



In Motion

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In This Issue

- Welcome
- Ask Linda
- Fast Facts
- Pregnancy and Dystonia
- Question of the Month
- Max Drug Dosage Clues
- What is Integrative Medicine ?
- What is Chelation Therapy ?
- Sponsor Info
- The Eyes have it : Blepharospasm
- Updates and News

Category of Links

[Top 54 Questions to ask about DBS](#)

[Our Sponsors](#)

[Portraits in Determination Media Page](#)

Category of Links

www.rewiredforlife.org

[Redefining Dystonia](#)

[Dot's Story](#)

[Make a Voluntary Donation](#)

[Oral Med Side-Effect Chart](#)

Welcome to *In Motion* !

Welcome to the re-inaugural issue of ***In Motion*** from Care4Dystonia, Inc. We originally began this newsletter in 2003, but obligations at work as an ICU RN and Grad School prevented continuation of the monthly newsletter after a year. We've decided to offer this newsletter on a bi-monthly basis. I've asked Linda Furiate to act as co-editor of In Motion. She will also assist in answering your questions about emotional health issues. Please send us your feedback, comments, story ideas and suggestions to us, so that we can improve on each issue. Feel free to forward *In Motion* to others affected by dystonia, whether it be generalized or focal dystonia.

Beka, RN, MSN - Editor

Ask Linda

Question: Hi Linda : Can you explain the difference between feeling depressed and feeling frustrated ? Sometimes I feel both and don't know what to do ? Thanks, Frank, Des Moines, Iowa

Answer :

Dear Frank:

You ask a very good question. Often times there are fine lines between these two emotions. If one can rule out any medical or organic reason for depression I feel depression results from an extended period of prolonged frustration of not getting what we want or need. Many of us are striving to succeed with something in our lives whether it is to find a loving relationship, the perfect home, great career opportunities or healing from an illness such as dystonia. When the Universe "refuses" to grant our desires we become frustrated. When the Universe "refuses" to grant our desires over an extended period of time, depression may result. This being the case, I feel it may be time to re-think our desires, needs and other issues surrounding dystonia and its impact on our lives and create a new game plan of reaching our goals and resolving issues.

You mention you have dystonia, I am assuming much of your frustration and/or depression comes from trying to cope with this condition and healing your body of it's' symptoms on a daily basis. I know we all wish we could take that magic pill and make it all go away. Unfortunately, achieving any kind of real success in life takes much work and a lot of patience.

In order to eliminate mild signs of depression or frustration I would recommend you keep your mind occupied and focused on the outcome your desire, (i.e. to ease the symptoms of dystonia.). If your frustration turns towards true depression and it lasts for more than a few weeks , I suggest you urgently seek professional guidance to help you sort out your emotions.

Category of Links

www.henryspink.org/

[chelation_therapy.htm](#)

More info on Chelation Therapy : pros and Cons

The ACAM

Link to the ACAM org described in our Chelation Article.

Jenelle's and Leif

Learn more about pregnancy and dystonia from Jenelle. We congratulate her on her successful pregnancy !

Longevity Nutritionals
Site about nutritional supplements offered via the Fratellone Group in NYC.

Remember, not getting what you think you want when you want it may be a blessing in disguise, allowing the Universe to open the doors for what you truly need in order to fulfill your purpose. Persons living with dystonia can do so well with guidance and support. For more information about depression be aware that October 6 is National Depression Screening Day – a day set aside to educate the public about emotional health and finds those who need help.

Be well,
Linda Furiate

Send your questions to Linda@portraitsindetermination.com. One question will be chosen to appear in the *In Motion* newsletter.

Fast Facts : Tell Tale Signs of Depression

:

Depression is a serious and common mood disorder that is pervasive, intense and detrimental to the mind and body. Anyone feeling this way is not alone and can find the help the need to brighten the future. Common signs of depression include : persistent sadness, anxious or empty mood, feelings of hopelessness or pessimism, feelings of guilt, worthlessness, loss of interest in usual daily activities, decreased energy, fatigue, restlessness or irritability, inability to sleep or oversleeping, changes in appetite or weight, unexplained aches and pains, thoughts of suicide or death. To be diagnosed as depression, symptoms must persist for at least 2 weeks. With solid information, you can begin to heal.

Pregnancy and Dystonia : Yes, He's My Baby !

I have always wanted to be a mother. I enjoyed taking care of babies and children and playing a role in their learning experiences and development. Like my own mother, I am a nurturer and I always knew in my heart that I would one day become a mother. I never questioned that until dystonia became a part of my life.

I was 19 years old when I acquired generalized tardive dystonia after a bout of food poisoning. Treatment with anti-emetics and other neuroleptic drugs resulted in generalized dystonia. My dystonia improved over the first several years, but I never fully recovered from the brain damage induced by the medications. Dystonia still affects my everyday life. I have trouble walking much of the time and I use a wheelchair for long distances and in public places. Dystonia affects my left side the greatest and I also use my service dog, Kramer, who helps pull my wheelchair on the left side. He also does many other tasks to help me out. K has helped me adapt to my disability. However, in the beginning it was very difficult adjusting to life with dystonia. Over time, I learned various tricks to help lessen the symptoms or just make the symptoms less noticeable to others. I was depressed and angry at first, but eventually realized that if I wanted to enjoy my life, I would have to change my attitude. I began educating others about dystonia, drug-induced movement disorders and service dogs and began to see the positive

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Co-Contributor : Linda Furiate

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impact my life and attitude could have on others. Education has always been very important to me and after getting my wheelchair and realizing that dystonia would be a part of my everyday life, I went back to school. I finished my undergraduate degree, got married to my best friend, G., and later graduated again with my Masters degree. Now I am working on my Ph.D. in Neuroscience, studying the neurophysiology of movement disorders. I am interested in studying dystonia, drug-induced movement disorders and neurodegenerative conditions. Eventually, I would like to make significant contributions to research and educate medical professionals about movement disorders. There were many health professionals involved in my care who had never heard of dystonia and I think it is important to change that for others living with movement disorders.

After being married for 5 years or so, my husband and I decided that we would like to start a family. I started to search for research on dystonia and pregnancy and labor. I wondered if getting pregnant might make the dystonia worse. There wasn't really much research available. I posted my questions about pregnancy and dystonia to bulletin boards and talked to others who have had children. The decision to have a baby brings up many considering factors and decisions.

In some cases dystonia is genetic. I have tested negative for the DYT1 gene, so I knew that I didn't have this type of dystonia. My dystonia could still be genetic, and just triggered by the medications I was given, but there is no way to confirm that idea. I also have neurofibromatosis type 1 (NF1), and a heart condition. These are other genetic conditions that could be passed on to my children. It is important if you have dystonia or other heritable conditions to talk to a genetics counselor before you consider pregnancy. This will help you to understand the risks for your child, pregnancy and birth.

Since many of my past experiences with medical professionals have not been very positive, I was very afraid of dealing with doctors during the pregnancy and birth. I have a general practitioner who knows me well and who takes time to understand dystonia and my other health concerns. I went to him and talked to him about our decision to have a child. He referred me to a wonderful obstetrician. My obstetrician, Dr. J., spent many hours of his time listening to me and learning about dystonia and the other health conditions that I had to deal with during pregnancy and birth. He was compassionate and caring and really wanted to do everything he could to make my pregnancy and birth an enjoyable experience. After talking to my general practitioner, my neurologist, a geneticist, and my obstetrician we decided to try to conceive.

One of the most difficult decisions that I had to make before getting pregnant was to go off of all my dystonia medications. This is not always necessary for every woman getting pregnant, but it was a decision that I made because I felt it was important for my body to be as drug free as possible to support a healthy baby. I talked with Dr. J. and other specialists to learn about how the drugs might have affected my baby. I also did a lot of research on the drugs I was taking at the time. One online resource that was quite helpful to me was <http://www.safefetus.com>, a searchable database about the risks of medications to the fetus during pregnancy and during breastfeeding. Ultimately, I decided to go off of my medications. If you make this decision, please be sure to be under close care of your neurologist and other doctors involved in your care. It is important to taper medications slowly. After stopping the medications, my dystonia got worse and I dealt with some dystonic attacks (episodes of full body dystonia) and general worsening of my condition.

After a few months of being medication free, eating healthy and

taking daily prenatal vitamins, I took a home pregnancy test. It was positive! Blue ! We were going to be parents...I was going to become a Mom. At first I didn't believe it and after taking a second home test, I called Dr. J. and told him the good news. We were going to have a baby.



The pregnancy went well. In fact, my dystonia improved a lot. I learned, after reading a significant amount of research, that estrogen and other hormones play a huge role in brain function. Hormones can have a dramatic effect on movement disorders and other neurological conditions and they certainly were affecting my dystonia. My dystonia improved more and more as the pregnancy progressed. This isn't true for everyone with dystonia, and hormones may also worsen dystonia or other movement disorders. It really just depends on the person. During the first trimester I had pretty bad morning sickness. I was nauseated a lot of the time. Sometimes I would have to leave my graduate classes to go throw up, even in the middle of the day. I found that sucking on candies and drinking ginger tea helped a bit. Later in my pregnancy, I developed severe pain in my hips and pelvis (a condition called symphysis pubis dysfunction, SPD) and also sciatica nerve pain when walking. These conditions can happen during pregnancy. However, the dystonia in my back and hips probably made me pre-disposed to these conditions. The SPD pain worsened as the baby grew and I eventually sought the help of a chiropractor who was able to help re-align my pelvis. The pain improved a lot after she adjusted my back and pelvis. This is not always the best solution, especially for people with dystonia, but it did help me with this particular condition.

G and I took a childbirth class and discussed all of our questions about the pregnancy and birth with many medical professionals. I was most concerned about the pain during labor and the possibility of getting drugs that might worsen my dystonia or might have a negative impact on my baby or even just my experience of birth. I decided that I wanted to have a natural birth, without any medications, but still in the hospital where Dr. J. and others could easily help, or in case problems arose during labor. G and I also hired a doula, M. She was great and helped me prepare for the birth and really helped G and I throughout the labor. If you decide to have an un-medicated birth, a doula (professional labor support person) is almost essential. Here is a link to the Doulas of North America (the organization that M. belongs to): <http://www.dona.org>. There is a

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Patrick Fratellone, MD

searchable database on their website to help you find a doula in your area.

For the majority of my pregnancy I felt great, but by the end of the 9 months, my abdomen was huge, I was in a lot of pain and I could no longer sleep for more than one hour or so at a time. Pregnancy is a lot of work for your body and you really need a lot of time to rest and relax, especially during the last trimester. I had Braxton Hicks contractions off and on for much of the last trimester. Dr. J. checked the baby on the fetal monitor several times when I was having contractions or if I was worried that the baby wasn't moving. Each time he assured us that the baby was doing great. I had over a week of pre-labor before the baby was born, and at one point I had 17 hours of regular contractions that tapered off.

One day in June we called M. and Dr. J. I had been having regular contractions for most of the day and by late afternoon they were getting stronger and more painful. We arrived at the hospital at 9:30pm and I was 4cm dilated. M. and G. helped me through the contractions and I found that it helped to sit on the edge of the bed or on the "birth ball". By 12:30am the contractions were very strong and my back hurt a lot, so G. applied warm packs and counter pressure to help. At 1am I was 5 cm dilated and 100% effaced. Dr. J. said the baby was coming down nicely and I was doing great. By 2am I was exhausted and didn't think I could do it without drugs...the pain was very severe. M. and G. encouraged me. They knew that I could do it. I started meditating with every contraction, remembering when I used to climb mountains with my Dad, before dystonia came into my life. I kept going. I never needed to take any medications for the pain. At 4am I was 9cm dilated and soon after that my water broke. I felt the urge to push, but I had to try not to because I wasn't fully dilated. If you push the baby against the cervix before it is ready, it can swell and cause labor to last even longer. By 6am I was fully dilated and started pushing. I pushed for 2 hours and 15 minutes. Dr. J. even let me reach down and feel my baby's head crowning. At 8:15am, on a sunny day in June, baby Leif was born. He was huge, 9 lbs. 11 oz. and 22 inches long. He was blue and floppy when he was born and had to be taken to the NICU to be in an oxygen isolette until his breathing stabilized. I was very worried about him. G. stayed with him while Dr. J. stitched me up. After about 4 hours L. and G. came back to me. We were so happy to be together and I started nursing L. right away. It really was a beautiful birth. So many people worked together to help me get through my pregnancy and birth. It was the most positive health care related experience I have ever had.

Today Leif is growing fast and sometimes generalized dystonia makes things harder for me, but it hasn't affected my ability to be a good mother. I am proud that I was able to have a baby naturally, just as any other woman. I am amazed at the great ability of our bodies to support life and take on the great task of giving birth. I am proud to be a woman and a Mom! When people see me in my wheelchair with L. sitting on my lap and ask, "Is he yours?" I proudly reply, "Yes, he's my baby! My Leif "

By Jenelle Dorner, MS, PhD Candidate

You're on the Air with Dr. Patrick Fratellone. Listen to Dr. Fratellone every Sunday 2-3pm EST. Please refer to his chelation article in this issue !



Visit Jenelle at her website : <http://www.geocities.com/petsburgh/6691/>

Question of the Month:

Question: How bad do the symptoms of dystonia have to get before doctors actually does DBS surgery on you ? I am in a state of nearly perpetual dystonia and so much pain I can't explain it. How bad do people's dystonia get before they actually have DBS implants?

Answer: DBS is a personal decision - it involves social, physical, psychological and emotional challenges. There a few things to keep in mind :

First of all, let me make it absolutely clear that DBS is not a cure for any type of dystonia, Second, each type of dystonia responds differently to DBS and programming. Setbacks are not uncommon, so you must be prepared for them. Thirdly, it is foolish to assume that what another person experiences with DBS is what you will experience with your own settings, programming even if they have the same symptoms as you etc. Fourthly, there are no set guidelines for DBS and selection of patient criteria although I have already written to the World Society of Stereostatic and Functional Neurosurgeons (www.wssfn.org) asking them to begin considering establishing basic patient guidelines and standards of care for DBS.

You also must evaluate your own expectations - not based on those of others, which is why I reiterate that DBS is personal choice. For some it is an easy decision, for others it is not.

One other thing that our online Yahoo DBSSurgery BB programmer, Roberta, pointed out a few weeks ago is this " *There seems to a criss-crossing of patients from one Medical Center to another across the United States, at least, in attempting to find the "best " possible neurosurgeons who perform DBS for PD, ET and Dystonia. The thing to emphasize is that even though the surgery is the big dramatic moment, it is only the first step in the DBS journey. Once one is implanted, one is far from being "done". Sadly, patients give little thought to how and where they will receive this care, even though, really, it requires equal or even greater consideration than the implanting decision. Patients do need to place a little thought into what they're going to DO when they get home after traveling thousands of miles for the implant. But regardless, they are still traveling miles and searching with little educational back-up. I recognize that Medtronic does have a screened list of implanters and neurologists on their website. I believe to make this list; the providers must have completed Medtronic sponsored training, and have performed a minimum number of cases. So, patients don't have to fly entirely blind. Yet,*

unfortunately they are in many cases."

So there are many things to take into account including the degree of symptoms, whether you have tried absolutely everything there is for dystonia and neurosurgeon evaluation, location, complication risk, your age and other medical problems etc.

Hope this info helps you ...Best, beka (Thanks to Roberta Greenberg , RN, DBS Programmer)

Max Drug Dosage Clues

We received an interesting email from a person in Kentucky who was receiving 50,000 units of MyoBloc during each injection session for her segmental dystonia. According to MyoBloc representatives "The generally accepted max dose (in a single injection session) for Myobloc is 25,000 units. We have had case reports of 30,000 units being administered safely and effectively in long-term therapy. However, 50,000 units is way beyond that and you have given that person good advice to seek a second opinion. If that person would like their doctor to talk with one of the Solstice medical directors (all 3 of whom have extensive botulinum toxin experience), contact www.myobloc.com or myself-David Duff, MyoBloc Product Director. "

Do You Know what the **Max dose for oral Baclofen** should be?

60 to 80 mgs per day in divided doses. Side effects of Baclofen include Dizziness, Drowsiness, Headaches, Nausea, Weakness. Remember **DDHNW**

What is Integrative Medicine?

By Dr. Rick Byrd, PhD Fratellone Medical Associates , NYC, NY

Integrative Medicine is not a new field of medicine. It utilizes the best of conventional medicine with aspects of alternative medicine encompassing and treating the patient as a whole - body, mind and spirit. The Association for Integrative Medicine believes that "our philosophy that diverse modalities such as Massage, Counseling, Reiki, Yoga, Shiatsu, Biofeedback, Chiropractic, Hypnosis, Homeopathy, Naturopathy, Cranio-Sacral Therapy, the Arts Therapies, Western Medicine and many others can work in conjunction with each other as part of a unified team rather than in competition. This integrated approach ultimately will lead to safer, faster and more effective healthcare. "

What is Chelation Therapy?

By Dr.Patrick Fratellone,MD, Fratellone Medical Associates, NYC, NY

Chelation therapy is an intravenous treatment designed to bind heavy metals in the body in order to treat heavy metal toxicity. Proponents claim it also treats coronary artery disease and other illnesses that may be linked to damage from free radicals (reactive molecules). The term chelation is from the Greek root word chele, meaning claw. Chelating agents, most commonly diamine tetraacetic acid (EDTA), were originally designed for industrial applications in the early 1900s. It was not until the

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Highlights of our Next
issue :April 2006

- **The Impact of Dystonia and Disability**
- **The Brain and Nutrition : Neurotransmitters by Dr. Robert Pastore, PhD.**
- **Distinguishing Tremors in Dystonia**
- **Is there a new drug for Dystonia ? (There potentially is...!)**
-and more

World War II era that the potential for medical therapy was realized. The initial intent was to develop antidotes to poison gas and radioactive contaminants. The need for widespread therapy of this nature did not materialize, but more practical uses were found for chelation. During the following decade, EDTA chelation therapy became standard treatment for people suffering from lead poisoning. Patients who had received this treatment claimed to have other health improvements that could not be attributed to the lead removal only. Especially notable were comments from those who had previously suffered from intermittent claudication (shin pain due to atherosclerosis) and angina (chest pain). They reported suffering less pain and fatigue, with improved endurance, after chelation therapy. These reports stimulated further interest in the potential benefits of chelation therapy for people suffering from atherosclerosis and coronary artery disease. Interest in chelation therapy is now moving towards people diagnosed with arthritis, Parkinson's disease, MS, AIDs, autism and other illnesses. Is it possible that dystonia would benefit from chelation therapy?

Dr. Patrick Fratellone, MD, a practicing cardiologist in NYC writes :
"Coronary artery disease (CAD) is the most frequent cause of morbidity and mortality in the United States. At present the conventional standard therapies for CAD include medical therapies, invasive procedures (as angioplasty and stenting), surgery (coronary artery bypass grafting) and cholesterol reduction. At least one third of the patients in this country seeks out and receives alternative therapies. These treatments include chelating therapy, vitamin supplementation and the newly approved non-invasive therapy, enhanced external counter pulsation (EECF)
After returning from the Meeting of ACAM (**American College of Advancement in Medicine**) I felt it necessary to write about chelation therapy, which was introduced for the treatment of atherosclerosis in 1955. EDTA (ethylenediaminetetraacetate) chelation therapy as currently practiced appears safe, and there are many mechanisms postulated that are biologically plausible for the treatment of atherosclerosis. ACAM has trained over 6000 physicians in the use of chelation therapy throughout the world.

EDTA was first patented in 1938 and initially used and approved for lead intoxication as stated earlier. At that time there were reports of benefits in patients with atherosclerotic heart disease. In the 1950's Clarke demonstrated the benefits in removing metastasizing calcium deposits, while other series described symptomatic benefits in patients with angina pectoris or chest pain. In the 1980's Casdorph and Robinson provided improvements in both ejection fraction (pumping action of the heart) and EKG's, respectively. In the 1990's, Hancke described a study where 39 out of 42 patients cancelled their surgery (either bypass or amputation) after chelating infusions.

So, Where are we in the year 2006? At Fratellone Medical Associates we have utilized chelation therapy for the treatment of atherosclerosis for over twenty years. Our chelation patients have reported a decrease in anginal symptoms (chest pain), improvement in exercise capability, improvement in peripheral vascular disease, and an increase in pain free walking distances. They have either decreased or eliminated their need for bypass surgery for coronary artery disease and amputation for peripheral vascular disease.

EDTA is administered intravenously between 1 and 3 hours depending on the patients' kidney function and the physicians' clinical judgment. Frequency of treatment depends on the patients' disease, tolerance and convenience. The usual number of chelation treatments ranges from 10 - 30. Kidney blood tests are carefully monitored in patients receiving EDTA

The Eyes Have it : Blepharospasm Focus :

The first record of blepharospasm and lower facial spasm was found in the 16th century in a painting titled *De Gaper*. At that time, and for several ensuing centuries, patients with such spasms were regarded as being mentally unstable and often were institutionalized in insane asylums. Little progress was made in the diagnosis or treatment of blepharospasm until the early 20th century, when Henry Meige (pronounced "mehzh"), a French neurologist, described a patient with eyelid and midface spasms, spasm facial median, a disorder now known as Meige syndrome. At about the same time, the first medical treatments became available, including alcohol injections into the facial nerve, facial nerve avulsion, neurotomy, and neurectomy. The adverse effects of these treatments, including loss of facial expression and movements, functional and cosmetic deformities of ptosis, and eyelid malposition, were often as bad as the disease.

At onset, there is increased frequency of blinking, particularly in response to a variety of common stimuli, including wind, air pollution, sunlight,

In addition to the EDTA in the infusion there are numerous vitamin and trace elements. In addition to the benefits of EDTA as a chelator to calcium and other metals there are other benefits. EDTA acts as an antioxidant, improves lipid metabolism, stimulates capillary bed perfusion and acts as a detoxificant. These may be of benefit to those with movement disorders. There are few side effects. Some include local irritation, low blood sugar and calcium levels. Hypoglycemia is not seen if the patient follows instructions and eats prior the therapy.

Our chelation program is safe and effective because of our documentation of patients progress, follow up lab data on patients, our trained nursing personnel, and most important our continuing and upgrading our knowledge about chelation therapy. The Fratellone Group provides an extensive work up for CAD, and the treatment varies from diet, exercise, vitamin supplementation, chelation therapy and EECF. Reported uses for chelation therapy include treatment of angina, gangrene, arthritis, multiple sclerosis, **Parkinson's disease**, psoriasis, and **Alzheimer's disease**. Improvement is also claimed for people experiencing diminished sight, hearing, smell, coordination, and impotency.

The number of recommended treatments is usually between 20 and 40. They are given one to three times a week. Maintenance treatments can then be given at the rate of once or twice a month. Maximum benefits are reportedly attained after approximately three months after a treatment series. The cost of therapy is considerable, but it is a fraction of the cost of an expensive medical procedures. It is important for people who receive chelation therapy to work with medical personnel who are experienced in the use of this treatment. Treatment should not be undertaken before a good physical, lifestyle evaluation, history, and any laboratory tests necessary are performed. The staff must be forthcoming about test results and should answer any questions the patient may have. Evaluation and treatment should be individualized and involve assessment of kidney function before each treatment with chelation, since the metals bound by the EDTA are excreted through the kidneys. Although EDTA binds harmful, toxic metals like mercury, lead, and cadmium, it also binds some essential nutrients of the body, such as copper, iron, calcium, zinc, and magnesium. Large amounts of zinc are lost during chelation. Zinc deficiency can cause impaired immune function and other harmful effects. Supplements of zinc are generally given to patients undergoing chelation, but it is not known whether this is adequate to prevent deficiency. Also, chelation therapy does not replace proper nutrition, exercise, and appropriate medications or surgery for specific diseases or conditions.

Send us your feedback about this article and Integrative Medicine via infoc4d@aol.com. We'd like to hear your thoughts. Can this form of therapy and use of medicine be applied to dystonia and other movement disorders?

Visit Dr. Fratellones' website at www.fratellonemedical.com

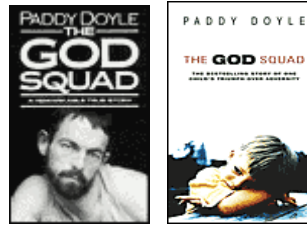
For questions about chelation therapy write to info@fratellonemedical.com

noise, movements of the head or eyes, and in response to stress or the environment. Patients may complain of photophobia and ocular surface discomfort, and especially of dry eye symptoms. These symptoms progress over a variable period to include involuntary unilateral spasms, which later become bilateral. Patients may report that they are disabled to the point where they have stopped watching television, reading, driving, and/or walking. A family history positive for dystonia or blepharospasm further aids in the diagnosis. The early symptoms of blepharospasm include increased blink rate (77%), eyelid spasms (66%), eye irritation (55%), midfacial or lower facial spasm (59%), brow spasm (24%), and eyelid tic (22%).

Symptoms commonly preceding diagnosis include tearing, eye irritation, photophobia, and vague ocular pain. While these complaints are common in the average ophthalmology practice, awareness of this disorder and proper suspicion may aid in early diagnosis. Conditions relieving blepharospasm included sleep (75%), relaxation (55%), inferior gaze (27%), artificial tears (24%), traction on eyelids (22%), talking (22%),

Updates and News

Have you read this book? "The God Squad" by Paddy Doyle? **The God Squad: A Remarkable True Story** Paddy Doyle (1988, released 2005)



"The God Squad" by: Paddy Doyle is an extremely well written book that took me through the whole range of human emotion. I laughed, cried, and was angry and happy as the author led me through his life from 4 1/2 years old through the epilogue. It is a book that I could not cast aside to finish later.....the 236 pages were rapidly devoured in a few hours." Amazon Review

Clinical Trials for Dystonia: Currently there are about 23 clinical research trials associated with dystonia- use of MyoBloc, deep brain stimulation, focal hand dystonia, EMG use in dystonia, diagnosis and history of neurological disorders. You can find more info about participating in any of these studies by visiting this website : <http://www.centerwatch.com/>

Radio News : You can listen to Dr. Patrick Fratellone, MD House Calls with Dr. Patrick Fratellone " via the link <http://www.wvrl1600.commainframe.html> each Sunday afternoons - 2-3pm EST USA

New Brain protein Found : <http://abcnews.go.com/Health/wireStory?id=1475652>

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singing (20%), and humming (19%).

Source : eMedicine 2005

More News...

Need info on the "other Botox " called MyoBloc visit www.myobloc.com.

Interested in watching a video online about cervical dystonia ? Visit www.portraitsindetermination.com/index/media.html.

Multiple message boards pertaining to individual forms of dystonia, alternative care, parents with children with dystonia, nurses with dystonia Forums are available for use and posting on www.care4dystonia.org/messageboards.htm

Dilbert Blogs : The creator of Dilbert suffers from a focal form of dystonia. His blogs can be read at www.dilbertblog.typepad.com

Visit the Life in Motion Campaign website at www.life-in-motion.org

Send us your feedback about our 1st In Motion issue : infoc4d@aol.com

FINAL THOUGHTS: We recognize the amount of information that is available and needs to be conveyed to all of you. We hope that you will recognize this issue as a start of that – New Horizons! Best Wishes until March ! – **C4D**

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Clarification: The term "Universe" used in Linda's column is used as the word to not to offend other religions. Universe is another way of also saying Creator (like God). No matter what religion one is Buddhist, Jewish, Catholic etc...Something created all of us!