Yoga, the Best Medicine

by Darlene Bink, R.Y.T.

After being diagnosed with Sjögren’s syndrome, I became very frightened. I had never heard of this autoimmune disease and had no idea how it would affect me. The onset of Sjögren’s progressed slowly for me during my mid-20s. I finally was diagnosed with the disease in the fall of 1999 when I was 29 years old. That same fall I began taking Yoga classes. I went twice a week. At that time, I didn’t know much about Yoga, but I knew it made me feel incredibly well. I continued with the classes for a few years and began to notice that ill feelings were not appearing as often. I got to know my body so well that I knew what and what not to do, hoping to prevent feeling ill.

It wasn’t long after I began practicing Yoga that I decided I wanted to become a Yoga teacher, so I could give this wonderful gift to others. I moved to the Dallas area and fell in love with the Scaravelli Yoga method. The freedom of this method was quite refreshing. I became inspired and wanted to share Scaravelli Yoga with the world.

continued page 2 ▼
immune cells react to something that directly touches the skin. Other times, the immune system flares in the skin because of a whole-body infection or illness. The symptoms of these different types of rashes often overlap. “Itching is a common symptom for all these problems,” says Dr. Stephen I. Katz, director of NIH’s National Institute of Arthritis and Musculoskeletal and Skin Diseases. Many rashes are red, painful, and irritated. Some types of rash can also lead to blisters or patches of raw skin. While most rashes clear up fairly quickly, others are long lasting and need to be cared for over long periods of time.

Eczema, or atopic dermatitis, is a dry, red, itchy rash that affects up to 1 in 5 infants and young children. It often improves over time, although it can last into adulthood or start later in life. In this condition, the water-tight barrier between skin cells gets weak, which lets moisture out and other things in. That’s why people with atopic dermatitis have to moisturize their skin, and they’re more susceptible to skin infections.

Researchers have recently identified specific genes that are involved in maintaining the skin barrier. People with certain versions of these genes are more likely to get atopic dermatitis.

“The skin is the outermost sentinel for fighting off bacteria and noxious agents,” says Katz. “If the barrier is broken somehow, you can become more allergic to things.”

A skin allergy, or allergic contact dermatitis, produces a red, itchy rash that sometimes comes with small blisters or bumps. The rash arises when the skin comes in contact with an allergen, a usually harmless substance that the immune system attacks. Allergens trigger allergic reactions. Allergens can come from certain soaps, creams and even pets.

Your immune system might not react the first time you encounter an allergen. But over time, your immune system can become sensitive to the substance. As a result, your next contact may lead to inflammation and an allergic rash.

“The most common form of dermatitis that is seen anywhere is an allergic contact dermatitis to nickel,” says Katz. “Why? Because of ear piercing.” Many inexpensive earrings are made of nickel, and over time, wearing nickel earrings can cause an allergic reaction to the metal.

Other common causes of allergic dermatitis are poison oak and poison ivy. The stems and leaves of these plants produce a chemical that’s likely to cause allergies. If you touch one of them, wash your skin as soon as possible. The chemical can also remain in clothing for a long time, so it’s important to wash any clothes or shoes—or even pets—that come into contact with these plants.

Mild cases of allergic contact dermatitis usually disappear after a few days or weeks. But if the rash persists, is extremely uncomfortable or occurs on the face, it’s important to see a physician. A doctor can prescribe medications that will tone down the immune reaction in the skin. This eases swelling and itching and will protect your eyes and face.

The immune cells of the skin can also produce rashes when they react to invading germs—like bacteria, fungi and viruses. Bacterial
I’m not shy about speaking my mind... 

I was putting artificial tears in my eyes time after time, all day long

So I asked my doctor about RESTASIS® (Cyclosporine Ophthalmic Emulsion) 0.05%

RESTASIS® helps increase your eyes’ natural ability to produce tears, which may be reduced by inflammation due to Chronic Dry Eye. RESTASIS® Ophthalmic Emulsion did not increase tear production in patients using anti-inflammatory eye drops or tear duct plugs.

Important Safety Information:
RESTASIS® Ophthalmic Emulsion should not be used by patients with active eye infections and has not been studied in patients with a history of herpes viral infections of the eye. RESTASIS® should not be used while wearing contact lenses. If contact lenses are worn, they should be removed prior to use. The most common side effect is a temporary burning sensation. Other side effects include eye redness, discharge, watery eyes, eye pain, foreign body sensation, itching, stinging, and blurred vision.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see next page for important product information.

Ask your doctor if RESTASIS® is right for you.
Go to www.restasis30.com or call 1-877-432-2227 for a free information kit. Find out more about a $20 rebate offer! See next page for details.
RESTASIS®
(cyclosporine ophthalmic emulsion) 0.05%
Sterile, Preservative-Free

INDICATIONS AND USAGE
RESTASIS® ophthalmic emulsion is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

CONTRAINDICATIONS
RESTASIS® is contraindicated in patients with active ocular infections and in patients with known or suspected hypersensitivity to any of the ingredients in the formulation.

WARNING
RESTASIS® ophthalmic emulsion has not been studied in patients with a history of herpes keratitis.

PRECAUTIONS
General: For ophthalmic use only.

Information for Patients
The emulsion from one individual single-use vial is to be used immediately after opening for administration to one or both eyes, and the remaining contents should be discarded immediately after administration.

Do not allow the tip of the vial to touch the eye or any surface, as this may contaminate the emulsion.

RESTASIS® should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. If contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of RESTASIS® ophthalmic emulsion.

Carcinogenesis, Mutagenesis, and Impairment of Fertility
Systemic carcinogenicity studies were carried out in male and female mice and rats. In the 78-week oral (diet) mouse study, at doses of 1, 4, and 16 mg/kg/day, evidence of a statistically significant trend was found for lymphocytic lymphomas in females, and the incidence of hepatocellular carcinomas in mid-dose males significantly exceeded the control value.

In the 24-month oral (diet) rat study, conducted at 0.5, 2, and 8 mg/kg/day, pancreatic islet cell adenomas significantly exceeded the control rate in the low dose level. The hepatocellular carcinomas and pancreatic islet cell adenomas were not dose related. The low doses in mice and rats are approximately 1000 and 500 times greater, respectively, than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Cyclosporine has been found mutagenic/genotoxic in the Ames Test, the V79-HGPRT Test, the sister chromatid exchange (SCE) induction by cyclosporine using human lymphocytes in vitro gave indication of a positive effect (i.e., induction of SCE).

No overall difference in safety or effectiveness has been observed between elderly and younger patients.

RESTASIS® is contraindicated in patients with active ocular infections and in patients with known or suspected hypersensitivity to any of the ingredients in the formulation.

TERATOGENIC EFFECTS:
No evidence of teratogenicity was observed in rats or rabbits receiving oral doses of cyclosporine up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times greater than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Non-Teratogenic Effects: Adverse effects were seen in reproduction studies in rats and rabbits only at dose levels toxic to dams. At toxic doses (rats: 30 mg/kg/day and rabbits: 100 mg/kg/day), cyclosporine oral solution, USP was embryotoxic and teratogenic as indicated by increased pre- and postnatal mortality and reduced fetal weight together with related skeletal abnormalities. These doses are 30,000 and 100,000 times greater, respectively, than the daily human dose of one-drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of embriofetal toxicity was observed in rats or rabbits receiving cyclosporine at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively, during organogenesis. These doses in rats and rabbits are approximately 17,000 and 30,000 times greater, respectively, than the daily human dose.

Teratogenic Effects: No evidence of teratogenicity was observed in rats or rabbits receiving oral doses of cyclosporine up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times greater than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Non-Teratogenic Effects: Adverse effects were seen in reproduction studies in rats and rabbits only at dose levels toxic to dams. At toxic doses (rats: 30 mg/kg/day and rabbits: 100 mg/kg/day), cyclosporine oral solution, USP was embryotoxic and teratogenic as indicated by increased pre- and postnatal mortality and reduced fetal weight together with related skeletal abnormalities. These doses are 30,000 and 100,000 times greater, respectively, than the daily human dose of one-drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of embriofetal toxicity was observed in rats or rabbits receiving cyclosporine at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively, during organogenesis. These doses in rats and rabbits are approximately 17,000 and 30,000 times greater, respectively, than the daily human dose.

Teratogenic Effects: No evidence of teratogenicity was observed in rats or rabbits receiving oral doses of cyclosporine up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times greater than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Non-Teratogenic Effects: Adverse effects were seen in reproduction studies in rats and rabbits only at dose levels toxic to dams. At toxic doses (rats: 30 mg/kg/day and rabbits: 100 mg/kg/day), cyclosporine oral solution, USP was embryotoxic and teratogenic as indicated by increased pre- and postnatal mortality and reduced fetal weight together with related skeletal abnormalities. These doses are 30,000 and 100,000 times greater, respectively, than the daily human dose of one-drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of embriofetal toxicity was observed in rats or rabbits receiving cyclosporine at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively, during organogenesis. These doses in rats and rabbits are approximately 17,000 and 30,000 times greater, respectively, than the daily human dose.

Teratogenic Effects: No evidence of teratogenicity was observed in rats or rabbits receiving oral doses of cyclosporine up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times greater than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.
A Special Thank You

… to all of the companies and organizations that participated in the 2012 “Bold Blue Day” initiative, increasing Sjögren’s awareness while helping to raise crucial funds for life-changing research by hosting a dress-down blue jeans day in honor of Sjögren’s!

Alabama
Attalla Healthcare & Rehab, Attalla
Chilton Medical Center, Clanton
Get It Done Painting, Opelika
Huddle House, Opelika

Arizona
Doctor My Eyes, Scottsdale

California
Topco Sales, Chatsworth
Nancy Carteron, MD, FACR, San Francisco

Colorado
Holly D Kent, MD, Denver

Washington, DC
Catholic Health Association

Florida
Central Credit Union of Florida, Panama City
Family Medicine of Boca Raton, Boca Raton
UBS Financial Services, Palm Beach Gardens
Ruben Dario Middle School, Miami

Illinois
ACTSERV, P.C. CPA’s, Mount Prospect
Cappanari Ice Cream, Mount Prospect
Millennium Bank, Des Plaines

Indiana
Castle North Middle School, Elberfeld

Kansas
Bayer, Shawnee

Kentucky
Life Care Center of Morehead, Morehead
Realtor Association of Southern Kentucky, Bowling Green

Massachusetts
Boston Foundation for Sight, Needham
Dalton Medical Associates, Dalton
Melissa M. Pacheco Electrology Office, Swansea

Maryland
Maverspire, Annapolis
Sjögren’s Syndrome Foundation, Bethesda

Minnesota
University of Minnesota School of Dentistry, Minneapolis

Missouri
Prairie Point Elementary, Kansas City

Montana
Glacier Eye Clinic PC, Kalispell

New Jersey
Daiichi Sankyo, Parsippany
Daiichi Sankyo Pharma, Edison
St. Joseph Academy, Bogota

New York
Books to Bed, New York
Kips Bay Endoscopy Center, New York
Lisa H. Sedotto, DMD, New Hyde Park
St. Ambrose, Cohoes
University of Albany, Albany
Yannis Too, Selkirk
The Spolyar Family, Slingerlands
Schenectady Free Health Clinic Volunteers, Schenectady

Ohio
Hughes Zoo Academy, Cincinnati

Pennsylvania
Allegheny General Hospital, Pittsburgh
Emmaus High School, Wescosville
Loganville - Springfield Elementary School, York
Marion Elementary, Belle Vernon

Texas
NetVU, Irving

Virginia
Virginia Beach Middle School, Virginia Beach

Vermont
Nelson Ace Hardware, Barre

Washington
CHC 112th Clinic, Everett
Simply Measured, Seattle

Wisconsin
Saint John Vianney, Janesville

Canada / Ontario
TD Canada Trust, Dryden

Mark your calendar for April 2013 to participate in Bold Blue Day!
The symptoms of Sjögren’s Syndrome can have devastating effects. Oral dryness can result in severe and chronic dental decay, fissures, infections, and difficulty in speaking and swallowing.

What is NeutraSal®

NeutraSal® is an advanced electrolyte solution indicated in the treatment of dry mouth (xerostomia) in patients with Sjögren’s Syndrome. NeutraSal® consists of single use packets of dissolving powders that when mixed with water creates an oral rinse supersaturated with calcium, phosphate and bicarbonate ions.

- Calcium and phosphate ions have been shown to aid in the prevention of dental caries (cavities) and promote the remineralization of the teeth in normal saliva.
- Sodium bicarbonate ions reduce the acidity of the saliva in the mouth and break up accumulating mucus.
- The pH of NeutraSal® is similar to normal saliva which may protect the mouth against potential opportunistic fungal (oral thrush) and bacterial infections.
- Clinically proven to relieve the symptoms of dry mouth in Sjögren’s Syndrome patients with no reported side effects or drug to drug interactions.

Introducing NeutraSal®
(Supersaturated Calcium Phosphate Rinse)

Complimentary with Every NeutraSal® Prescription

NO PATIENT LEFT BEHIND PROGRAM

The No Patient Left Behind Program is designed to provide access to NeutraSal® treatment for all patients regardless of their insurance coverage and includes no out-of-pocket costs for patients. NeutraSal® is a prescription only product. Ask your physician.
Each fall your local United Way, Combined Federal Campaign, state employee, and private employer payroll deduction campaigns begin. We hope you will remember the Sjögren’s Syndrome Foundation when choosing where to allocate your donation. If we are not listed on the contribution form, you usually may write in the Sjögren’s Syndrome Foundation.

Tell your co-workers, friends, and family members how important it is to choose and write in the Sjögren’s Syndrome Foundation on their campaign form, too.

If your employers will not allow you to write in the Sjögren’s Syndrome Foundation, remind them that we are a national non-profit 501(c)(3) organization and qualify for most payroll deduction campaigns. If they need more information, please contact the Foundation at 800-475-6473 and ask for Cynthia Williamson.

Just think – every dollar counts.

Last year alone — thanks to those who chose to give through their employer’s payroll campaign — the Sjögren’s Syndrome Foundation was able to increase its Research and Awareness commitments.

The Sun and Sjögren’s Syndrome

by Mona Z. Mofid, MD, FAAD

Ultraviolet (UV) radiation emitted from the sun and other light sources (such as some fluorescent lights) can alter immune function and lead to an autoimmune response in the body and in the skin. In Sjögren’s syndrome (SS) patients skin rashes and disease flares can result as well as ocular sensitivity and pain. In Sjögren’s, sun sensitivity is associated with the autoantibody SSA/or Ro. To avoid reactions to UV light, try the following tips:

- Protect your skin and eyes through use of sunscreen, sunglasses, ultraviolet light-protective clothing, hats, and non-fluorescent lighting.
- Use sunscreen that protects against both UVA and UVB rays. Doctors now recognize the dangers of UVA light in addition to those of UVB.
- Read the label! Look for the words “broad spectrum,” which often are used to mean protection from both UVA and UVB light. Note that SPF ratings refer only to UVB rays. In the U.S., a “star” rating on products is coming into increased use to help consumers figure out how much UVA protection is provided. A European rating referred to as “PFA” measures UVA protection.
- Use plenty of sunscreen! Most people only use about 1/3 the recommended amount of sunscreen. This reduces the benefit of the SPF rating.
- Use a higher number SPF sunscreen.
- Remember that water, humidity and sweating decrease sunscreen effectiveness and mean you must reapply your sunscreen.
- Wear sun-protective clothing. It is designed to protect your skin from UVA and UVB rays, is more reliable than sunscreen, does not wash off or need to be reapplied, can be washed and dried quickly, and, compared to sunscreen, is not known to cause skin reactions.
- Don’t forget to wear sunscreen on areas not covered by sun-protective clothing, such as the neck and ears.
- Consider purchasing UV-protective car and home window films (which come in clear) and tinting.
- Wear good UV-protective eye lenses and sunglasses.
- Seek the shade when outside.
- Investigate whether UV-protective clothing and eyewear, window shields, and sunscreens are eligible for reimbursement under your insurance plan or Flexible Health Care Spending Account.

IT’S TIME

United Way • Combined Federal Campaign • State Payroll Deduction

Each fall your local United Way, Combined Federal Campaign, state employee, and private employer payroll deduction campaigns begin. We hope you will remember the Sjögren’s Syndrome Foundation when choosing where to allocate your donation.

If we are not listed on the contribution form, you usually may write in the Sjögren’s Syndrome Foundation.

Tell your co-workers, friends, and family members how important it is to choose and write in the Sjögren’s Syndrome Foundation on their campaign form, too.

If your employers will not allow you to write in the Sjögren’s Syndrome Foundation, remind them that we are a national non-profit 501(c) (3) organization and qualify for most payroll deduction campaigns. If they need more information, please contact the Foundation at 800-475-6473 and ask for Cynthia Williamson.

Just think – every dollar counts.

Last year alone — thanks to those who chose to give through their employer’s payroll campaign — the Sjögren’s Syndrome Foundation was able to increase its Research and Awareness commitments.

Remember, the Foundation has received the:
“Dermatitis” continued from page 2 ▼

and viral infections within your body can cause your skin to break out in spots as well. The chickenpox virus, for example, can cause itchy spots in children. Years later, in older adults, the same virus may reappear as shingles, bringing a painful rash and high fever. Vaccines can prevent several rash-causing diseases, including chickenpox, shingles and measles.

Certain drugs, including antibiotics like amoxicillin, may also cause itchy skin rashes. If you’re allergic to a drug, a rash can be the first sign of a serious reaction. As with other allergies, a reaction to a drug may not occur the first time you take it. It could show up after several uses. Not all drug rashes are due to an allergy, however. If you break out in itchy spots after starting a new drug prescription, contact your doctor right away.

While most rashes get better with time, some can last a lifetime. Psoriasis, a condition where skin cells build up into thick red patches, tends to run in families. “It’s a complex genetic disease, in that there’s not one gene that causes psoriasis but many,” says Katz. Even though none of these genes alone has a great effect on the disease, knowing which genes are involved can help researchers design potential new treatments. Other long-term diseases that can produce rashes include autoimmune diseases, such as lupus, and some forms of cancer.

If you notice an itchy or painful rash on your skin, think twice before going to the drugstore and getting some cream if you don’t know the cause. “The creams that you buy can produce problems that make your original problem even worse,” Katz says. Because rashes can be caused by many different things—bacteria, viruses, drugs, allergies, genetic disorders, and even light—it’s important to figure out what kind of dermatitis you have.

“If you have any significant rash, you should see a dermatologist,” says Katz. A dermatologist, or skin doctor, is specially trained to figure out what’s causing a rash and help you get the right treatment.

Your skin is your protection. It’s not just the covering that keeps your body in; it’s also your first line of defense against germs and chemicals. Take care of your skin so your skin can take care of you.

**Call your doctor if…**

- your rash is so uncomfortable or painful it interferes with daily activities or sleep.
- the rash is on your face.
- your rash looks worrisome or seems infected.
- you break out in a rash after taking a new medication.
- your rash lasts for several days.

“Yoga” continued from page 1 ▼

Yoga has influenced my life on a physical, mental and spiritual level, and it can produce the same results for anyone with this disease. Yes, I still get fatigue, ill feelings, dry eyes and mouth but not nearly as severe. I believe Yoga is keeping me in balance. Along with Yoga, I also eat well, take vitamins and supplements, get plenty of sleep, and laugh as much as possible.

I’d like to briefly explain what Yoga is. A typical Yoga practice involves postures to increase flexibility, strength and balance. The practice also may include breathing techniques and meditation. During a Yoga practice, one moves from pose to pose while coordinating the breath with the body’s movement. Focusing on the breath in this way can build great focus and quiet the mind.

Before listing all of the glorious benefits of Yoga, I would like to briefly clarify what Yoga is and what it is not. Yoga means “union” in the Sanskrit language. It is a method that seeks to unite mind, body, and spirit. As with other forms of exercise, Yoga is not about competition. It is not about how far one can move into a pose, or how long one can remain in the pose once there. Yoga is about self-exploration. It creates internal balance and promotes overall health. Also, Yoga is not a religion. It is practiced by people of all faiths. It will enhance your spirituality, regardless of what that might be.

The benefits of Yoga are numerous. Besides increasing flexibility, strength and balance and calming the mind, Yoga can relieve a number of ailments, such as back pain, arthritis, headaches, digestive problems, symptoms of menopause and PMS, fatigue, anxiety, depression, high blood pressure and insomnia and help improve your immune system and many others. However, it may take longer for some people to notice these benefits. Yoga is based on individualized practice. Once you start a Yoga practice, your body will respond to the postures in incredible ways.

To receive the maximum benefits of Yoga, one should practice at least three times per week. A frequent, short practice is most beneficial. A daily practice is ideal. Even when you are not feeling well, try to practice for a few minutes. You will be amazed at what moving and breathing can do for you! If you are new to Yoga, you may consider attending a weekly class to receive feedback from a qualified Yoga teacher.

Regardless of whether you want an energizing practice or a gentle one, there is a style for everyone. If you are patient and continue to practice, Yoga will initiate some wonderful changes within you. If you are interested in the philosophy of Yoga, visit www.yogajournal.com for more information. If you would like to find a Yoga class in your area, you can visit www.yogafinder.com.

For patients with Sjögren’s syndrome

DRY-MOUTH SYMPTOMS DON'T HAVE TO BE SO DISTRACTING.

If you experience dry-mouth symptoms due to Sjögren’s syndrome, then you already know how distracting these can be to your daily life. It might be time to ask about EVOXAC® (cevimeline HCl), a prescription treatment that works by stimulating the production of your body’s own natural saliva.

Talk to your doctor to see if EVOXAC can help, or visit DiscoverEVOXAC.com.

Please see important information about EVOXAC below.

Important Safety Information

What is EVOXAC?

• EVOXAC (cevimeline HCl) is a prescription medicine used to treat symptoms of dry mouth in patients with Sjögren’s syndrome.

Who Should Not Take EVOXAC?

• You should not take EVOXAC if you have uncontrolled asthma, allergies to EVOXAC or a condition affecting the contraction of your pupil such as narrow-angle (angle-closure) glaucoma or inflammation of the iris.

What should I tell my Healthcare Provider?

• Tell your healthcare provider if you have any of the following conditions:
  • History of heart disease;
  • Controlled asthma;
  • Chronic bronchitis;
  • Chronic obstructive pulmonary disease (COPD);
  • History of kidney stones;
  • History of gallbladder stones
• Tell your healthcare provider if you are trying to become pregnant, are already pregnant, or are breastfeeding.
• Tell your healthcare provider about all medications that you are taking, including those you take without a prescription. It is particularly important to tell your healthcare provider if you are taking any heart medications especially “beta-blockers”
• If you are older than 65, your healthcare provider may want to monitor you more closely.

General Precautions with EVOXAC

• When taking EVOXAC use caution when driving at night or performing other hazardous activities in reduced lighting because EVOXAC may cause blurred vision or changes in depth perception.
• If you sweat excessively while taking EVOXAC drink extra water and tell your health care provider, as dehydration may develop.
• The safety and effectiveness of EVOXAC in patients under 18 years of age have not been established.

What are some possible side effects of EVOXAC?

• In clinical trials, the most commonly reported side effects were excessive sweating, headache, nausea, sinus infection, upper respiratory infections, runny nose, and diarrhea.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch, or call 1-800-FDA-1088. Please visit www.EVOXAC.com for full Product Information for EVOXAC.

For patients having difficulty affording their Daiichi Sankyo medication, please call the Daiichi Sankyo Patient Assistance Program at 1-866-268-7327 for more information or visit www.dsi.com/news/patientassistance.html.

Please see a brief summary of Important Information for EVOXAC on the next page.
Rain, sleet and snow did not stop Sherry Mengle from holding the first-ever Autumn Awareness Masquerade in Pennsylvania. In October 2011, Sherry and her family decided to hold a fun awareness event in her community to help get the word out about Sjögren’s while raising funds and having fun! When an unexpected snowstorm forced Sherry to cancel the evening event, she decided to reschedule the event for the very next day and it turned out to be a smashing success!

Sherry and her family are once again determined to make a difference by planning the 2nd Annual Autumn fundraising event, “Mysterious Amusement,” on October 6, 2012. The event will be held at the VFW in Selinsgrove, Pennsylvania, to benefit the Sjögren’s Syndrome Foundation. The evening promises to be full of fun and intrigue featuring a magic show and a comedian hypnotist with music, dancing and a fundraising auction. To learn more about this event or about hosting an event of your own, contact the SSF at 301-530-4420.

Way to go, Sherry! Thanks for Standing Up to Make A Difference in Pennsylvania!
Ask your physician to prescribe Numoisyn today!

Numoisyn Liquid
Prescribing Information
Ingredients: Water, sorbitol, linseed (flaxseed) extract, Chondrus crispus, methylparaben, sodium benzoate, potassium sorbate, dipotassium phosphate, propylparaben.

How Supplied: 30 mL per bottle or 300 mL per bottle.

Therapeutic Group: Numoisyn Liquid is an oral solution formulated for the relief of chronic and temporary xerostomia (dry mouth), which may be a result of disease, medication, oncology therapy, stress, or aging.

Indications: Numoisyn Liquid is indicated for the treatment of symptoms of dry mouth. Numoisyn Liquid relieves the symptoms of dry mouth by enhancing swallowing, improving speech mechanics, and lubricating the oral cavity like natural saliva. Numoisyn Liquid may be used to replace natural saliva when salivary glands are damaged or not functioning. The viscosity is similar to that of natural saliva.

Contraindications: Numoisyn Liquid are contraindicated in patients with a known history of hypersensitivity to any of the ingredients.

Special Precautions for Use: As Numoisyn Liquid contains linseed (flaxseed) extract, patients with irritable bowel syndrome or diverticular disease or those on a high linseed diet may experience abdominal discomfort.

Warning: Federal law restricts Numoisyn Liquid to sale by, or on the order of, a physician or properly licensed practitioner.

Interactions: There are no known interactions between Numoisyn Liquid and any medicinal or other products.

Directions for Use: Shake bottle well. Take 2 mL (about 1/2 teaspoon) of Numoisyn Liquid and rinse around in the mouth before swallowing. Use as needed.

Side Effects: Patients may experience difficulty in swallowing, altered speech, and changes in taste. If side effects persist or become severe, patients should contact a physician.

Storage: Store at room temperature. Do not refrigerate. Use within 3 months of first opening.

Please Note: Numoisyn Liquid is translucent and may contain some natural particles that do not affect the quality of the product.

Manufactured in Italy under license from Sinclair Pharmaceuticals Ltd.
Godalming, Surrey GU7 1XW UK

 Distributed by
ALIGN Pharmaceuticals, LLC
Berkeley Heights, NJ 07922 USA

www.alignpharma.com

Numoisyn Lozenges
Prescribing Information
Ingredients: Sorbitol (0.3 g per lozenge), polyethylene glycol, malic acid, sodium citrate, calcium phosphate dibasic, hydrogenated cottonseed oil, citric acid, magnesium stearate, and silicon dioxide.

Pharmaceutical Form: Oral lozenge

Contents: 100 lozenges per bottle. Net weight of 40 g (0.4 g per lozenge).

Therapeutic Group: Numoisyn Lozenges are oral lozenges formulated to promote lubrication of oral mucosa that may be dry due to a variety of circumstances, including medication, chemotherapy or radiotherapy, Sjögren’s syndrome, or oral inflammation.

Indications: Numoisyn Lozenges are indicated for the treatment of xerostomia (dry mouth). Numoisyn Lozenges provide temporary relief of dry mouth due to damaged salivary function. Numoisyn Lozenges are formulated to support the natural protection of teeth provided by saliva so that no damage occurs to teeth with repeated use of the lozenges.

Contraindications: Numoisyn Lozenges are contraindicated in patients with fructose intolerance or a known history of hypersensitivity to any of the ingredients.

Warning: Federal law restricts Numoisyn Lozenges to sale by, or on the order of, a physician or properly licensed practitioner.

Interactions: There are no known interactions between Numoisyn Lozenges and any medicinal or other products.

Directions for Use: Let one Numoisyn Lozenge dissolve slowly in the mouth when needed. To obtain optimal effect, move the lozenge around in the mouth. Repeat as necessary. Do not exceed 16 lozenges in 24 hours.

Side Effects: Excessive consumption can cause minor digestive problems.

Storage: Store at room temperature. KEEP OUT OF REACH OF CHILDREN.

Overdose: No overdoses have been reported to date.

Manufactured in Italy under license from Sinclair Pharmaceuticals Ltd.
Godalming, Surrey GU7 1WU UK

Distributed by
ALIGN Pharmaceuticals, LLC
Berkeley Heights, NJ 07922 USA

www.alignpharma.com
In Memory of Irene O’Leary
Fred & Peggy Aiello
Katherine Foley
In Memory of Debbie McGovney
Otto & Rosa Hausch
Edward & Deverie Kiedaisch
Tim & Janice McGovney
Jim & Carol Rebhuhn
In Memory of Dean Soliday
Frances & Jeffrey Arpin
Edwin & Blanche Burke
Wanda Claussen
Leffingwell Baptist Church
In Memory of Terri Self
Cargotec USA
Tony Droubi
David & Stephanie Gannaway
Anthony Graham
Debra Morrison
Donna & Dean Sablotny
Clark & Jo Self
Stephen Thompson
Diane & Jack Wiley
In Memory of Betty Strock
Frank & Kay Astolfi
Linda & Marty Glickman
Ellen & Marvin Gross
Sandy & Teenie Issod
Dotsy & Mike Landau
John & Marie McNamara
Nissman – Salin Oral & Maxillofacial-Surgery, PC
In Memory of Terri Self
Cargotec USA
Tony Droubi
David & Stephanie Gannaway
Anthony Graham
Debra Morrison
Donna & Dean Sablotny
Clark & Jo Self
Stephen Thompson
Diane & Jack Wiley
In Memory of Betty Strock
Frank & Kay Astolfi
Linda & Marty Glickman
Ellen & Marvin Gross
Sandy & Teenie Issod
Dotsy & Mike Landau
John & Marie McNamara
Nissman – Salin Oral & Maxillofacial-Surgery, PC
In Memory of Betty Strock
Frank & Kay Astolfi
Linda & Marty Glickman
Ellen & Marvin Gross
Sandy & Teenie Issod
Dotsy & Mike Landau
John & Marie McNamara
Nissman – Salin Oral & Maxillofacial-Surgery, PC
In Memory of Betty Strock
Continued
Jim, Mary, Jack & Justin Perl
Karen & Michael Rosenzweig
Neil & Lois Schwalb
Maxine & Marvin Sodicoff
Frank & Rosalie Swanson
Sally & Robert Wickman
In Memory of Shirley Nitkin
Shirley & Jack Geffner
In Memory of Jean Simmons
IHS Global
Emma F. Hansford
In Memory of Gerald Goldman
Deirdre & Stephen Perl-Strock
In Memory of Sandra Nagy
Monticello Women’s Club
In Memory of Jane Coffey
Katie Jordan
In Memory of MaryEllen Kleger’s Mother
Marilyn & Steve Honowitz
In Memory of Jeanne Erlandson
Dorothy Petersen
In Memory of William Kissel
Beckerleg Family
Joyce & Tom Sullivan
In Memory of Jenny Stanfield
Veronica Stanfield
In Memory of Bob & Peggy Rylander
Judy, Larry & Emily Hadley
In Memory of Susanna van de Merwe
Saint-Gobain Ceramics & Plastics, Inc.
In Honor of Nancy Visocki’s Birthday
Lynne & Vin DeLaurentis
In Honor of Henry & Kathy Cocain
Nature Stone
In Honor of Waltraud Schlanzky
Paula Peterson
In Honor of Carol Maleto
Mary Hilliker
In Honor of Maurine Daniels
Sheryl Brewer
In Honor of Linda Field
Dick & Elaine Parsons
In Honor of Jessica Levy
Joan Billig
In Honor of Marty & Lita Treese’s Anniversary
John & Sunny Pupo
Donate Your Old Vehicle
Call us today for more information.
800-475-6473
One main reason why Sjögren’s is often undiagnosed or misdiagnosed is because it can involve several body systems without all symptoms being present at the same time. Both patients and physicians tend to look at the symptoms individually without realizing that a systemic disease is present or do not connect symptoms beyond the hallmark symptoms of Sjögren’s – dry eyes and dry mouth.

This is why the Foundation has created the blog, Conquering Sjögren’s, as well as expanded our social media presence on Twitter and Facebook. We hope that by increasing our visibility, we will reach our goal of shortening the time to diagnose Sjögren’s by 50% in 5 years. These online tools help us reach more people and help educate people about all the symptoms and complications of Sjögren’s such as fatigue, peripheral neuropathy, brain fog and chronic pain.

These posts make more Sjögren’s information available to the general public, while simultaneously helping the Foundation’s online search engine rating. This way when a person searches for information on vasculitis, joint pain or tooth decay, the Sjögren’s Syndrome Foundation appears in their search results!

Creating awareness about the various manifestations of Sjögren’s symptoms will not only reduce the time it takes to be diagnosed, but increased Sjögren’s knowledge will benefit all patients. By following the Foundation’s social media accounts you can share with other patients and request information to be featured in The Moisture Seekers.

We hope you will follow our blog and social media accounts to not only stay updated on the latest information concerning progress with our 5-Year Breakthrough Goal but also to help us reach our goal by asking your family and friends to follow us, too! The more people we reach and are able to educate, the closer we come to making Sjögren’s a household name.

Recommended by eye doctors, tranquileyes eye hydrating therapy soothe dry, puffy eyes. The included gel packs can be warmed in a microwave and placed inside the goggles to stimulate tear production and the release of beneficial oils from the eyes’ meibomian glands, increasing relative humidity and moisture to relieve dry eyes. Or, freeze gel packs to reduce swelling and eye puffiness. The goggle can also be used during sleep, comfortably sheltering the eyes from drafts and light while keeping moisture in.

Members and friends of SSF receive 15% off all orders. To redeem, mention this ad when calling toll free 1-888-730-7999 or use promotional code ‘SSF’ online at www.eyeeco.com.

For more information visit www.eyeeco.com or call toll free 1-888-730-7999.
Viva Las Vegas!
Join Team Sjögren’s in Las Vegas!

Take a gamble by signing up to join our Team Sjögren’s Marathon Training Program for the Las Vegas marathon and half marathon. This program will take a walker or novice runner and prepare you to walk or run in the Las Vegas Marathon or Half Marathon!

Consider joining us for this December 2nd event where you will be able to enjoy the “Strip at Night” as we run a late afternoon marathon or half marathon with 25,000 other runners from all over the world! The marathon and half marathon course takes you up and down the Las Vegas Strip and is sure to be an amazing experience with bands along the route as well as cheerleaders to support us as we run or walk!

By signing up to join Team Sjögren’s, you not only will receive world-class training but also leadership and mentorship from past runners and staff. You will receive coaching from our Team Trainer as well as our Team Nutritionist. The staff of the SSF will help guide you through the entire process and ensure you are ready to complete either the 13.1 or 26.2-mile course!

In addition, you not only will be raising awareness for Sjögren’s but also helping raise crucial funds for Sjögren’s research and education.

We hope you will join us! If you don’t think you want to walk or run, help us recruit someone else – your husband, wife, sister, cousin, daughter, son or friend – and have them run in your honor.

We bet you can do it! Take a chance and join us. Viva Las Vegas!

To learn more about Team Sjögren’s, contact Cynthia Williamson at 800-475-6473, ext. 205, or cwilliamson@sjogrens.org
Sick and Tired of Feeling Sick and Tired: Living with an Invisible Chronic Illness
by Dr. Paul J. Donoghue and Dr. Mary E. Siegel

Chronic illness is often misunderstood because it lacks obvious physical symptoms. In this updated edition, Drs. Donoghue and Siegel highlight key components for someone living with a chronic illness, such as communicating with loved ones, conveying symptoms to a doctor and other closely related ailments.

This easy read will help one understand, sympathize and gain insight into living with an invisible chronic illness.

About the authors:

Dr. Paul J. Donoghue and Dr. Mary E. Siegel are psychologists in private practice in Stamford, Connecticut. Their work has been featured on “The Today Show,” CNBC, and “Good Day New York,” and in the New York Times.