

# KDA e-XPRESS

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*Kennedy's Disease knows no boundaries*

*... It is passed from generation to generation in families worldwide*

## Kennedy's Disease Association 10 year Anniversary

-Susanne Waite

Ten years ago, we would never have predicted where the Kennedy's Disease Association would be today. We had hopes and dreams of funding fruitful research and of helping those also taking the Kennedy's Disease journey. A path less traveled; a path that Terry and I didn't want to travel alone.

When Terry was first diagnosed in 1997, he was 35 years old. I was only 27. This was after he was misdiagnosed three times over a two-year period. We finally had an answer! Kennedy's Disease. All the symptoms matched up... but wait, what did that mean for us?

The neurologists at the time could not tell us how long Terry would live, how fast KD would progress or if we had children what would happen.

We were told there were only 50 people with KD in the world. That didn't give us a lot of hope for a cure or treatment. What motivation would that be for a pharmaceutical company to allocate research dollars towards KD research? Who would work towards a cure or treatment for such a rare disease? I have to say my assumptions left me hugely disappointed and afraid.

Terry, always the early adopter, was big on the Internet from its infancy, and he began to research Kennedy's Disease online. There were only three small tidbits with any information out on the World Wide Web at that time – mostly high-level technical medical-speak written by researchers that we didn't understand (at the time).

So he put together his own one-page Web site with a guest book with the welcome, "Congratulations, you've found someone living with Kennedy's Disease." He put every bit of information he could gather about Kennedy's Disease on that page.

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One by one, others with Kennedy's Disease were signing the guest book... "I have KD," "My father has KD," and so on. When the number of those signing the guest book zoomed past 50 to more than 100 individuals, we soon figured out that the belief that only 50 people had been diagnosed with Kennedy's Disease worldwide could not be correct.

Terry then discovered that a conference was being held for the FSMA (Families of Spinal Muscular Atrophy), which included a "breakout" session on Kennedy's Disease. We couldn't believe our eyes! We signed up and attended the HUGE conference (with over 3,000 attendees) in St. Louis.

The FSMA had put together a session of about 12 doctors/researchers from around the world who were researching Kennedy's Disease. I remember Dr. Al La Spada and Dr. Diane Merry were among the group. The doctors/researchers in the room outnumbered the six of us living with KD who attended.

It was there that the KDA idea was born. I asked the researchers if they had more money, could the research proceed more quickly? They said, "Yes." I asked if we formed a non-profit, would they support it? Again, a resounding "Yes."

The FSMA's charter did not allow them to support KD – it was strictly for SMA types I, II and III. So we had to form our own organization.

I didn't know what I was getting us into! I'd never formed a corporation. And I didn't know the rules about 501(c)3's. But Audrey Lewis, founder and president of the FSMA at the time, agreed to help guide us through the process. She was a great help in cheerleading us on in the beginning.

Patrick Griffin was one of the KDRs we met at the FSMA conference. He shared that he had created a Web site about Kennedy's Disease, and had researched quite a bit of information as well. We agreed it would be best to join forces, and combine our

Web site and "guest book" information. Patrick became one of the founding board members of the KDA, along with Terry and I.

We came back from the conference and e-mailed everyone on our guest book lists to let them know what we were planning to do and asked if anyone knew of a law firm that would do work pro-bono for us. Paul Liu directed us to a large international law firm (which has asked to remain anonymous all these years for their pro-bono work.) They helped us complete the incorporation process and 501(c)3 paperwork.

So many advancements have happened just in the last 10 years in KD research. It truly has snowballed. And having the opportunity to meet so many of those dedicating their lives to research face-to-face or via the phone has given us so much hope and confidence. I hope that it will continue to move at a rapid pace so a cure or treatment can be found quickly! (Patience is not one of my virtues.)

Just returning from this year's KDA Conference, we can see the growth of labs, offshoots from Dr. Kenneth Fischbeck's (NIH) or other labs, working on multiple questions about KD simultaneously (which of course, moves the knowledge of KD along that much faster!)

For a rare "orphan" disease like KD, we are so fortunate to have an amazing network of doctors and researchers around the world working on our behalf.

We are also blessed to have met so many amazing people through the KDA over these past 10 years.

Our lives are richer because of it. Had it not been for KD, we would never have met you. Many of you have become family to us. We hope you feel the same.

Thank you for your support of the KDA! We truly appreciate it.

Together we can make a difference. Keep reaching for the stars! We are!



**Paul Liu**

**Dec 11, 1943 – Sept 4, 2010**

**We are sad to hear that one of our early associates has recently died. Paul Liu is remembered by many of us as cheerful and always helpful with great ideas. He was a wonderful man and we will truly miss him. He wrote a story about himself a few years ago on the KDA website you can read under the section, Personal KD Stories**

**Paul will be missed and our sincere condolences go out to Paul's family for their loss.**

# Research and the Kennedy's Disease Association

-Ed Meyertholen, KDA Scientific Review Board Liaison

One of the great experiences of attending the KDA conference is the opportunity to meet and interact with the many researchers who are diligently working to cure KD. We are indeed blessed to have so many researchers who care enough to come and participate in these conferences. There are only a handful of labs that work on KD and over the years, most of the researchers from those labs make it a rule to come to our meetings. This year was no exception as researchers from around the world came to San Diego to meet us and to share their work with us (see the list of attendees at the end of this article).

The participation of the researchers takes two forms. Several of the scientists present their latest work at a general meeting. At this time, the researchers attempt to explain the details of their work (and it is usually quite intricate) and how their findings may eventually lead to a treatment for KD. In addition, there is also a closed meeting which only the researchers attend in which they are able to discuss with each other the implications of recent research and possible avenues of future studies and even possible treatments. I feel that this is an especially valuable resource in that that allows the exchange of information and ideas between labs. We are lucky to have a set of scientists who are able to communicate and collaborate with each other and in doing so, help further the search for a treatment.

Some of the highlights of the presentations include the announcement by Dr. Shih, that his group was awarded a grant to begin the process of testing ASC-J9 as a possible treatment for KD. ASC-J9 is a drug that is derived from a chemical in curry (do not get too excited as it is not believed that curry alone will have any affect!!) that has been shown to relieve the symptoms of KD in mice models. This grant will fund further research with the goal to determine if it is reasonable to plan a clinical trial in the coming years.

Dr. Kenneth Fischbeck presented some of the results from the dutasteride trial that ended in 2008. While there were no statistically significant effects of dutasteride on the primary

outcome measure (quantitative muscle testing), there were effects in some of the other measurements (physical quality of life and number of falls). It is hoped that these results will be published in the near future. He also indicated that NIH was planning a clinical trial on the effect of exercise for KD patients. It is hoped that this may start within the next year so watch for an announcement if you are interested.

In addition to these specific items, the theme of the researcher presentations centered on the concept that a better understanding of the workings of the normal androgen receptor (AR, the protein that is altered in KD) is necessary to understand how the altered AR causes nerve cell death, and thus how it leads to KD. Some of the research described experiments that show that the AR does not act alone as it works in a cell and that these normal interactions appear to be necessary for the mutant AR to cause disease. These interactions are a bit too complicated to try to describe here, but they involve interactions with other proteins (including the AR itself!), with DNA, and with chemical modifications that occur to the AR. Altering or interfering with these interactions or modifications appears to prevent the mutant AR from causing disease. Such research is vital to understanding the molecular basis of KD and it is hoped these will lead to a new effective treatment for KD.

Some of the conferees also were able to become part of a research effort. They consented to donate a small piece of their skin to donate to help find a cure for KD. These samples will be used to generate stem cells from which they can form cultured motor neurons. It is commonly believed that the main effect of KD is on the motor neurons. However, it is not possible to obtain these nerves cells from living patients. This fact makes it difficult to investigate the chemical and biological differences between the motor neurons in KD patients and those in non-affected individuals. It is hoped that by using cells from these skin punches, researchers can generate motor neurons in a 'dish' and use these cells to further the understanding of why these cells are affected in KD.

We thank the following researchers for joining us and participating in panel discussions:

Kenneth H. Fischbeck, MD, National Institute of Health (USA)

Diane E. Merry, PhD, Thomas Jefferson University (USA)

Al La Spada, MD, PhD, University of California, San Diego (USA)

J. Paul Taylor, MD, PhD, St. Jude Children's Research Hospital (USA)

Lenore Beitel, PhD, Lady Davis Institute for Medical Research, Jewish General Hospital (Canada)

Andrew Lieberman, PhD, University of Michigan (USA)

Douglas "Ashley" Monks, PhD, University of Toronto (Canada)

Angelo Poletti, PhD, University of Milan (Italy)

Maria Pennuto, PhD, Italian Institute of Technology (Italy)

Heather Montie, PhD, Thomas Jefferson University (USA)

Jill Yersak, Thomas Jefferson University (USA)

Erin Heine, Thomas Jefferson University (USA)

Lori Cooper, Thomas Jefferson University (USA)

Angela Kokkinis, BSN, RN, National Institutes of Health (USA)

Chris Grunseich, MD, National Institutes of Health (USA)

Alice Schindler, MS, CGC, National Institutes of Health (USA)

Carlo Rinaldi, MD, National Institutes of Health (USA)

Laura Bott, National Institutes of Health (Karolinska Institute-Sweden)

# FUNDRAISING... We're all in this together.

-Lou Tudor KDA Fundraising Chair

We had great ideas expressed at the 2010 KA conference – ideas aimed at helping us raise the needed funds for research. The list below shows projects that can be done by us or our friends and relatives.

The list also contains ideas that need input... Please share your thoughts with us so the fundraising committee can consider what is most doable. Would you like to be on that committee? We are always looking for idea people and implementers! Just send a note to [loutudor@yahoo.com](mailto:loutudor@yahoo.com) and we'll welcome your participation and/or comments.

1. **Spread the word** – Any fundraiser is only as good as the level of support from our associates and their families, friends and neighbors. With instant messaging available to us today, sharing the message is easier than ever. Many of us use e-mail and Facebook to communicate and find these tools very effective.
2. **Shop KDA** – Promote Internet shopping through the KDA website. All of the companies listed give the KDA a portion of the proceeds from your sale. It costs you nothing additional. Please share this information with all your contacts and send them our website to have handy. Check out some new vendors! [http://www.kennedysdisease.org/help\\_shopping.html](http://www.kennedysdisease.org/help_shopping.html)
3. **Celebrate with a donation** – When someone asks, “What would you like for your birthday?” (or any holiday/celebration) ask for a donation to the KDA.
4. **Let's all help** – If every family and those relatives and friends affected by Kennedy's Disease could donate at least \$100 per year, we could do so much more. More than 90 percent of every dollar donated goes toward funding research for a cure.
5. **We need a celebrity!** – A recognizable name or face could help us promote public awareness. Do you or anyone you know have connections to help us?
6. **Donate points** – Do you or anyone you know have airline points about to expire? Donate them to the KDA!
7. **Contact local groups** – Many local organizations – Boy Scouts, Girl Scouts, Lions, Elks, etc. – give yearly gifts. Make them aware of the KDA.  
**Donate your change** – CoinStar machines now allow you to donate your spare change to a charity. Check with your location for adding the Kennedy's Disease Association.
8. **New Cookbook in 2011** – The original KDA Cookbook is now completely sold out. It's time to publish a new one! Please contribute recipes and/or buy one when we make the 2011 announcement.
9. **Find participants for local competitions** – Run/Walk/Ride for those who can't. These programs have been very successful for the KDA and are taking place continually. Most support local charities, but anyone can participate and name their own funding designation. We help with planning and promotion... just find us a participant! Even your local school PTA often has “Fun Runs” to raise money, so please investigate!
10. **Dinner party fundraisers** – Host a spaghetti dinner; charge \$10 per person to help fund a cure.
11. **Host parties for a cure** – Host a Pampered Chef (or any home sales party) to benefit the KDA.
12. **Set the example** – Matching donations are always beneficial. This can be done with businesses or individuals.
13. **We're all in this together** – Encourage your family members to join the KDA. This includes all diagnosed or those suspected to have Kennedy's Disease, all carriers, and all family members who don't know what the future holds for their future generations. The KDA provides a wide range of support and information, and there is no fee to join.
14. **We need public exposure** – Request a “mystery diagnosis” TV show to highlight KD. Some example shows are Oprah, Dr. Oz, Montel, etc.
15. **We need medical exposure** – Ask your medical professionals to display KDA brochures in their waiting rooms. There is a printable brochure available at the KDA website. <http://www.kennedysdisease.org>
16. **Casual for the cause** – Start a “Jeans for a Day” event. Get schools or businesses to charge \$5 per participating person for their casual day and sponsor the KDA.
17. **Going 50/50** – As fundraisers, popular 50/50 raffles have endless possibilities.
18. **Put KD awareness on sale** – Sell T-shirts or polo shirts with a KDA or SBMA logo. Contact us for logo information and assistance in promoting sales. Set up a booth for sales at swap meets, classic car shows, museums, local sporting events, etc.
19. **Ask with letters** – Put letters asking for donations in the mailboxes at your workplace or schools. You can easily personalize the holiday fundraising appeal letter that just went out from the KDA. That same personalized letter can also be used for all the holiday cards you send out. If you need another copy just let us know.
20. **Shop the malls about KDA** – Most shopping malls have a security kiosk. Inquire if charity fundraiser information may be placed there or anywhere else in the mall.
21. **Check out eScrip** – This is a frequent shopper fundraising program that the KDA board is currently investigating for participation.
22. **A personal legacy** – Put the Kennedy's Disease Association in your will.
23. **Remembrances** – Make a donation in memory of a deceased loved one.
24. **Public awareness** – Place public service announcements on TV and radio. Please check with first with the KDA for accurate information.
25. **Until a cure is found, fundraising is an ongoing project. Let's join hands. In this wonderful season of love, peace and goodwill, make a decision to do what you can for the Kennedy's Disease Association.**

“I have always thought of this season, when it comes round,  
as a good time; a kind, forgiving, charitable time;  
the only time I know of, in the long calendar of the year,  
when men and women seem, by one consent,  
to open their shut-up hearts freely...”



-adapted from Charles Dickens

# 'Tis the Season

- Carla and Stan Highe

Right away I know you're thinking, here's another article about the holiday season that starts with Thanksgiving and ends with the New Year's Day hangover. You think it's about eating, drinking, weight gain, shopping and spending time with coworkers, friends and relatives. Well, yes and no. 'Tis the season for the common cold and flu. Yes, the holiday season also coincides with the cold and flu season.

When asked to write this article for the newsletter, we went directly to the [CDC website](#) to do some research. There is so much information available for a variety of things. We decided to provide some brief facts along with internet links so you can access the information you desire at your convenience. As it turns out, National Influenza Vaccination Week 2010 (NIVW), was December 5 – 11. [\(1\)](#)

During this time we will be exposed to many opportunities to get the flu. We will be shopping and visiting with friends and relatives. Those of us with Kennedy's Disease (KD), or any other chronic illness, already have enough to worry about with our weakened condition. We don't need it compounded with the flu, pneumonia or any other illness.

The most important step is to get the flu shot as soon as it is available. Initially, we had some concerns with getting the shot because of all the media hype and misconceptions about the flu from stories passed around. [\(2\)](#) After doing some research and discussing it with our doctor, we got both the flu and pneumonia shots in October.

Typical flu symptoms include fever, chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches and fatigue. [\(2\)](#)

The flu can be transmitted one day before symptoms develop and up to 5-7 days after symptoms show. Additionally, depending on the circumstances, the flu virus can remain active for up to 17 days. [\(3\)](#)

We don't get the flu from touching something with the virus; we get it by touching our mouth, nose or eyes after touching something or someone with the virus. It's like your boss licking his thumb as he counts out that wad of \$100 bills for your Christmas bonuses. It may be that unavoidable big kiss from the coughing, sniffing, wheezing Aunt Edna at the family gathering. Surprise, "here's your sign," you probably just got the flu. [\(3\)](#)

A flu shot does not immediately protect you from the flu. It takes about two weeks for the vaccine to work in the body to develop immunity. During this time, we are still susceptible to the flu. If someone gets sick right after getting the shot, it means they were probably already infected or they have something else, like the common cold. [\(4\)](#)

If you do get the flu, there is something you can do to keep it from getting worse. Since the flu is a respiratory illness, it can develop into pneumonia. [\(2\)](#) By getting a pneumonia shot, at least you won't have to worry about the added complications of pneumonia.

If you haven't had your flu shot yet, it isn't too late. In the meantime, here are tips to help prevent getting sick.

The first thing to do is stay away from people, especially if they show signs of the flu. If you are sick, stay home and avoid contact with others.

If you cough or sneeze, try to use a tissue. If possible, don't cough or sneeze and cover it with your hand(s) unless you wash them soon after. You'll just be transmitting the germs to someone or something you touch otherwise. The recommendation is to cough or sneeze into the crook of your arm if a tissue isn't available.

Frequent and thorough hand washing can still be your best defense against getting the flu, or any other illness. Make sure that you use soap, and water as hot as you can stand for best results in killing germs. It takes 15-30 seconds to effectively wash your hands.

If soap and water is not available, alcohol-based hand sanitizers work well. We keep some around the house and a bottle in our vehicle. We've found that many restaurants and stores have it available in their restrooms now. It's standard equipment in medical facilities. Again, you must rub it over your hands for 15-30 seconds for it to be effective. [\(5\)](#)

Finally, we are not medical professionals. The information we have provided is to educate and inform you based on our experiences and research. It doesn't cover everything. If you have any further questions or concerns about the flu and the vaccine, see your doctor. If you are already sick, see your doctor and do your shopping via the internet. If you want to get sick, go to the mall. Have a Safe, Healthy and Happy Holiday Season!

## REFERENCES:

1. <http://www.cdc.gov/flu/>
2. <http://www.cdc.gov/flu/keyfacts.htm#complicationsof>
3. <http://en.wikipedia.org/wiki/Influenza>
4. <http://www.flu.gov/myths/index.html>
5. <http://www.cdc.gov/flu/protect/covercough.htm>

## MUST VISIT LINKS

The presentation slide Susanne gave at the conference:

[http://www.kennedysdisease.org/2010\\_Susanne\\_Presentation\\_files/frame.htm](http://www.kennedysdisease.org/2010_Susanne_Presentation_files/frame.htm)

KDA 10th Anniversary Slide Show from the KDA History article:

[http://www.kennedysdisease.org/2010dinner/slides/10thanniversary\\_files/frame.htm](http://www.kennedysdisease.org/2010dinner/slides/10thanniversary_files/frame.htm)

## Lighted Potpourri Holiday Jars

-Tiffany Beck

Here's a trendy holiday decorating idea that combines the soft glow of mini lights with the gentle scent of warm potpourri. It's an easy way to infuse a room with holiday ambience or light up the dark corner of a hallway.

### What You Will Need:

- Large, clean glass food jar, canning jar or ivy bowl
  - String of 20 – 30 mini-lights
  - Scented potpourri
  - Doily or open-weave fabric circle to cover jar lid
  - Rubber band
  - Ribbon or raffia
  - Seasonal Decorations
  - Tacky or hot glue
1. Clean and dry the glass jar, then add a layer of potpourri to cover the bottom
  2. Turn on the lights and begin feeding them into the jar, adding potpourri as you go, so that the lights are spaced equally apart and supported by the potpourri that you are packing around them. Do not pack the jar too tightly.
  3. Allow the end of the light string to come out through the top and tack it to the back of the jar.
  4. If your using an antique or modern Mason-style canning jar, it probably comes with a two piece lid. You can leave the lid off entirely or just discard the center section, then screw the band in place.
  5. Fasten a doily or circle of open-weave fabric over the mouth of the jar using a strong elastic band. This will hold the light string in place as it comes out of the jar, as well.
  6. As the scent fades, replenish with a fragrance oil or essential oil that complements the original scent. Simply add a few drops of oil through the holes in the doily and your lighted potpourri jar should be good to go for another season.



## Starbuck's Cranberry Bliss Bars

-Tiffany Beck



### Cake:

- 1 cup (2sticks) butter, softened
- 1 ¼ cups light brown sugar, packed
- 3 eggs
- 1 ½ teaspoons vanilla
- 1 teaspoon ginger
- ¼ teaspoon salt
- 1 ½ cups all-purpose flour
- ¾ cup diced dried cranberries
- 6 ounces white chocolate, cut into chunks

### Frosting:

- 4 ounces cream cheese, softened
- 3 cups powdered sugar
- 4 teaspoons lemon juice
- ½ teaspoon vanilla extract
- ¼ cup diced dried cranberries

### Drizzled Icing:

- ½ cup powdered sugar
- 1 tablespoon milk
- 2 teaspoons vegetable shortening

1. Preheat oven to 350°F.
2. Make cake by beating butter and brown sugar together with an electric mixer until smooth. Add eggs, vanilla, ginger, and salt and beat well. Gradually mix in flour until smooth. Mix ¾ cup diced dried cranberries and white chocolate into the batter by hand. Pour batter into a well-greased 9x13-inch baking pan. Use a spatula to spread the batter evenly across the pan. Bake for 35 to 40 minutes or until cake is light brown on the edges. Allow cake to cool.
3. Make frosting by combining softened cream cheese, 3 cups powdered sugar, lemon juice and vanilla extract in a medium bowl with an electric mixer until smooth. When the cake has cooled, use a spatula to spread frosting over the top of the cake.
4. Sprinkle ¼ cup of diced cranberries over the frosting on the cake.
5. Make icing by whisking together ½ cup powdered sugar, 1 tablespoon milk, and shortening. Drizzle icing over the cranberries in a sweeping motion or use a pastry bag with a fine tip to drizzle frosting across the top of the cake.
6. Allow cake to sit for several hours, then slice the cake lengthwise (the long way) through the middle. Slice the cake across the width three times making a total of eight rectangles diagonally creating 16 triangular slices. Makes 16 bars.

## M&M Cookies in a Jar

-Tiffany Beck

- ¾ cup packed brown sugar
- ¼ cup white sugar
- 1 ½ cups mini baking M&M's
- 2 cups all-purpose flour
- ½ teaspoon baking soda
- ¼ teaspoon salt

Combine the flour with baking soda and salt. In a clean 1-liter glass jar, layer the ingredients in the order given, starting with the brown sugar and ending with the flour mixture. Attach a card with the following directions:

### M&M Cookies

1. Preheat oven to 350°F (175°C). Line one baking sheet with parchment paper.
2. Empty the contents of the jar into a large bowl and mix until all the ingredients are well combined. Using your hands, work in ¾ cup softened butter or margarine until the mixture resembles coarse crumbs.
3. Beat 1 egg with 1 teaspoon vanilla extract. Work this into the flour mixture until well combined. Dough will be a little crumbly.
4. Shape dough into 1-inch balls and place 2 inches apart on the prepared baking sheet. Slightly flatten the balls with the palm of your hand.
5. Bake at 350°F (175°C) for 10 to 14 minutes or until the edges are lightly browned. Remove cookies to a cooling rack. Makes about 2 dozen cookies



# The Christmas Poinsettia

-Mary Goynes

The poinsettia is the most beautiful and most popular of Christmas and holiday flowers in the United States and is known today in Mexico and Guatemala as “Noche Buena” – Christmas Eve. The *Euphorbia pulcherrima* is actually a shrub or small tree which bears colored bracts- which are most often bright red but can be white, pink, marbled, cream, pale green or even orange. The bracts are actually leaves, not flowers. The colors come from a process called photoperiodism meaning the plants require a period of dark – in this case-- 12 hours at a time, along with bright light during the day- in order to bloom their brightest.

It was brought to the United States from Mexico in 1828 by the U.S. Minister to Mexico, Joel Roberts Pointsett. It is a subtropical species native to Mexico growing in the wild in tropical forests all along the entire Pacific coast.

A common misconception about the plant is that it is poisonous, spread by a 1919 story about the death of a two-year-old child who died after eating a poinsettia leaf. It contains substances which are irritating to the skin and mucous membranes and especially if the sap gets into one’s eye, but poison control centers say it would take 500 bracts to be toxic to a 50 pound child.

Buy the plant as early in December as possible as the color will deepen as the weeks go by so that by Christmas the entire canopy should be full of red bracts.

When you bring it home from the nursery check to make sure your poinsettia has some soil around its roots and ensure that it has plenty of drainage holes in the pot. If not, simply repot it in a good potting soil with a slightly larger container. You can set the pot directly in a saucer, or place pea gravel in the saucer to keep it from staying soggy after watering. Keep it in the brightest indirect light possible and check it every four days for moisture. When you want to decorate a table, move it from its “home” up to the table and when the party is over, move it back to the window. If it wilts, it’s time to water. If you run central heat, it will dry out sooner.

One way to kill a poinsettia is to drown it- by overwatering. A rule of thumb on all houseplants is “water the soil not the plant”. When the soil is dry as far as your finger can feel, water it from the roots, as watering from above spots the bracts. Set it in a large basin of tap water and let it suck up as much water as it can in 30 minutes. Let it drain and put it back in its “home” window. Or water every 4 to 5 days with enough ice to moisten the pot throughout. The ice allows slow “drip” irrigation and works very well.

When the poinsettias look a little ragged after the holidays, you can try to plant it in a south facing garden with protection from winds and cold – it won’t make it below freezing unless you get it established during a mild winter. There are some large poinsettia trees in Florida and Texas, as I’m sure there are in southern California.

Otherwise, place it in the compost and know that you will buy another one next Christmas to decorate your home with a most beautiful tropical flower. Have fun.



## HAPPY HOLIDAYS!

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*“Working together to find a cure”*