

◆ THE DERBY CITY NSCIA NEWSLETTER ◆

JANUARY 2007

The Derby City Chapter of the National Spinal Cord Injury Association Network- Serving Kentuckiana.

Message From the President

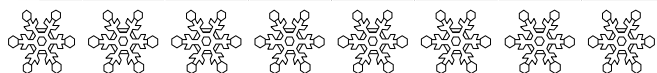
Dear Members & Friends-

Please remember that January's meeting has been canceled. February's meeting will be held at Frazier Institute, 220 Abraham Flexnor Way, Louisville, in the 10th floor dining room at 6:30 p.m.

-David Allgood

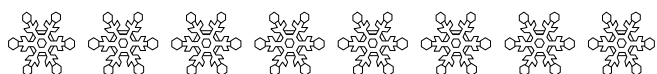


IMPORTANT ANNOUNCEMENT



**JANUARY'S MEETING
HAS BEEN CANCELED.**

**FEBRUARY'S
MEETING WILL BE
HELD ON FEBRUARY
19, 2007 AT FRAZIER
INSTITUTE; 220
ABRAHAM FLEXNOR
WAY, 10TH FLOOR**



The following are from the Internet—ed.

REROUTING NERVES MAY RESTORE BLADDER CONTROL FOR PARALYZED

Needing a wheelchair isn't always the biggest complaint of people left paralyzed by spinal cord injury—it's also the loss of bladder control. Michigan doctors have begun a unique experiment to see if rerouting patients' nerves just might fix that problem.

It's a delicate operation: surgeons cut open a spot on the spine and sew two normally unrelated nerves together—one from the bladder to one from the thigh—with a single hair-thin stitch. It will take months for this new nerve bridge to heal, an anxious waiting period for the first volunteers.

But if it works, merely scratching the thigh should signal the bladder to empty, allowing patients to ditch their despised catheters and restore a longed-for degree of freedom, as well as fewer bladder infections and other serious complications.

"I've nothing to lose by doing this," is the way a cautiously hopeful Kevin Bryant, 19 and paralyzed from the waist down by a car crash, approached the experiment.

It's a technique pioneered in China that is starting to garner international attention—and surgeons at William Beaumont Hospital in Royal Oaks, Mich., hope their new U.S. study will prove if the approach really is a solution for at least some patients.

"We're very excited," says Dr. Kenneth Peters, Beaumont's urology research chief, who headed a team of doctors that traveled to China last February to watch

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Derby City Area Chapter
of the
National Spinal Cord Injury
Association

ABOUT THE ORGANIZATION

The Derby City Area Chapter of the N.S.C.I.A. is a membership organization for individuals with spinal cord injuries, their families, and health professionals. Founded in 1984 as a Charter Member of the N.S.C.I.A., it was incorporated under IRS Section 501 (c) 3 as a not for profit organization. The Board of Directors consists of the Officers, Past President and the Board Members At Large.

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DERBY CITY CHAPTER
NEWSLETTER

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Visit Our Website at
www.DerbyCitySpinalCord.org

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brought to you through the generous support of
Frazier Rehab Institute**

BLADDER CONTROL, CONT'D

Dr. Chuan-Gao Xiao operate at the Huazhong University of Science and Technology.

“We said, ‘This is something we need to study—to see if we can reproduce this in the U.S.,’” adds Peters, who in turn invited Dr. Xiao into Beaumont’s operating room recently. If the results hold up, “it would allow us to treat those patients who have no other alternatives.”

The first volunteer: a 49-year-old paralyzed from a car crash, Kevin Conkey of Fenton, Mich. The 19-year-old paraplegic will undergo the procedure—in addition to a child with spina bifida, an improperly formed spinal cord that can cause similar bladder dysfunction.

After infancy the brain takes over urination. The bladder sends “I’m full” signals up the spinal cord. Once the person’s in an appropriate spot, the brain signals back to the bladder to empty.

In spinal cord injury and spinal bifida, this control is disrupted, leaving patients either unable to urinate or constantly wet. They depend on catheters to empty the bladder every few hours. Still, recurrent infections and even life threatening kidney damage from blocked-up bladders are common, not to mention the inconvenience and even embarrassment the procedure brings.

“People put so much emphasis on walking. I don’t care if I walk again; that’s not the No. 1 thing,” says Bryant, of Rochester Hills, Mich. Going to the bathroom is, “such a hassle in day-to-day life. I have to schedule my life around the times I am going to catheterize.”

Xiao’s procedure can’t restore sensation but uses intact nerves below the spinal injury to try to create a reflex that bypasses the brain.

“Thinking over the urination process, its final step is just a signal to the bladder to contract,” explained Xiao in an email interview. “Can we find another way to send a signal to initiate bladder contraction and voiding?”

First, surgeons remove a piece of bone along the lower spine to expose spaghetti-like nerve roots beneath. They reconnect a lumbar nerve responsible for thigh sensation to a sacral nerve that would normally open the bladder.

It can take a year, maybe longer, for the two nerves to grow together, and people with certain bladder or spine scarring aren’t candidates.

But Xiao says 110 spinal cord injury patients and 230 with spina bifida have undergone the procedure, including two at New York University where he began the research years ago. He has reported a fraction of those cases in respected urology journals, suggesting about 80 percent resume voiding eventually.

In the Michigan study, doctors plan to suspend operating
(Continued On Page Four)

Refrigerator Calendar

***2007**

JANUARY

8th - Elderly & Disabled Advisory Council Meeting.
Mon 1:00 P.M.; TARC; 1000 W. Broadway; Board Room.

15th - Meeting canceled. Will resume in February.
Mon

20th - Metro disAbility Coalition Meeting; 1 p.m. – 3 p.m.
Sat PVA Office on Goss Avenue.

FEBRUARY

5th - Elderly & Disabled Advisory Council Meeting This date may change due to Holiday.
Mon 1:00-2:30 p.m.; TARC; 1000 W. Broadway; Board Room.

19th - Derby City Chapter meeting; 6:30 p.m.; Frazier Rehab Institute.
Mon 220 Abraham Flexnor Way, Louisville, 10th Floor dining room.

17th - Metro disAbility Coalition Meeting; 1 p.m. – 3 p.m.
Sat PVA Office on Goss Avenue.

For More Information Call
David Allgood at 502-589-6620

BLADDER CONTROL, CONT'D

after six or eight patients, to resume only once, if there are signs of success.

"I'm surprised more people haven't done this before," says Dr. John McDonald, spinal cord injury chief at the Kennedy Krieger Institute and a former physician for the late Christopher Reeve.

He calls the method a logical next step from nerve-grafting for other injuries that takes advantage of primitive bladder reflexes at the spine's base. "It's very reasonable to take this approach with the bladder."

"As a field, neuroscience is revisiting the adaptive capabilities of the spinal cord below the level of injury," agreed Dr. John Martin, a neurobiologist at Columbia University Medical Center—but who cautioned patients to await the research. "Some of these ideas that look good haven't come to fruition."

There are some risks, Peters cautioned, including general anesthesia and wound infections. For children with spinal bifida who can walk, rerouting the thigh nerve causes a small risk of some foot weakness.

SHINGLES DRUG REDUCES SPINAL CORD INJURY PAIN

The drug pregabalin may help ease the pain of patients afflicted with spinal cord injury, Australian researchers report.

Currently, pregabalin is used to treat two types of nerve pain—diabetic nerve pain and pain after shingles.

The 12-week study, reported in the November 29 issue of *Neurology*, included 127 adult spinal cord injury patients with nerve pain. Half of them received pregabalin, the other half received a placebo.

At the end of the study, fewer than 16 percent of the patients taking pregabalin reported severe pain compared to 43 percent of the patients taking the placebo.

Patients taking the drug also had fewer sleep and anxiety problems than those taking the placebo. More than half (57 percent) of patients taking the drug said they felt better overall, compared to just 21 percent of those in the placebo group.

This study received funding from Pfizer, Inc.,

"The findings are promising, as spinal cord injury pain is a condition which generally responds poorly to currently available treatments," study author Phillip J. Siddall, of the Royal North Shore Hospital in Sydney, said in a prepared statement.

About 40 percent of spinal cord injury patients suffer nerve pain. There are about 450,000 people in the United States with spinal cord injuries, and about 11,000 people suffer a spinal cord injury each year, according to the National Spinal Cord Injury Association.

PARALYZED CHILD'S UNIQUE REHAB

Like most toddlers, Ryo Sakaguch likes to ride his tricycle. Ryo, 2, also still gets a kick out of crawling around, even though he's paralyzed from the chest down.

In August, the toddler had been walking for little more than a year when he was injured in a car accident in his hometown of Fukuoka, Japan. Ryo was strapped in a car seat when the car he was riding in was hit head-on by a driver who had fallen asleep at the wheel. The impact caused him to double over, injuring his spinal cord at the T3 level. Doctors told Ryo he would never walk again.

Rehabilitation for spinal cord injury patients is limited in Japan. So, the family looked for more options and found the Project Walk Center in Carlsbad. A blog online talked about the unusual spinal injury rehabilitation available at the center. It's one of only two places in the world offering such a treatment.

So, the Sakagush family flew to San Diego for two weeks of exercise-based rehab. According to Christel Mitrovich, staff at the center immediately put Ryo on a little tricycle. The idea was to make sure his legs got constant stimulation.

"Our job is to remind the brain the paralyzed parts are still there," said Mitrovich. "So, we were going to focus on those paralyzed parts and get them out of the chair."

His trainers put Ryo on a treadmill and asked him to crawl after toys or play with a ball. Because of his age, Ryo has a better chance that his spinal cord will grow and recover. He is already showing improvement and is scheduled to return home to Japan, where his parents hope to help create a similar rehab center there.

For more information on the center, visit www.projectwalk.org.



TEN EASY STEPS TO BEAT WINTERTIME BLUES

By David Edelberg, M.D.

Symptoms of SAD (Seasonal Affective Disorder) include depression, brain fog, easy sleep, carb cravings and weight gain.

At the very heart of the wintertime blues is the lack of the feel-good brain chemical serotonin. When the gray winter days in the Northern Hemisphere arrive, the serotonin you stored up in the sunny summer months starts declining. At the same time, your brain's stores of sleep-inducing melatonin increase, making you feel like a hibernating bear.

Women are the major victims of wintertime blues because all women start life with less serotonin in their brains than men. But if you're someone trapped in a darkened wintertime life, with no hopes of wintering on the Costa Del Sol, you can still beat the wintertime blues and get your life back. Basically, you'll need to pull out all the stops and do everything you can to stimulate your brain to make more serotonin. This includes lighting up your life, exercising, taking a couple of common supplements, and timing your intake of good carbohydrates throughout the day. Below are ten low-cost steps you can take right now to banish the wintertime blues:

- Go outside and walk briskly with your face in the light—even if it's gray—for 20 minutes every day. Both the light and the exercise will kick up your good serotonin. Of course, if the wind-chill outside will deep-freeze your face, then go to a health club with windows, and exercise as close to the bright light as possible.
- Keep your curtains or blinds pulled open all the way so sunlight (or daylight on cloudy days) can pour into your living/work space.
- Paint your walls light colors—they'll reflect the light.
- If your car has a sunroof, let in the light while you drive.
- Increase the wattage of your light bulbs.
- Take supplements of 2 grams fish oil and one B complex 100 every day.
- Eat a small amount of high-quality carbs with every meal and throughout the day. Fruits, nuts, veggies, and whole grains are among the best choices, as are beans, soups, and oatmeal.
- If PMS is causing excess depression, increase consumption of feel-good carbs. However, if you want your weight to remain steady, choose high-fiber complex carbs rather than starchy white foods.
- Try alternative therapies such as acupuncture, herbal remedies, flower essence therapies like honeysuckle, mustard, and sweet chestnut, massages, and Reiki.
- If after trying the above ideas your symptoms haven't

FOR SALE ***



WC Lift; \$7,000 new; only used 2 months; asking \$4,500. **Invacare Storm TDX 3 Power WC;** full reclining; less than 1 year old; \$12,000 new; asking \$3,500. Quickie II manual chair; good cond.; \$1,000. **Call David 589-6620.**

NC topper; used; 3 E&J Manual chairs; used; 1 Quicksilver Action manual chair; Monarch hand controls. 93,000 miles. Price negotiable. **Call Ruth @ 239-9754 after 5 p.m.**

***Shower Chair;** 2 yrs old, negotiable; **Invacare 900 Action Power Chair;** 4 yrs. Old; \$600. Call 448-5296.

***Cookbooks for Sale:** Recipes compiled by Chapter members; \$10:00. Call David @ 589-6620.

***Video tapes for sale.** Various topics related to spinal cord injuries. Call David Allgood or Buddy Lawson.

****If assistance is needed to pay for any of the above items, contact Kentucky Assistive Technology Loan Corporation at 1-800-327-5287 for information on loans at 5% interest to qualified individuals..*



