

Thumbs UP



The Newsletter of the Motor Neurone Disease Association of South Africa



February 2007

*Enjoying the MND get-together held in Pretoria in November 2006 –
left to right (standing): Tommy Janse van Vuuren, Reuben Ramosepele and (seated): Ben Viljoen
and Rudi Stoltz with his son Dylan on his lap (Read Liz's comments inside)*

**The Mission Statement of the MND Assoc. of S.A. is
“To provide and promote the best possible support for people living with
Motor Neurone Disease, their families and carers and to raise public awareness.”**

NEWS and REVIEWS

PATRON
Aviva Pelham (M. Mus.)

NATIONAL CHAIRPERSON
Dr. Peter Vurgarellis

VICE CHAIRPERSON
Vivien O'Cuinneagain

TREASURER
Enid Katz

SECRETARY
Rina Myburgh

MNDA of South Africa is a member of the International Alliance

ACKNOWLEDGEMENTS

John Hall for producing the design and DTP (desk top publishing) work.
Logo Print (Maitland) for the printing of our magazine
Kargo National for transporting our equipment.

With 2007 well on its way we wish all our readers a happy and peaceful year ahead !

A quick report back on events since our last Newsletter: Our AGM held in September 2006 was well attended. The financial statements were tabled and although we are just making ends meet we need a very positive approach to ensure fundraising opportunities are fully exploited.

The current office bearers were re-elected and we trust that they will continue to serve you as in the past. Annetjie Schwartz of the Strand agreed to assist the committee and we look forward to fresh ideas from her.

Our fundraising Concert "The King and I" was a great success and special thanks go to Roxy Levy & all those wonderful people who made this possible. A big thank you also to Graham Money for his persuasive manner in selling so many tickets !

The support is so greatly appreciated.

PLEASE NOTE OUR BANKING DETAILS
Standard Bank Rondebosch Branch – Code 025009
Current Account Number 27 062 913 0

Have you seen our fantastic website that was set up by two of our members Jeremy Hindley and Lafras Steyn ? - Before I go any further a BIG THANK YOU to the two of you. It is a terrific webpage and so easy to navigate I am sure our members with access to the Internet will find it of great value. So too will members of the public who want to know more of this disease and our organisation.

Do your self a favour and log onto

<http://www.mnda.org.za>

In this website you will find information

- About your association,
- About MND,
- News of your association
- Archives with copies of our old newsletters
- A mailbox on which you can chat, ask questions etc
- All our contact information

This sterling effort of Lafras and of Jeremy is an illustration of how together we can strengthen our association.

On the opposite page I have included a copy of the first page of this impressive webpage to whet your appetite Enjoy !

Dr Peter Vurgarellis
Chairman

FINANCE

Membership / Subscriptions

Our membership fee of R50 has stayed the same since the inception of MNDA of SA and it was agreed that an increase was due. At the aforementioned AGM it was proposed, and seconded, that the subscription be increased to R75 per annum and that from now on the "membership period" would fall within our financial year which is from 1 April to 31 March.

Fundraising

We have been negotiating with Woolworths to try and get our association's name on the Woolworths charity card/supporters list. In order to do so, we need the signatures of at least 200 people who are prepared to make MNDA their charity of choice.

If you, your family and friends are prepared to help us, please complete the application form in this Newsletter and return the form to us at MNDA, PO Box 789, Howard Place 7450 ASAP.

Donations

Our sincere thanks for donations received from:

S Loeb, P Snyman, Prof M Hoffman, JH Partridge, C Danin, M Gawith, L Solomon, I Sinclair, J Hindley, LJ Swanson, MD Amm, Wynton & Hartwell, C Theron, D Milton, J Orrock, Mrs Badenhorst, S Boniface, V Harmse, Buchanan, MD de Klerk, Mr & Mrs A Gordon, E van Zyl, JJ Coetzer, S & D McMillan, F Rosalen, R & C Dose, N Ryan, G & S Emke, B & S Elliot, T & S Vincent, M & C Gracie, S Derman, AC Beukes, P Thorburn, WGB Miller, A Foggitt, A & R Clavell, E & A Holder, C Jordens, T Watermeyer, N Pnematicos, TJ Cowley, J Gaiser, Base, W A Swan, K & R Chaplin, P Halstead, DE Long, EMJ Fourie, N Isdell, E Scholtz, WR Terry, LF Roberts & Moodie, Philip Schock Foundation, Dave & Theresa Templeton, Mr & Mrs Graeme Lappins, J Evans, R Jowell, Prof & Mrs J Lemmer, Fowlds Family, EU Booth, J Dyson, SGC Walker, JMS Adams, Kurt & Joey Strauss Foundation, SE Trichardt, D Arnold, DT Powell, CL Spinks, RB Wiggill, and some where we were unable to identify the donor.

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About the MND of South Africa



Seen at a recent charity performance of "The King and I"

L to R:

Patron:
Aviva Pelham

National Chairperson:
Peter Vargarellis

Vice Chairperson:
Vivien O'Cuinneagain

The South African Motor Neurone Disease Association was founded in late 1990, to bring together all those people with a family member with MND and who were concerned about the total lack of support in Africa. They had experienced the fantastic backup support system available in Canada & UK, and decided to form a Committee to help those in the Western Cape, which is where they all lived. The Association became affiliated to the Hospice Association of South Africa in 1994 and now has branches in Gauteng and KZN with the Head Office in Cape Town. It is a voluntary organization and its main concern is the welfare of the MND sufferer.

MISSION STATEMENT of MND of SA

"To provide the best possible support for people living with Motor Neurone Disease, their families and carers, via a support service of both physical assistance and psychological counselling. To loan patients the equipment required. To publish a quarterly newsletter for patients, family members, doctors, hospices, therapists and donors."

HOW CAN I HELP?

By making a much needed donation or joining the MND of SA, or preferably both. Details of our bank account can be found by clicking [HERE](#). We are always short of funds and appreciate help from a wider circle than our members, who contribute the backbone of our annual requirement to cover running costs.

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MND of South Africa is a member of the International Alliance

We received quite a few letters and would like to share some of these stories with you -

Veronica Orrock of Pretoria writes:

Thank you for the latest September Newsletter, these always so faithfully sent on to us in Pretoria. Funny how at times I have considered cancelling the contact what with getting older and thinking that it would soon be one less demand on my somewhat reduced time and energy resource.

But once your family has been touched by MND, this is not something that you can or should do lightly. Or so I have come to believe. John and I were so moved and fascinated to read Vivienne Zilberg's life story in your September issue. Such a lovely tribute. Thank you so much. We had the privilege of meeting her in 1996, the year my mother was diagnosed with MND and the year she lost her husband. Most of my contact with her was in her capacity as Secretary, either telephonically or via e-mail, but my husband and I did visit her in Pinelands, met her mother and son, and also saw the office in the garage. That was when we attended the 2001 Christmas Party as we were on holiday in the area. I had an MND pen-pal living in George, Rika van Wyk, and we were visiting her. I was sceptical that we could make it to Pinelands for the party, but Rika insisted that if she could make it ... wheelchair an all, that so could we. That was special, such a happy occasion, and I had the chance to meet your Patron, Aviva Pelham too. I remember her most radiant face and personality. It also afforded the chance to meet up with Viv O'Cuinneagain again. She was the person from the association to first visit my mother, Nancy McCarter, when she was diagnosed with MND. How well I remember her kindly touch as they interacted together, ten years ago now. So many touched our lives at that period of time in an amazing way. Many years ago I recall someone saying to join a rose club is to meet wonderful people. Well, I never did get to joining that rose club, but I do have experience of this one so I'll not be cancelling my subscription just yet. Regards, Veronica & John Orrock.

Francesca Mancini writes:

I lost my mother to MND on 1 December 2002. When she was diagnosed about 2-3 years previously, I had no idea what this disease was about and how awful it is. At the very beginning of this horrible illness, in my ignorance, when we would chat on the phone, I would get angry at her and accuse her of drinking as her speech was becoming slurred and she would take too long an answering my questions. Little did I know that the poor woman's muscles and nerve endings in her throat were becoming victim to this paralysing disease. Among all the diagnoses, we were told that she "could" have had Muscular Dystrophy, Alzheimer's disease or MS. Most doctors were unable to confirm anything and sent us from pillar to post. When we eventually found a Neurologist in Johannesburg, he indeed confirmed MND and gave her 8

months to live. That was in April of 2002, she passed away in the December.

At the time, I was going through my own personal trauma, so most days during her quiet suffering, I was consumed with my own thoughts and problems. I wish I could turn back the clock. 4 Years after her death, I understand more about this illness and find myself wanting to know even more. I receive your newsletter and for some reason find strength in your stories. I'd like to say to those who are suffering with MND, I salute your bravery and courage and I so wish I could create a magic wand and take this all away. To the family of those suffering, be near them, learn all you can about MND get all the support and help you can, and treasure every minute you have together.

I will be turning 40 next year, and miss my Mom more and more. I'd love to be able to call her up, make a lunch date, enjoy a good glass of wine together, and have a really good chat. Don't regret not spending enough time with your loved ones.

This is a tribute to her strength and tremendous bravery during her last years. She bore this illness with such humility and dignity, never ever complaining or questioning why this was happening to her. I love and miss her and wish I could tell her that, and I pray that wherever she is, she is looking down at the world, smiling and happy that she isn't suffering anymore. Keep up the good work !

Just before Christmas we received this letter from Jacques Rossouw:

I would like to thank everyone at the MNDA who has given so many hours of valuable time to support and assist people. I am not only grateful to you for the dedicated work but also to our Lord who has given you the strength to continue on a daily basis. I also believe that I shall live for at least another year.

I wish you well over the festive season and trust that you will enjoy the blessings that have been bestowed on you. Once again, I would like to thank you for the motorized scooter which is of great help and helps me getting around in the house.

Since I have been diagnosed with MND about 18 months ago, I went to see a General Practitioner in our Village. He immediately took a special interest in my illness and after the first consultation, said that he would not be able to cure me, but was confident that he could stop the illness deteriorating my body any further. I told him that he could treat me and that I also believe that God will look after me.

He made it quite clear that he practices "wellness-based" medicine and not illness based medicine as he believes these are two different paradigms.

After nearly 12 months on this doctor's treatments, I am convinced that my body did not deteriorate as fast as before I first went to him. On account of what has happened to me, I have asked him to put in writing what procedures he followed.

I thought that I should send you his report and hope that it could be of inspiration to other people with MND and for them to see that they have not come to the end of the road. Once again, my very best wishes, Jacques Rossouw

We quote the doctor's report, in order to keep you informed of different treatments:

"I merely summarise your treatment to use as you wish:

A very important point to make is that, as you are aware, I practice 'wellness-based' medicine, and not 'illness-based' medicine. For me these are two different paradigms. So, when we met, you told me you had Motor Neurone Disease and my immediate reaction was:

What is out of balance in your body, to manifest as a diseased, or out of balance nervous system? Health is not the absence of disease, but can be better summarised as the presence of well-balanced body-mind systems that work harmoniously. In this day and age, we are exposed to a great many more insults to this balanced system than ever before. More toxic medicines, more toxic metals, more resistant bacteria, poorer quality foods, higher levels of stress and the list goes on. Very little is known about MND (and its variations) with respect to cause, that to me it was important to bring your body into better balance that it may begin to heal itself with its innate intelligence. So, my initial investigations were aimed at trying to shed some light on what 'correctable' insults could be found in your physiology. I found you to be deficient in some vitally important steroid hormones. You had been, for quite some time, being taking 'statin' drugs after your heart attack. It is known that these drugs, by depleting cholesterol, the building block of all steroid hormones in the body, will consequently lower the healthy levels of these steroids. I also found you to be carrying more than forty times the acceptable limit of mercury in your body. Mercury is a proven nerve poison, or neuro-toxin. Statin drugs are also recognised as having nerve damaging potential. The combination of these two factors are the main focus of my treatment plan. In order to eliminate these metals, and to correct hormonal imbalances, one must first aim to optimise normal body functions such as digestion, metabolism and detoxification. So I first put you through quite a rigorous detoxification diet programme, focussing on the intake of only 'whole' foods, eliminating unwanted parasites, replacing important bacteria in the bowel and improving liver function. Thereafter I started using "bio-identical" hormones to replace those that were depleted, DHEA in the first place, and later, Pregnenolone to facilitate never-regeneration. I also then started replacing important nutrients that statin drugs deplete, especially 'Co-enzyme Q10'. I also tried to minimise the number of pharmaceutical drugs that could be replaced with less harmful natural substances. Then we started the removal of the heavy metal, Mercury. This is being done by a technique known as 'Chelation Therapy', using intravenous administration of a chelating agent known as DMPS. You

have had 15 of these drips so far, and we will continue until you are rid of the mercury. I recently started you on two very modern and well-researched therapies, namely: Glyconutrients, using MPS-GOLD, and Pulsed magnetic field therapy, using a device called the "BEMER". This device was developed in Germany, and has studies demonstrating its positive effect on cellular oxygenation, increasing capillary blood flow, increasing the action potential across cell membranes and activation of healing biological enzyme systems. The glyconutrients, or simple sugars, extracted from the Aloe Vera plant, are vitally important nutrients missing from our modern diet that facilitate cell-to-cell communication. There isn't space in this letter to go into the full theoretical background for all of these choices of therapy, but I really feel that these therapies have made a dramatically positive impact on your disease. I am not, as you know, a specialist in MND, but on the information available, I definitely feel that this treatment is helping. Your general health has remained excellent, in fact you have said that in some ways you feel better than before. Your muscles have not become very much weaker than a year ago, in fact in some muscles there has been no deterioration at all. With the recent additions, BEMER and the glyconutrients, even though you recently fell and broke a rib, you seem to have made some impressive improvements, especially with regard to the swelling of your ankles. Unfortunately you have previous back injuries that complicate the management of your pains, but despite this, your sleep has improved. Now I think it is time to get started again with physiotherapy, to mobilise your limbs after this period of bedrest after your fall. I have been encouraged by your recent improvements. To what particular therapy can this be ascribed to? I don't think that is important. What is more important is the integrated approach. But above all is your improving well-being.

HELPING THROUGH YOUR WILL

Your Will can be a convenient vehicle for making a charitable gift of a lasting value. Please consider MND Association as a living memorial for a loved one. Many people support the work of the MND Association of South Africa through bequests from their Estates.

From far away places:

E-mail received - Greetings from Gudjon of Iceland !

This year has been lot of work for the ALS/MNS association in Iceland as well as for the Nordic Alliance and The International Alliance.

One of the biggest fights has been for the real choice home respirator. This fight has come a long way here in Iceland, with tremendous help from our Danish friends. They have been over here and professionals from Iceland have visited them, to learn how the system works over there. This task is just about to end with full service for us.

Holding the Nordic meeting took a lot of time but it was worth it. Fantastic meeting in Selfoss made a lot of people realise that we in Iceland are in many things far away from our brothers and sisters in other Nordic countries. 150 people came and all are happy with the stay. Next year we will meet in Norway.

The international work took some time, with 4 telephone meetings during the year and of course this fantastic meeting in Japan in the end of November. Over 600 people got together there, all working towards the same goal. I am still smiling from that meeting. One thing I learned from the Japanese is to make sure that everyone getting on respirator has to decide when to turn off the machine. Everyone, write your living will before it is too late. Next year we will meet in Canada, we will be there.

We published our book with poems, paintings and musical CD, which we are selling to support our work. Gift from Icelandic (and one American) artists.

We had a wonderful vacation in Denmark this summer, meeting our friends over there.

A short visit from my "mom and dad" living in USA was great experience. I am so lucky to have extra parents living in USA, since I was an exchange student over there some 30 years ago. Wonderful people. Hope to meet them again on my way to Canada next year.

The work I am doing is of course based on help from my four wonderful girls. My oldest girl is under a lot of strain because of everything I do, she has to help me with so many things if not all. She is my wife and best friend. Our 3 girls are doing well in school, although the ALS/MND is affecting them as it is doing to all of us.

In 2007 there are many tasks we need to work on, and one of them is spending more time with my girls. Using any extra time to find a cure for ALS/MND.

An e-mail letter received from Otgonbat Ishdagva of the Mongolian ALS Association addressed to international MND/ALS Associations:

On behalf of the Mongolian ALS Association, people living with ALS and their families, we would like to wish you the warmest greetings from Mongolia and deepest gratitude for the meeting in Yokohoma, Japan.

In a few words about Mongolia, there are 2.8 million people

including around 200 patients (registered at the State Universal Hospital No 3 of Mongolia, one of 3 university hospitals of Mongolia. Ulaanbaatar, capital city of Mongolia has 6 big districts with their own hospitals. Each district has around 18 khoroos (units) with its family clinics.

The University of Health Science in Mongolia, one of the biggest universities trains almost the most of all neurologists who have been working at the above hospitals and clinics. For the last days since the meeting, I visited and informed all family clinics about their awareness and symptoms about the disease. Unfortunately, they had not known actually the correct symptoms of ALS. Then we need a professional team to lecture and motivate them from the global professional information sources. And I will inform you more about the medical service and assistance conditions. I wish you all a Merry Christmas and love-giving New Year.

WORDS TO LIVE BY

As we grow up, we learn that even the one person that wasn't supposed to ever let you down probably will.

You will have your heart broken more than once and it's harder every time.

You'll break hearts too, so remember how it felt when yours was broken.

You'll fight with your best friend.

*You'll blame a new love for things an old one did
You'll cry because time is passing too fast, and you'll eventually lose someone you love.*

*So take too many pictures, laugh too much, and love like you've never been hurt because every sixty seconds you spend upset is a minute of happiness you'll never get back.
Don't be afraid that your life will end, be afraid that it will never begin.*

Out & About

The Support Group of Somerset West enjoyed a day outing to Hermanus (arranged by Vivien O'Cuinneagain, our Nursing Consultant in the Cape), and patient Dr Francois Majooos of Bellville, shares his day's experience:

For the past 3 years the MND Support Group (Northern Suburbs, Cape Town), has been talking about going to see the spectacular natural flower display in Namaqualand during Spring, however, it just remained a talking point. This year we actually made an effort and made enquiries about travel arrangements etc, but in the end decided rather to go to Hermanus on the south west coast instead. Well what a fabulous day it turned out to be !. It was arranged that each of us will bring a picnic basket, we will meet at the hospice in Somerset West, then to Annatjie's (Schwartz), in the Strand and from there to Hermanus. The weather on the day was fantastic. We took the scenic route from Somerset West via the Strand and the coastal route along Kogel Bay, Rooi Els,



On various modes of seating, from left: Patients Annatjie Schwartz, Gert Theron, Marion Marx, Francois Majoos and Gustav Jephtha, enjoying the fresh air at Hermanus

Betty's Bay, Kleimond, Hawston to Hermanus. This is certainly one of the most beautiful routes in the Cape, although Gustav (Jephtha) complained that we were driving too fast for him to take it all in. Well maybe next time we should send him ahead in his shop-rider so that he has all the time in world to take it all in. At Hermanus we met up with the rest of the group and picked out a spot near the harbour. Despite lots of tourists we managed to get a nice spot with a patch of grass overlooking the sea. There were even quite a lot of yellow daisies, "ala-Namaqualand" on this little patch of grass.

We all eventually settled down on our various modes of seating: Gustav on his shoprider, myself on my walker, Marianne and Gert (Theron) in their respective wheelchairs, Annetjie on her camping chair and the rest of the spouses and care-givers made themselves comfortable on the blankets spread on the grass. Vivien (O'Cuinneagain), as usual, was fussing around to see that we were all settled. This time she was out-done in the activity stakes by Marianne's 3 year old grandson. This guy was running around like crazy with his poor mother in hot pursuit. We then started to have some eatables but soon realised that nobody brought any WINE! Peter came to the rescue and bought a few bottles at the nearby liquor store. The next problem was that nobody had a cork-screw to open the wine bottles with. Gert then produced a knife with so many gadgets that would have been the envy of any Swiss knife owner, except it did not have cork-screw! The bottles were eventually opened when Edna and Veronica went to the nearby shop for help. After this we enjoyed ourselves, with

eating, drinking and talking and the jokes started flowing especially about things that get small with age. I still don't know how we got to this topic but for a passing spectator it must have been interesting to see a group of people communicating in nasal voices, pointers and a LightWRITER®. Marianne even had to have fluid replacement by her PEG tube.

Well the best was yet to come. Hermanus harbour is famous for its whale sitings. Our vantage point unfortunately did not overlook the harbour itself, but those who were able to walk went over to the harbour to see the whales. Those of us left behind were fortunate enough to see a school of dolphins go by. A little later one of the whales left the harbour and swam past our vantage points on its way to wherever whales go. I still wonder to this day how much Vivien, with all her organisation skills, had to do with putting on this show for us.

It was really a fantastic day which all too soon came to an end when we all went home on our separate ways. I think all of us present will remember it for a long time to come and Ja! Instead of only seeing Namaqualand daisies we got a lot more. We are extremely grateful to Vivien and her team who organised the trip and to the spouses and care-givers who enjoyed the day with us.

*A little boy was overheard praying:
"Lord, if you can't make me a better boy, don't worry about
it.
I'm having a real good time like I am"*



Ben Viljoen and Liz Keth at the get-together in Pretoria

had an underlying predisposition to the disorder, as can extended periods of stress, like an unpleasant working environment or caring for a dying loved one.

The coping techniques that many people use to deal with depression, which often compound the problem, include drinking and smoking more, abusing drugs and prescription pills. Depression, as well as interfering in a person's ability to cope from day to day, can also lead to other physical ailments. In addition to stomach complaints, headaches and muscle stiffness, depression also impairs the functioning of the immune system which leaves the body vulnerable to certain viruses and bacteria.

Pretoria patients (front page) gathered at Centurion Hospice and Liz Keth (our Gauteng Consultant) comments:

It was an opportunity for patients and carers to meet and share ideas and swap tips for making daily life easier. Tiaan from "Oxygen" gave a talk about the Bipap Ventilatory Support System, showed the machine and demonstrated the Oxygen Concentrator portable machine, which was very informative.

MEDICAL AID SOCIETIES

We are aware that not all medical aid schemes cover or acknowledge MND. Should you have experience of this, please let us know in case we can be of assistance.

AILMENTS AND TREATMENTS

Depression and Anxiety – *

Life is full of ups and downs and there are times when everyone feels like life is too hard, too much, too pointless. But usually these down-times pass and we get back on track.

Depression is a whole body illness that affects the way you feel emotionally, the way you think about yourself and the world around you, your behaviour, and the way you feel physically. Depression cannot be willed or wished away – although this is a perception that many people still have. Without treatment, depression can last for weeks, months, even years.

Feelings of helplessness, and worthlessness, constant fatigue, irritability and sleep disturbance, are all symptoms of depression. Stressful events, like a divorce, a bereavement, even a wedding can sometimes trigger depression in someone who

Johannesburg psychologist, Colinda Linde, explains: "The immunosuppressive effects of depression have been well documented. In addition it has been found that suppression of anger, which is implicated in the development of depression, is also a suppressor of immune function and subsequent development of illness".

Unfortunately, for a large majority of depression sufferers this is not where the trauma ends. Fear, heart palpitations, terror, a sense of impending doom Panic disorder is identified by brief episodes of intense fear accompanied by multiple physical symptoms that occur repeatedly and unexpectedly in the absence of any external physical threat. Most people with panic disorder feel anxious about having another attack and often avoid situations in which they believe these attacks are more likely to occur. This fear and avoidance often result in depression.

Depression often occurs in conjunction with anxiety and panic disorder. This concurrence of conditions or "comorbidity" makes it especially difficult for the sufferer to deal with the depression, and also affects the ability of mental health professionals to make a clear diagnosis early on. Up to 65% of individuals with panic disorder also experience a major depressive episode some time during their illness.

The good news is that various medications can prove very effective for dual-diagnosis disorders such as depression and anxiety. Various therapeutic techniques, such as cognitive behavioural therapy and support group work, can also make a significant difference and result in successful recovery. (*Taken from the Oct 2006 issue of Health & Hygiene magazine).



Marion Marx and Francois Majoos sharing a joke at a Support Group meeting held in Somerset West.

Interacting with a terminally ill loved one, whether family or friend*

How might your relationship with a loved one change once he or she is diagnosed with a terminal illness?

Each person is unique, and each person's journey is very individual. Relationships usually don't change when people are faced with bad news. Family dynamics in the hospital or at home are often the same dynamics experienced throughout life. It's important to build on the strengths of the relationship that were in place before the health care crisis came about.

How do you know if you should ask questions or prompt your loved one to open up?

Based on your relationship, you may be the best judge of how your loved one copes. If you're by the bedside of someone you love, let that person know that you're willing to listen – to hear his or her concerns. It's important, though, that you don't try to be a counsellor.

Is there a typical emotional process that a dying person goes through?

Dying is not a science. Don't assume that your loved one is going to go through a methodical process of coming to terms with death, such as denial, anger and so on. It may not happen that way. Sometimes well-meaning people try to push the one who's dying through these stages of death and dying. That's not helpful. Acceptance is the most desirable outcome of a grief process.

How do you deal with a loved one who's in denial about his or her impending death?

Denial is an important coping mechanism. We deny because the reality is too frightening. Denial is a form of natural protection that allows us to let reality in bit by bit. It allows us to continue living as we contemplate death. The person who's dying may be afraid of the pain that might be ahead. Or perhaps the person is afraid of losing control of his or her bodily functions, mind or autonomy. The person may also fear abandonment or becoming a burden to others. Invite them to talk about their fears. Sometimes it's easier for the dying person to share what he or she is afraid of and explore it with someone other than a family member. If your loved one knows you're willing to talk about these concerns, however, your discussion can provide a wonderful opportunity for mutual support.

*(*Taken from Forest Glade Pharmacy Newsletter).*

*A father was at the beach with his children when the 4 year old son ran up to him,
grabbed his hand, and led him to the shore where a seagull lay dead in the sand.*

*"Daddy, what happened to him?" the son asked.
"He died and went to Heaven", the Dad replied.
The boy thought for a moment and then said:
"Did God throw him back down?"*



Rudi Stoltz with family at the get-together in Pretoria last November

Condolences to the family and friends of:

Wilma Moore, Nathan Herbert, Dorothy Hoyer, Johannes Lottering, Petra Geerds, Iain MacDonald, Edward Jansen, Charlotte Barnard, Norma Watermeyer, Pete Lane, Maureen van Niekerk, Ina Maree, Mike Swanson, Sylvia Kaye, Margaret Christie, Gabrielle Küster, John Muir, Hester Botha/Donaldson, Marlene Hayman, Janet Lawrence, Leonard Roberts, Charles Levitt, Barrie van Zyl, Cynthia Terry, Olvinah Mazibuko, Louise Nel

**We welcome your ideas – *THUMBS UP* is your voice –
So if you would like to Contribute to the next issue – Please write to us !**

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