Complementary and alternative medicine (CAM) is popular, especially among people with chronic diseases such as multiple sclerosis (MS). Unfortunately, in the area of CAM, patients and health care professionals often do not communicate clearly and, for patients as well as health care professionals, objective and accurate information is difficult to locate on specific diseases.

To attempt to overcome some of these deficiencies and provide a reliable guide for people with MS, we created the Complementary and Alternative Medicine Program at the Rocky Mountain MS Center. Through this program, we have developed patient-friendly CAM information resources, surveyed CAM use in people with MS, and reviewed currently available MS-relevant CAM information.

What is Alternative Medicine?
There are many different terms and definitions that are used in this area. In addition to “alternative medicine,” other frequently used terms include unconventional medicine, complementary medicine, and integrative medicine. One definition that is sometimes used is that unconventional medicine refers to medical practices that are not generally taught in medical schools or are not generally available in hospitals. The term “alternative medicine” refers to therapies that continued on page 4
As the new president of the Northern California Chapter, I am honored to follow on the heels of interim president Cindy Bean, and Julie Thomas, who served as president for 10 years prior to that.

I feel fortunate to have been placed in this post by a dedicated Board of Directors who are working to serve you in their quest to eradicate the devastating effects of Multiple Sclerosis. We’re all in this together now.

I come to this remarkable organization from the Jewish Community Federation of the Greater East Bay where I was the Regional Director of Contra Costa, Tri-Valley and Fremont area. Prior to serving in that capacity, I held the position of Campaign Director. During my five years at the Federation I did what I do best: help to develop relationships among members of our community. And I’ll do the same here, at our Northern California Chapter of the National MS Society.

I could not have chosen a better time to step into this position: I got my feet wet at the new Women against MS luncheon in Sacramento, the Waves to Wine Bike tour dinner program in Santa Rosa, and our Annual meeting in Concord. I then spent my third week in Atlanta, attending the Multiple...
**Northern California Chapter Announces New Service with IRC**

We are pleased to announce that beginning in January 2006, the Northern California Chapter will contract with the Information Resource Center (IRC) to respond to inquiries regarding information on MS, programs, and referral resources. Callers will be assured of an immediate response from well-trained I & R specialists that will provide the most accurate, comprehensive information available.

This is an exciting time for the Northern California Chapter! The IRC will assure continued customer service and accurate information to our clients while allowing the program managers more time for developing local programs.

When you call you will be instructed to press Option 1 if you have questions about MS, locating resources, or client and family programs and services. If you want information about an event, want to make a donation, to volunteer, or to talk to a chapter staff-person, you will be instructed to press Option 2. You can also contact the IRC by e-mail at generalmailbox@nmss.org.

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**Thank You!**

We would like to say thank you to our Board members, who work tirelessly for our cause. Special thanks to outgoing Board Chair, Dave Korn, and members Maureen Lucey Mihelich, Judge Ronald Robie, Douglas C. Rosenberg and Jill P. Wright, MD.

Welcome to our new 2006 Board Officers and Board members!

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**Message from the President** — continued from previous page

Sclerosis Society's National Convention. There, I along with several other staff, Board members and team captains had the chance to meet and mingle with the best and brightest this organization has to offer. The theme of the conference, “Do it Now,” really hit home for us all. And I, for one, returned energized to help our Chapter raise the funds we so desperately need to make a difference in the lives of those who suffer from MS—NOW. The newest member of our team, Vice President of Development Andrea Bailey, will help to lead this effort.

Please know that we are committed to making a difference because we CAN make a difference. You’re reading this newsletter because you care. There truly is strength in numbers. Together, we can eradicate this disease.

I look forward to meeting you all.

Joanne Neuman, Chapter President
Complementary and Alternative Medicine Use in Multiple Sclerosis

— continued from page 1

are used instead of conventional medicine, while “complementary medicine” refers to practices that are used in addition to conventional medicine. A broad term that encompasses both of these approaches is “complementary and alternative medicine” or “CAM.”

Use of Alternative Medicine

CAM is used widely by the general population and also by people with MS. Through surveys at our center and other MS programs, it appears that one-half to two-thirds of people with MS use some form of CAM (as compared to approximately one-third use by the general public). In the general population and in people with MS, the vast majority appear to use unconventional medicine in a complementary manner alongside conventional medicine.

There are several steps that should be followed when considering CAM use: (1) consider conventional medicine options first; (2) evaluate and address reasons for wanting to use CAM; (3) obtain accurate, unbiased information about effectiveness, safety, cost, and effort involved; (4) if CAM is chosen, then discuss with physician, monitor response, and discontinue when appropriate; (5) use caution.

As for most diseases, there is limited objective information on the use of CAM therapies in MS. It is important to state clearly that high quality clinical trials have demonstrated that glatiramer acetate (Copaxone), interferons (Avonex, Rebif, Betaseron), and mitoxantrone (Novantrone) are effective therapies for MS and that no comparable trials have been conducted for any CAM therapy in MS. However, at the same time, it is important to acknowledge that conventional MS therapies are not 100% effective and that, as a result, some people with MS are interested in supplementing conventional therapy with unconventional therapy that might provide some additional benefit.

Herbal Medicine. Whenever herbs are consumed, it must be kept in mind that they are not currently under strict FDA regulation and, consequently, the composition of preparations is extremely variable and the exact identities and effects of all the chemicals in the herbs are not known. Herbal preparations that may be effective include cranberry tablets for the prevention of urinary tract infections, psyllium for constipation (FDA approved), and valerian for insomnia. St. John’s wort may have an antidepressant effect in people with mild-moderate depression, but it may interact with several prescription medications.

Certain herbs should be used with caution due to the possibility that they might worsen disease or interact with medications. People with MS should use care with herbs with possible immune-stimulating activity, including alfalfa, astragalus, cat’s claw, echinacea, garlic, and ginseng (Asian and Siberian). Patients who have fatigue or take potentially sedating medications, such as Baclofen, Zanaflex, and Valium, should be careful about using sedating herbs.

continued on following page
Complementary and Alternative Medicine Use in Multiple Sclerosis

Some people with MS are at increased risk for developing osteoporosis, and osteoporosis may be underdiagnosed in people with MS. For osteoporosis, vitamin D and calcium are beneficial. There is no clear use for vitamin B12 therapy in most people with MS; the exception to this is the rare person who has MS and also has vitamin B12 deficiency demonstrated by blood testing.

High doses of some vitamins and minerals may produce toxic effects. Doses to avoid include: greater than 10,000 IU/day of vitamin A or beta-carotene, which may produce birth defects and liver injury; greater than 50 mg/day of vitamin B6 (pyridoxine), which may produce nerve injury; greater than 1,000 mg/day of vitamin C, which may produce diarrhea and kidney stones; greater than 2,000 IU/day of vitamin D, which may impair bone metabolism and produce liver injury; greater than 35 mg/day of niacin, which may produce nausea, diarrhea, and liver injury; greater than 200 microgram/day of selenium, which may produce multiple toxic effects. In addition, vitamin A and beta-carotene should be avoided in smokers, and Coumadin (warfarin) should not be taken with coenzyme Q10, vitamin E, vitamin K, and possibly vitamin C.

Zinc is sometimes recommended to limit the severity of the common cold, but in people with MS, zinc poses a theoretical risk since it may stimulate specific cells in the immune system. Similar risks for immune system activation are possible with melatonin, a hormone used for...
Complementary and Alternative Medicine Use in Multiple Sclerosis

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Insomnia, and DHEA, a hormone with many purported beneficial effects.

Traditional Chinese Medicine. Traditional Chinese medicine includes acupuncture and herbal therapy. Acupuncture is increasingly recognized for its effectiveness in some types of pain and nausea, but studies in MS have been very limited and contradictory, and further studies are needed. Chinese herbal medicine should be taken cautiously and with a clear understanding of the effects of the herbs. Asian ginseng and astragalus, common components of Chinese herbal preparations, may stimulate the immune system. In general, Chinese proprietary (patent) medicine, a form of Chinese herbal medicine, should probably be avoided since there are no demonstrated benefits in MS and some ingredients may be toxic.

Other Possibly Beneficial Therapies. Cooling of the body may improve multiple symptoms in MS. A variety of relaxation methods, including meditation and biofeedback, may be helpful, especially for those prone to stress or anxiety. Horseback riding (hippotherapy), t’ai chi, massage, and yoga may also be beneficial to some people with MS.

Miscellaneous Therapies. Bee venom therapy is currently being investigated. Preliminary results from animal studies at Allegheny University indicate that it has no effect or may be harmful. Clinical studies in people are being conducted. Therapies in which there is not strong evidence for a beneficial effect in MS include calcium AEP, chelation therapy, craniosacral therapy, enemas, hyperbaric oxygen, and mercury amalgam removal.

Placebo Effects

The placebo effect is a beneficial response frequently observed in a person who is given an inactive medication, such as a sugar pill. In trials of new MS medications, placebos are always given and the placebo effect is notoriously high, sometimes producing greater rates of improvement than “active” medication. People with MS who are given placebos may have a 30-40% reduction in their relapses and a 30% or greater slowing of disease progression. Also, some studies have shown that the placebo may produce beneficial effects on specific cells in the immune system.

There are implications of this placebo effect in people with MS. First, the placebo effect shows the importance of doing formal clinical studies in which a large group of people is studied and some members of the group receive inactive medication. This applies to studies of conventional as well as unconventional therapies. One cannot rely on reports of the beneficial effects of an unconventional or conventional therapy that are based solely on studies with a small number of people (anecdotes or testimonials) or without a placebo-treated group. Another important point about the placebo effect is that it demonstrates the powerful influence of the mind over the body (or brain).
**A Wellness Approach**

The influence of the mind over the body and CAM are two areas that, along with many other important areas, can all be incorporated into a more inclusive “wellness approach” to MS. While there are a variety of approaches to wellness, an approach of value in MS is one that uses many different methods to optimize functioning in the different components of one’s life. Health is one of these components; other important components include physical fitness, psychological well-being, social connectedness, nutrition, sexuality, spirituality, and bowel and bladder function. These components are interwoven, and, in a state of wellness, there is a sense of wholeness and balance between them. A chronic disease such as MS may disrupt this wholeness and balance. Neurological care can improve the health component, while a wellness approach may produce benefits in the other areas. Assessing these other areas and providing therapy requires a multidisciplinary approach, including medical, psychological, nursing, dietetic, and rehabilitation services.

**Craze or Cure?**

Is CAM use in MS a craze or a cure? The answer is “neither.” Each specific therapy needs to be evaluated with respect to MS. Some therapies may be beneficial, others are ineffective or unsafe, and a large number have yet to be studied carefully in people with MS. This large variability in the possible effectiveness of different therapies is the cause for much of the confusion and controversy in CAM. Improving the way in which CAM is used involves increasing communication between patients and health care professionals, providing accurate information to people with MS, and conducting reliable studies to determine which therapies might be effective.

Allen C. Bowling, M D PhD - Copyright 2005

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Dr. Allen Bowling is the Medical Director for the Rocky Mountain MS Center in Denver, Colorado, and was most recently the keynote speaker for the National MS Society’s Annual Meeting.

To obtain a video and the accompanying handout from Dr. Bowling’s presentation from our lending library, please contact Zoila at (510) 268-0572 ext. 107 or zoila.bruhns@can.nmss.org. Two of Dr. Bowling’s books, *Alternative Medicine and Multiple Sclerosis and Dietary Supplements and Multiple Sclerosis: A Health Professional’s Guide* are also available on loan.

For more information about the Rocky Mountain MS Center please visit [www.mscenter.org](http://www.mscenter.org) or [www.ms-cam.org](http://www.ms-cam.org).
New Year Rings in Prescription Drug Changes: What You Can Do Now

Beginning January 1, 2006, Californians on Medicare who currently receive prescription drugs from Medi-Cal will receive them from the federal government through the new Medicare Part D program.

Marketing of these Medicare-approved prescription drug plans began on October 1, 2005. The federal Centers for Medicare & Medicaid services (CMS) has already begun television, radio and newspaper advertisement campaigns to increase public awareness about this new benefit.

While the new Medicare benefit is receiving a great deal of media coverage, an October 2005 USA Today/CNN/Gallup poll found that fewer than half of California’s seniors feel they understand this new benefit.

“It is critical that consumers learn more about the available drug plans to ensure all of their prescription drug needs are met,” said California Health and Human Services Agency Secretary Kimberly Belshe.

Before selecting a plan, beneficiaries should first make a list of the medications they are currently taking. Second, they should carefully read the 2006 Medicare & You Handbook on the new Medicare prescription drug benefit when it arrives in the mail.

“Medicare beneficiaries shouldn’t feel like they have to wade through this information alone. Several resources can help guide through this new benefit,” Secretary Belshe noted. “Doctors, pharmacists and other community partners are also available to help consumers find the plan that best suit their individual needs.”

Persons on Medicare Who Currently Have Prescription Drug Coverage

If Medicare beneficiaries currently have drug coverage through an employer/retiree insurance plan or a Medicare Advantage Plan (HMO), they will receive important information in the mail from their insurance provider about potential changes in their coverage and options. They should read that information carefully for any changes in their existing insurance or plan coverage and decide if that coverage best meets their medication needs.

If individuals have questions, they should call the customer service telephone number of their insurance company or Medicare plan.

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Persons on Medicare Who Currently Receive Medications through Medi-Cal

Californians who are covered by both Medicare and Medi-Cal (often referred to as “dual eligibles”) should carefully read the letters that CMS and the California Department of Health Services will send to them. Their Medi-cal prescription drug benefit will end on December 31, 2005. They will automatically be enrolled in a new Medicare drug plan that will begin on January 1, 2006. That randomly selected plan may not be the best choice for them. Dual eligibles can change plans at any time in order to meet their prescription drug needs by calling 1-800-MEDICARE.

Persons on Medicare Who Currently Have No Prescription Drug Coverage

For persons on Medicare with no prescription drug coverage, the new Medicare benefit may provide significant help. While the new plan begins January 1, 2006, enrollment is open until May 15, 2006, for persons who have not been automatically enrolled or who do not have equivalent coverage through an employer plan or Medicare HMO. If persons on Medicare have not enrolled by May 16, 2006, they will be charged a higher monthly premium for their drug coverage when they do enroll.

Help in comparing Drug Plans

There are a number of different approved Medicare plans available. While that may seem to make a decision more difficult, there are good resources available to help identify a Medicare prescription plan that best meets an individual’s needs.

Individuals can call 1-800-Medicare; give some basic information about where they live and the medications they take and trained staff will look up which approved plans cover those medications, estimate monthly premiums and send that information to the individual in the mail. If you have access to the Internet, you can compare plans yourself at www.medicare.gov. Other good Web resources include www.chhs.ca.gov and www.calmedicare.org.

The local Health Insurance Counseling and Advocacy program (HICAP) provides education presentations on the Medicare prescription drug program. They also offer one-on-one insurance counseling through individual appointments. HICAP uses trained volunteers to provide free, impartial information and assistance. To obtain a list of upcoming presentations in your area or to schedule a counseling session, please call 1-800-434-0222.

continued on following page
New Year Rings in Prescription Drug Changes: What You Can Do Now — continued from previous page

Enrollment Information

- www.medicare.gov has tools to help you decide about coverage, select a Rx plan, and find the nearest location for personal assistance.

- 1-800-MEDICARE will connect you to a person who can answer questions.

- Medicare Rx Connect, www.maprx.info, has a useful FAQ section on eligibility, enrollment, and costs.

General Information

- Medicare & You 2006 handbook was sent to every Medicare household. If you haven’t received one, call 1-800-MEDICARE.

- If you are eligible for the low-income subsidy, be aware of an error in the Medicare & You 2006 handbook. It incorrectly states that all plans available to low-income beneficiaries will charge no premium. About 40% will not charge a premium. Check carefully.

National MS Society Resources

- Medicare Rx News on the nationalmssociety.org Web site home page will direct you to the most current information.

- MS Learn Online about Medicare Part D, “Understanding the Facts, Understanding Your Options,” premieres December 1, 2005, at 8:00 a.m. ET. To join the Webcast, or to view it after December 1 in the archives, go to nationalmssociety.org/mslearnonline.

- Call us at 1-800-FIGHT-MS (1-800-344-4867) if you have questions or if problems arise.

Want to Stay Up to Date on Current MS Research?


You’ll find a listing of both New Research and Research highlights from the past few years.
Take Charge of Your Health Care: Know Your Rights

Today, health care is complex. Not only is your primary doctor involved in your medical care and treatment, there may be other doctors, nurses and other health care professionals and administrators who have a say in the type of care you receive, where you get it and who provides it to you. If you are living with a chronic illness, knowing what your health care rights are, or who to turn to if you have a problem is essential in taking charge of your health care.

If you live or work in Sacramento, Yolo, Placer or El Dorado counties, you do have a place to get help if you have a question or a problem with your health care. The Health Rights Hotline is a free and independent service that provides assistance and information about your rights as a health care consumer. Trained counselors can answer your questions, help you resolve problems, and help you take charge of your health care.

Health Rights Hotline
In Sacramento, call (916) 551-2100.
In El Dorado, Yolo or Placer Counties call (888) 354-4474
TTY/TDD (916) 551-2180

Those consumers who live outside of those counties are welcome to visit our website for useful information: www.hrh.org.

If you are having a problem with your HMO, call the HMO Help Center. The Department of Managed Health Care’s HMO Help Center provides assistance to consumers in all counties in California 24 hours a day, seven days a week at their Consumer Help Line toll free at: (888) HMO-2219 or (877) 688-9891 (TDD).

Our response to the Hurricanes of 2005

In September, as the scope of devastation wrought by Katrina became clear, we created a dedicated page on our Web site, nationalmssociety.org/hurricane, to provide resources and information to the MS community.

It includes updated information on local resources, referrals, prescription and over-the-counter drugs, Medicare, Medicaid, and more.

If you know someone with MS who has been affected by this year’s hurricanes, please help us help them. Let them know that information about how to get help is available at the URL above.
TYSABRI UPDATE
Safety and final trial results from studies of Tysabri (natalizumab) for use by people with MS were presented to the FDA for evaluation in early fall by Biogen Idec and Elan Corporation, Tysabri’s sponsors. This raises the possibility the drug may return to the market.

Tysabri was suspended last February following the diagnosis of PML (progressive multifocal leukoencephalopathy) in two people being given both Tysabri and Avonex. According to the companies, there have been no new cases of PML confirmed in people with MS. See our Web site for detailed information (keyword Tysabri) or call us for a paper copy.

The FDA would like to hear from people with MS about Tysabri. Tel: 888-INFOFDA; e-mail: OSHI@oc.fda.gov; mail: Office of Special Health Issues, FDA, HF-12, Room 9-49, 5600 Fishers Lane, Rockville, MD 20857.

KNOW YOUR NAbs
One of the more controversial debates about MS therapies concerns neutralizing antibodies—NAbs for short. Antibodies are immune system proteins, which the body naturally creates to fight off foreign substances, such as viruses and bacteria. Some people taking Avonex, Betaseron, or Rebif—the three interferon-based disease-modifying MS drugs—develop a form of antibody to these drugs. Scientists call them “neutralizing” antibodies because they can sometimes interfere with, or neutralize, the effects of the interferon. NAbs potentially render the drug less effective.

Not everyone taking an interferon develops NAbs, and some who develop NAbs continue to do well on their interferon. Copaxone (glatiramer acetate) is a different type of drug, and the antibodies that develop in response to it do not appear to have any clinical significance.

What is known about NAbs
Neutralizing antibodies typically develop a year to 18 months after a person has begun treatment. NAbs occur least often in people taking Avonex, but researchers do not know if this is because Rebif and Betaseron are taken more frequently, or if the difference is related to the ways the drugs are made, the dosage levels, or the routes of delivery. (Avonex is injected into muscle; Rebif and Betaseron are injected just under the skin.)

Conclusions
Some people continue to do well in spite of testing positive for NAbs, and decisions about treatment should be based on how well a person is doing, rather than on whether a person has tested positive for NAbs. A change to the non-interferon medication (Copaxone) might be considered in someone whose disease remains active and who then tests positive for NAbs more than once.

People concerned about NAbs should read the Society’s clinical update at nationalmssociety.org/Clinup-Antibodies.asp (or call us at 1-800-FIGHT-MS to request a copy) and discuss these matters with their health-care professional.

This Is Why...
Everyone deserves reliable, affordable health care. This is why we advocate. Join the MS Action Network at http://capwiz.com/nmss/mlm/.
I was living in Cincinnati when I was diagnosed with relapsing-remitting MS. It was 1994 and I was Director of Marketing for a software company. I was working 70 to 80 hours a week, much of it traveling throughout the US, Europe and Brazil. Then the tech bubble burst. Perfect! When asked who on my staff I wanted to let go, I said, “Me!” Since the MS was making it difficult to maintain this pace, the timing was ideal.

I pictured us back in Fort Bragg, the small town on the Mendocino Coast we’d left to climb the corporate ladder. The weather would be ideal and I’d be among my old friends. But I worried about how we’d make a living. So I asked what was missing in town and discovered there was no place to buy an ice cream cone! That’s it – we’d open an ice cream parlor. My remarkable husband abandoned his job and learned to make ice cream. I applied my corporate background to writing a business plan, and my marketing experience to designing the ice cream parlor and getting the word out.

It’s now 5 years later, and Cowlick’s Ice Cream is woven into the fabric of the community. Locals and visitors tell us they can’t imagine Fort Bragg without us. It’s great to be back – the weather is perfect and the people are as special as I remembered. But the best part is knowing that while we make super ice cream, we’re also making sweet memories.

We are looking for the Faces of MS to include in our newsletter and share with the community. When were you diagnosed? How has MS impacted your life? How has the National Multiple Sclerosis Society helped you?

Please limit submissions to 250 words and include a photo. Email story and photo to info@msconnection.org
Self-Help Groups for Our Community

The National MS Society sponsors the following self-help groups in Northern California for people with MS and their loved ones. The groups meet regularly for emotional support and educational purposes. For information on a specific group, call the contact person listed below. To learn about the Society's many other emotional support programs, call the Chapter at 1-800-FIGHT MS or visit msconnection.org.

**Alameda County**

**Alameda:** third Saturday, 11:00 am; call Sharon 510-521-6260

**Alameda—Newly Diagnosed:** second Saturday, 11:00 am; call Kim 510-865-2685

**Berkeley:** second Saturday, 1:00 PM; call Toni 510-653-4534

**East Bay Lesbians:** third Saturday, 10:00 am; call Jane at 510-428-9605

**Fremont:** for days and times call Kim 510-793-0765

**Oakland:** second Tuesday, 6:30 pm; call Barbara 510-482-0266

**Oakland—African-Americans:** third Saturday, 12:00 pm; call Jane 510-865-3698

**Oakland—Friends & Family:** second Saturday, 10:30 am; call Suzanne 510-581-3239

**Oakland—Latinos:** fourth Saturday, 10:00 am; call Elsa 510-777-1414

**Oakland—Multiple Strengths:** third Monday, 6:30 pm; call Rick 510-521-2436

**Pleasanton:** quarterly, 10:00 am; call Mary Beth 925-829-0832

**Calaveras County**

**San Andreas:** third Tuesday, 10:00 am; call Pat 209-736-4777

**Contra Costa County**

**Brentwood:** second Wednesday, 1:00 pm; call Tom 925-516-9647

**Concord:** second Saturday, 1:00 pm; call John 925-372-0859 or Shirley 925-685-0961

**Danville:** fourth Saturday, 10:00 am; call Bea 925-447-4115

**El Cerrito:** for day and time, please call Sylvia 510-559-9319

**Richmond:** for day and time, please call Sylvia 510-559-9319

**Del Norte County**

**Crescent City:** periodically; call Kay 707-464-2640

**El Dorado County**

**Placerville:** second Saturday, 1:00 pm; call Fred & Stacey 530-644-1188

**Fresno County**

**Fresno:** first Monday, 7:00 pm; call Karen 559-431-4570 or Carole 559-435-3480

**Fresno:** third Thursday, 9:30 am; call Doris 559-299-2072 or Frank 559-291-7088

**Humboldt County**

**Eureka:** first Saturday, 10:00 am; call Ann Louise 707-839-0177 or Kim 707-445-9803

**Marin County**

**Corte Madera:** third Tuesday, 7:00 pm; call Verita 415-927-7068 or Anita 415-892-5548

**Merced County**

**Merced—MS Challengers:** first Saturday, 10:00 am; call Kathy or Susan 209-384-6533

continued on following page
Self Help Groups for our Community
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Napa County
Napa: first Sunday of every other month, 1:00 pm; call Colin at 707-944-2262 or Penny 707-265-9680

Nevada County
Grass Valley: last Friday, 2:00 pm; call Laurie 530-274-2909 or Dan 530-272-7636

Placer County
Auburn: second Thursday, 6:30 pm; call Ruth 530-888-8388

Sacramento County
Elk Grove: second Friday, 10:00 am; call Dorothy 916-684-6849 or Willie 916-684-1677
Lincoln: first Wednesday, 11:00 am; call Jenny 916-408-7899
Roseville—North Sacramento Minimal Symptoms Group: Brett or Kelly at 916-773-6799 Call for days and times
Sacramento—Moving on with MS: second Saturday, 10:00 am; call Sylvia 916-349-1324
South Sacramento: second Wednesday, 2:00 pm; call Edie 916-688-2674
Sacramento—Latinos: third Saturday, 10:00 am; call Hugo 916-402-2757

San Francisco County
San Francisco Forum: second Thursday, 7:00 pm; call Dolores 415-467-6186
SF Potluck Luncheon: periodically; call Karen 415-584-6115
SF Sunset District: second Saturday, 1:00 pm; call Tatiana 415-665-1178

San Joaquin County
Stockton: second Thursday, 6:30 pm; call Brenda 209-957-9444

Stockton: second Saturday, 10:00 am; call Dr. Ezane Crumb 209-463-1317

San Mateo County
San Mateo: second Tuesday, 7:00 pm; call Robin 650-355-8878

Shasta County
Hope 4 MS: first Saturday, 10:00 am; call Beth 530-246-8404 or Patricia 530-222-7277

Solano County
Vacaville: second Saturday, 10:00 am; call Debra 707-447-9603 (before 7:00 pm) or Karen 707-447-2873
Vallejo: second Tuesday, 6:30 pm; call Marian 707-745-9333 or Kathy 707-588-8495

Sonoma County
Santa Rosa: fourth Saturday, 1:00 pm; call Carol 707-837-8046
Sonoma Women’s Group: periodically on Saturdays, 1:30 pm; call Susan 707-939-8132

Stanislaus County
Modesto: third Saturday, 10:00 am; call Dr. Ezane Crumb 209-463-1317 or Pati 209-524-8329
Turlock: fourth Saturday, 10:00 am; call Bill 209-664-1427 or Frances 209-667-2184

Tehama County
Red Bluff: first Tuesday, 6:00 pm; call Teresa 530-529-4412 or Jodine 530-528-8767

Tulare County
Visalia: second Saturday, 10:00 am; call Mark 559-636-1099 or Dennis 559-635-2609
**MS: The Genetic Connection**

**Saturday, January 21st 2006 – Stockton with Dr. Bruce Cree**  
**Saturday, January 28th 2006 – Sacramento with Dr. Jorge Oksenberg**  
**Saturday, February 11th 2006 – Fresno with Dr. Bruce Cree**  
**Saturday, February 25th 2006 – Sonoma with Dr. Jorge Oksenberg**  
**Saturday, March 11th 2006 – Modesto with Dr. Jorge Oksenberg**  
**Saturday, March 25th 2006 – Oakland with Dr. Jorge Oksenberg**

Hear the latest research in genetic aspects of MS. In a videotaped conference program, recognized experts in the field will discuss genetic aspects of MS and the ways in which genetics research is contributing to scientists' efforts to identify the hereditary and environmental risk factors for the disease, develop more effective treatments, and find a cure. Follow-up presentations will be conducted by the listed genetic researchers. All participants receive a detailed booklet with additional information of the research currently being done in the area of genetics.

Call 1-800-FIGHT MS (1-800-344-4867) or go to www.msconnection.org for more information or to register.

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**If You or Someone You Know Has MS**

Studies show that early and ongoing treatment with an FDA-approved therapy can reduce future disease activity and improve quality of life for many people with multiple sclerosis. Talk to your health care professional or contact the National MS Society at www.nationalmssociety.org or 1-800-FIGHT-MS to learn about ways to help manage multiple sclerosis and about current research that may one day reveal a cure.

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**National Multiple Sclerosis Society**  
Northern California Chapter  
Chapter Headquarters  
150 Grand Avenue  
Oakland, CA 94612

Toll-Free Number: 1-800 FIGHT MS