

January 2008  
Newsletter

# NeuroAid™

## **Driving When You Have Had a Stroke**



For many stroke survivors, being able to drive is a big step, and a big achievement. It does support a fuller independence. A stroke can affect many of the skills necessary for independent driving. A number of stroke survivors will return to independent driving.

The first objective in evaluating the possibility of independent driving is to ensure safety. Safety is always an issue as soon as someone gets behind the wheel. It's even more important after a stroke. Injury to the brain can result in deficits in strength, coordination, vision, perception, and cognition – all these will impact the stroke survivor's safety in driving.

Adaptive aids, such as steering wheel pegs and accelerator extensions, can certainly be incorporated to help compensate for some of the motor deficits. A spinner knob can be attached to the steering wheel to allow controlled steering with the use of one hand. A left gas pedal may be used if you are unable to use your right foot to gas or brake. All these aids will require training to ensure safety with a new adapted driving method.

Before one returns to driving it is advisable to have an Occupational Therapist perform an evaluation of one's driving ability. This can include an assessment of vision, muscle and grip strength test, brake reaction time, and perceptual and cognitive abilities. Driving skills can be tested in a simulator or behind-the-wheel with an instructor. In some cases the therapist will recommend additional driver training such as visual scanning and tracking, reaction time, spatial perception, execution of complex actions. Your doctor can guide you on training and evaluation options.

Please note that driving against your doctor's advice can be dangerous and may be illegal. Some stroke survivors will unfortunately have to cut off or give up driving. They can still keep their independence with some planning ahead to go to the places they want to and meet the persons they want to. They should consider riding with family and friends, taxis, public transportation or even to walking. They also often have access to transportation services offered by senior centers and local service groups.

## New developments in stroke rehabilitation



### Focus on the constraint-induced movement therapy (CIMT)

Constraint-induced movement therapy (CIMT) started with the idea that the more you stimulate a limb, the more it is prone to react and gain agility. The idea behind CIMT is to restrain the movement of the unaffected limb so that the person is forced to mobilize his affected limb more often.

First, studies were conducted on monkeys and they showed the phenomenon of “learned non-use”. First the animal stops using the affected limb right after injury and learns to get along with the 3 remaining limbs. As time goes on, even after the affected limb heals, the monkey typically under-uses the healed limb as it has gotten used to get along with the three remaining limbs – this phenomenon was described as the “learned non-use” and it limits the recovery of the initially affected limb. By constraining the opposite limb, the animal is forced to use its healed or partially healed limb this reversed the “learned non-use effect”.

This forced use of the unaffected limb is known as constraint-induced movement therapy (CIMT).

A recent randomized controlled trial of CIMT was conducted on 227 patients who had a first stroke within the previous 3 to 9 months. Patients were assigned to either a 2-week program of CIMT (wearing a restraining mitt on the unaffected hand while engaging in repetitive task practice and behavioral shaping with the hemiplegic hand) or usual and customary care (this could range from no treatment to pharmacologic or physiotherapeutic interventions). The CIMT group demonstrated statistically significant improvements in all outcome measures that persisted for at least 1 year.

For patients to benefit from CIMT, it is often recommended that they have intact cognition and also meet the minimum motor criteria of being able to extend the impaired wrist and fingers to 20 and 10 degrees respectively. As for today, CIMT is still at an initial phase of development and requires a strong personal commitment as it is a very constraining technique and often an unpleasant experience. Yet, if you are interested by CIMT, don't hesitate to mention it and discuss it with your physician.



## Preventing risk of another stroke: healthy cooking tips

Your diet is an important part of your lifestyle after a stroke. Eating the right kinds of foods may help you feel better and get stronger. A well balanced diet helps your body build tissues that may have been harmed and also gives you energy. A low-salt, low-fat, low-cholesterol diet can help prevent a recurrent stroke. People with high blood pressure should limit the amount of salt they eat. Those with high cholesterol or hardening of the arteries should avoid foods containing high levels of saturated fats (i.e., animal fats). These diet controls can enhance the benefits of the drugs which may have been prescribed for control of a specific condition.



Here are some useful cooking tips to help you cook in a healthy style.

- Fill your grocery cart with a variety of lean meats and low-fat dairy products, whole grains and lots of fruits and vegetables.
- Use cooking methods like roasting, baking, broiling, grilling, braising, sautéing, stir-frying and microwaving to help retain vitamins and minerals and keep fat and calories down.
- Choose cooking oils that contain 2 grams or less of saturated fat per teaspoon, such as safflower, soybean, corn, canola and olive oil. Choose liquid or soft-tub margarine and oil-based salad dressing.
- Baste meats and poultry with fat-free ingredients, such as wine, fruit juice or defatted beef or chicken broth.
- Use chopped vegetables as a substitute for some of the bread when you make stuffing.
- Add a few drops of lemon juice to the water you cook pasta in, and eliminate the salt and oil.
- Cut down on saturated fat in creamy salad dressings by mixing in some nonfat or low-fat plain yogurt.
- In most recipes, one egg white and a little acceptable vegetable oil will substitute well for a whole egg. Egg whites contain no cholesterol and are rich in protein.
- Fruits that are fresh or canned in water have fewer calories than fruits in juice or syrup. Drain fruits canned in syrup.

If you have diabetes, high blood pressure or high cholesterol, your doctor may have special recommendations.



## Moleac by its CEO

Since setting up in 2002, Moleac research has focused on identifying and clinically validating innovative drugs and devices in China, developing and marketing these outside China. From East to West, Moleac combines modern clinical approach and latest biotechnologies to develop best-in-class therapeutics. It pioneers the development of drugs that extend the benefits of discoveries made in China and of traditional Chinese therapies into mainstream western medicine, to reach millions of patients.



**David Picard** is the co-founder of Moleac and is serving as CEO since.

**How come you have just launched NeuroAid when 15 million people (700,000 in the USA) suffer a stroke each year?**

**David Picard:** NeuroAid is a medicine that has existed in China for many years. While it was developing quickly in northern China, it was completely unknown outside of China. Language barriers combined with a Not Invented Here attitude had resulted in **NeuroAid** being unknown and not available for many stroke victims outside of China.

As good western scientists, when we first came across, we decided to gather an expert panel and we first worked on confirming the safety of **NeuroAid**. Only after having established clear results being convinced of both safety and efficacy did we start marketing and selling **NeuroAid** to outside of China.

**Can you tell us why you chose to settle Moleac in the Republic of Singapore and not in Europe or the USA?**

**David Picard:** Being in Singapore is our biggest chance has as here we find the best of two worlds. On one end we have access to world class clinicians and hospitals, which are highly respected in the international community, to implement our clinical research. On the other end we have the chance to have a scientific community and health authorities which understand TCM well and enforce very strict quality policies. Altogether this is a fantastic enabler which allows us to accelerate on bringing products unveiled from Traditional Chinese Medicine into the West with excellent recognition thanks to robust clinical trials and quality standards. As for now, **NeuroAid** is available locally in several countries in Asia and elsewhere as an over-the-counter medicine/supplement. As **NeuroAid** is not yet an approved medicine by the FDA, we commit to make **NeuroAid10** available in the USA as a dietary supplement to address local demand.

**What were the main challenges you had to face before launching a product such as NeuroAid?**

**David:** As with any disruptive endeavor, we have to face a number of challenges which have mainly to do with the 'not invented here' syndromes. The medical community needs to be educated and brought into what we do. While most Western doctors agree that the key is high quality clinical data on safety and efficacy, their instinct is to prefer to discuss hypothetical mechanisms action. With **NeuroAid** having established safety through clinical trials and half a million patients treated to date and an excellent promise of efficacy obtained in the Chinese clinical trials, the precise mechanism of actions is yet to be confirmed. For the survivor, who wants to recover as much as possible as fast as

possible, the questions are safety and efficacy, not fundamental biology. We often need to remind some doctors that they often prescribe the drugs Lithium or Phenytoin despite not having clear knowledge of their mechanism of action, but since they have shown to be beneficial to patients.... With time and persuasion, most doctors will end up agreeing that **NeuroAid** is the best choice for stroke patients in their recovery phase, as it is safe and addresses a complete gap in the pharmacological arsenal.

**What would you like to see in the future for NeuroAid?**

**David:** With **NeuroAid**, we bring a new hope for stroke survivors and we intend to keep on making rehabilitation easier and quicker. I am aware that many people who go through these hard times are given no options to facilitate their recovery. That is why I intend to spread the word on **NeuroAid** and educate physicians about its existence and its benefits. I understand perfectly that many western doctors are still skeptic towards TCM as they are not trained to it at all. Yet, NeuroAid was developed in an occidental way and it passed successfully all the trials it went through. Moreover, every batch of **NeuroAid** is analyzed thoroughly by third party laboratories to confirm compliance with international standards, and safety for patients. Hopefully, patients going through rehabilitation will soon be offered systematically the opportunity to follow a **NeuroAid** program and benefit from this new traditional medicine.

**Your January 2008 Coupon**

To start the New Year with new hopes, Moleac offers you a **\$20** coupon for the purchase of a **NeuroAid** or **NeuroAid10** treatment.

Just enter this code when ordering on our website or mention it to our customer care dedicated team: **RECOVERY**

This offer is available up to February, 15<sup>th</sup> 2008

**NeuroAID™**

Please note that our Paypal Coupon offer will end on January, 31<sup>st</sup> 2008

**Our next Newsletter will be issued on February, 15<sup>th</sup> 2008.**

Sources:

**Driving after a stroke:**

*MediFocus Guide from Medifocus.com*

[www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)

[www.driver-ed.org](http://www.driver-ed.org)

**Focus on the Constraint-induced movement therapy**

MediFocus Guide from Medifocus.com

[www.annals.edu.sg](http://www.annals.edu.sg)

**Healthy Cooking tips**

The American Stroke Association

[www.bethabe.org](http://www.bethabe.org)

[www.stroke.org](http://www.stroke.org)