claudio Naranjo has described her as one of the "new shamans." Gloria Hessellund, Rosen's colleague and former student, called her a pioneer and a superstar in global mind-body circles.

Rosen, however, said she's simply a midwife - bringing forth what needs to come out.

"It's a way to regain part of yourself that's been suppressed," she said. "Sometimes I feel tired and grumpy, and I wish a client would cancel. By the time the session is over, I feel great. When they open up and become themselves and get in touch with their pain, all of a sudden you are a part of them."

She said some patients need only one session to make a breakthrough. Others require years. Rosen herself was 70 before she realized what it was like to feel loved - even though she knew in her head that many people loved her.

"I was very amazed," she said. "It's like something warm is bubbling up in you."

Rosen and those who practice her method say they have successfully treated asthma, migraines, arthritis and a wide range of aches and pains. Well aware that their work might come across as touchy-feely mumbo jumbo, they say it is grounded in scientific principles and common sense.

Webb said people have largely the same genetic makeup as chimpanzees, who touch each other continually, and that humans are mammals who depend on contact. Rosen noted that a body undergoing treatment forms oxytocin, a

hormone that acts as a neurotransmitter.

Donna Meehan, a Rosen practitioner from El Cerrito, said, "You fall in love with everyone. They become a unique individual, and I can watch them unfold right under my hand. And now, in my relationships, I can listen to who the person really is instead of making them who I want them to be."

On Valentine's Day, Webb and Meehan led a three-hour workshop. When it was time for a demonstration, Chuck Fisher, a 63-year-old social worker from San Leandro, volunteered. Seven years ago, he'd been treated by a friend studying the Rosen Method. He said he'd been resistant and skeptical at first, but whatever had occurred during those sessions "still had a lot of importance" for him and he was ready to learn more.

For the next 20 minutes, Webb's hands traveled up and down Fisher's body, stretched out on a massage table. Webb worked slowly but surely. Unlike in massage therapy, she waited for a response from his muscles before proceeding. His face grew pinker, his breathing changed and his stomach gurgled.

Hessellund, director of teaching at several Rosen centers, had spinal problems the first time she saw Rosen.

"She asked me, 'Why did you build this hump in your back in which to hide?' The moment she said that, I realized I had been hiding all my life," Hessellund said. "That's what I find exciting and enlivening about the work - that what seems so fixed and unchangeable can change and soften."

Rosen Method: \$25 trial bodywork sessions for new clients. Through March 14. To register, e-mail your name, city and phone number to beyondvalentines@gmail.com. An open house, including a free movement class, will be held at the Berkeley center April 10. rosenmethod.com.

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About the Author

Google Patricia Yollin and you will find endless pages of articles authored by Patricia. She has 30+ years experience as a freelance / feature writer, reporter, and metro, copy and news editor. Patricia has a "hands on feel for listening" to the subjects she interviews, transforming their stories into enjoyable articles.

Opposites Attract

By Renee Le Verrier, RYT

Quiet reflection. Movements that flow from within. This meditation in motion defines yoga. Antonyms such as noise and passive jostling describe an amusement park. Rather than the opposite, though, I'm discovering that amusement park can be considered a synonym of yoga.

As a kid, our annual family trip to Crystal Beach marked a day dedicated to roller coasters, performers and funnel cakes. I remember rainbow lights of color winking at me from the entrance gate. The buzz of applause and music and motors, pierced by screams from the Comet riders, mixed in my ears. And, most memorable of all: the aroma. From any corner of the park, fried dough permeated the air.

By nightfall, I'd stumble into the back of the station wagon dizzy from the dazzle of it all, exhilaration having morphed into exhaustion.

At times, life with Parkinson's reminds me of a visit to an amusement park. The daily sensations of living with a movement disorder can leave me whirling and stunned. An emotional roller coaster awaits each morning, ready to take me on spins of uphill terrors of disease progression to downhill whooshes of symptom-free days.

In addition, there are times I feel I've become one of the performers from that old amusement park. I remember watching the jugglers and wondering how they kept everything moving in rhythm - balls, oranges, glow-sticks. I still wonder, given the juggling act of meds and movement that I perform every few hours with PD. Dizzy by the end of most days, I stumble to bed.

But then again, there were the funnel cakes. I recall pausing at the food cart and simply breathing in the scents of grease and powdered sugar. I closed my eyes and the flash of lights disappeared, the cacophony of rides and riders faded. Once I held one in my hands, the warmth

seeping through the paper plate, I tore off bit by bit and let each one melt on my tongue. Entirely focused, my mind and body became one.

When I approach my life with Parkinson's the way I stood before that food cart at Crystal Beach, the exhaustion of daily tasks morphs into exhilaration. Even the roller coaster takes on a new meaning if I simply bring my awareness to the ride itself, not where it's taking me. Like on the Comet, I didn't press myself against the seat, bracing myself against the upcoming turns. I let myself feel every bump and zag, bobbing up and getting squished against the hand rail before screeching to a stop beaming from ear to ear.

Look up yoga practice and a description will list the use of a mat along with focused breathing and bending that provides strength, flexibility and balance. Living my yoga - savoring each bite, allowing for each rise and dip - builds the strength, flexibility and balance I need to enjoy the ride.

"The daily sensations of living with a movement disorder can leave me whirling and stunned."

About the Author

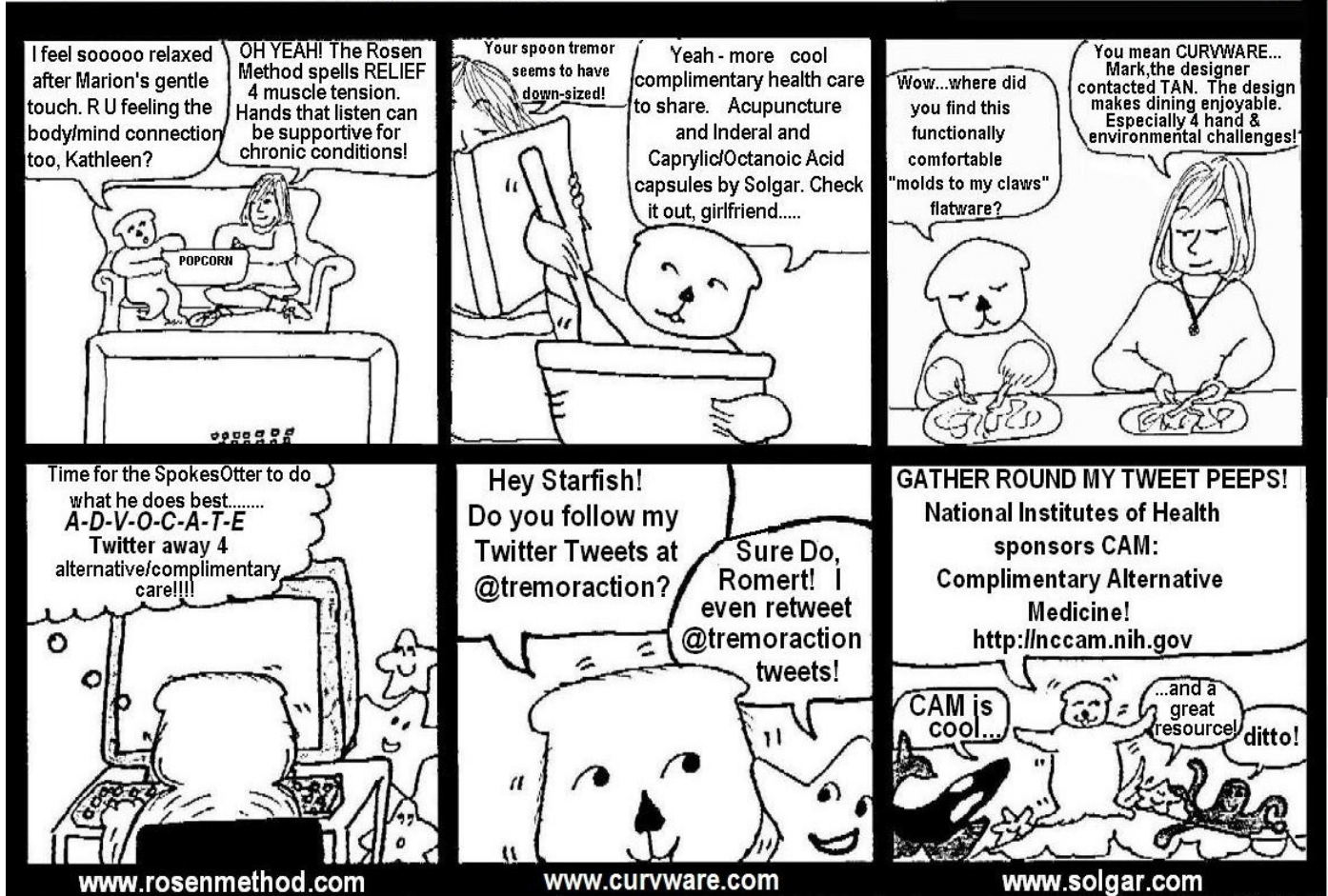
Renee Le Verrier, RYT, is a certified yoga instructor living with Parkinson's disease. Also a stroke survivor, Renee is the founder of LIM Yoga, where Less Is More. She specializes in teaching yoga to people with physical restrictions including PD, Dystonia, and stroke recovery. Renee is the author of *Yoga for Movement Disorders: Regaining Strength, Balance and Flexibility for Parkinson's Disease and Dystonia* (Merit International Publishing, 2008) and can be reached at www.limyoga.com.

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By Aleah Mahan



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