

# **Your Health in Your Hands**



**Nunther Weiser**

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By Nunther Weiser

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# Your Health in Your Hands



**Nunther Weiser**  
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## **YOU CAN HAVE HEALTHY SKIN**

**With new research, new products and new skin protection advice popping up all the time, it is hard to figure out the best things to do to improve and protect your skin.**

A skin care program is the combination of skin care products and a routine that will be most beneficial to the skin. You will first need to consider your diet and type of life-style since these two factors play an important role in the health of a person's skin.

These days we seem to be living in the fast-food age and the condition of your skin is often neglected. You still can't beat the old fruit and vegetable diet when it comes to good health and a good complexion.

Remember to feed and nourish your skin by eating the proper foods. Give your skin a drink too. Those eight glasses of water a day your mom always told you to be sure to drink are essential to maintaining your skin's elasticity and suppleness, say experts. And don't count coffee or any of the caffeinated sodas as part of the eight glasses because caffeine is dehydrating. The water you choose can be sparkling water, mineral or straight from the tap. Another suggestion is that you keep a litre-size bottle close at hand, or simply drink a glass or

two with your meals, and a few in between.

You need to give some thought and consideration to the type of makeup you use. And be sure to clean your tools regularly. Things such as cosmetic brushes get dirty and can carry bacteria and germs and may cause skin irritations and breaking out. One of the leading cosmetic authorities suggests that cosmetic brushes be thoroughly cleaned at least twice a month. A good way is to soak brushes for about 10 minutes in a dish of warm, soapy water using mild liquid detergent or baby shampoo. Rinse and blot excess moisture with a towel and stand the brushes, handle end down, in a tall glass until they are thor-

oughly dry.

Keep environmental pollutants from being absorbed into the skin with a good moisturiser that also acts as a skin barrier. Check the labels for those with added Vitamin A, C and E, which help block the penetration of pollutants.

A good exercise program such as aerobics can activate and rejuvenate the skin and improve circulation and blood flow. Also, body sweat triggers production of sebum, which is the skin's own natural moisturiser.

One skin care expert has come up with a do-it-yourself version of a treatment you may like to try. Stir the juice of half a lemon into one cup of plain yoghurt. Keep it in the refrigerator and apply it as you would a cream every night before

bed. You can even apply a thin coat of moisturiser over it if you like, after waiting about five minutes for the yoghurt mixture to penetrate. With consistent use, you should see more even pigmentation and smoother skin in three to four weeks.

Get serious about stress reduction. Skin conditions such as acne appear on many people who are stressed out, and chronic skin conditions then tend to get worse. Set aside quiet time to meditate or daydream. Be sure to get enough sleep. To avoid morning eye or facial puffiness, sleep on your back so fluid doesn't collect there. And, you can keep the oil from your hair away from your face by wearing a head covering or a soft headband when you go

to bed. And keep in mind that too much stress can affect your overall health as well as your complexion.

## **SAFEGUARDING YOUR FOOD**

**Every year, an estimated 7 million Americans suffer from cases of food-borne illness. Some cases are violent and even result in death.**

Of course this is commonly known as “food poisoning.” The culprit is food that has dangerously high levels of bacteria due to improper cooking or handling.

Food safety is usually taken for granted by the buying public but everyone’s attention was recently di-



rected to food poisoning involving some meat that was undercooked. It was determined that the problem never would have happened if the meat had been cooked properly. E.Coli 0157.H7 is a potent virus, but it can be completely destroyed when the meat is fully cooked.

It is important for consumers to take an all-around safety approach to purchasing, storing and preparing both traditional and new meat and poultry products. Ultimately, consumers and food handlers bear the responsibility for keeping food safe once it leaves the store.

According to the U.S. Department of Agriculture, about 85 percent of food-borne illness cases could be avoided each year if consumers would handle food properly. The most common food-borne illnesses are caused by a combi-

nation of bacteria, naturally present in the environment, and food handling mistakes. Ironically, these are also the easiest types of food-borne illnesses to prevent. Proper cooking or processing of raw meat and poultry kills bacteria that can cause food-borne illness.

When you're out, grocery shop last, take food straight home to the refrigerator. And never leave food in a hot car! Don't buy anything you won't use before the use-by date. Don't buy food in poor condition. Make sure refrigerated food is cold to the touch. Frozen food should be rock-solid. Canned goods should be free of dents, cracks or bulging lids which can indicate a serious food poisoning threat.

The performance and maintenance of your refrigerator is of the utmost importance. Check the temperature of your refrigerator with an appliance thermometer. To keep bacteria in check, the refrigerator should run at 40 degrees F; the freezer unit at 0 degrees F. Generally, keep your refrigerator as cold as possible without freezing your milk or lettuce. When you prepare food, keep everything clean and thaw out any frozen food you plan to prepare in your refrigerator. Take it out of the freezer in advance and place it in the refrigerated section of your refrigerator. Always wash your hands in hot soapy water before preparing and handling any food as well as after you use the bathroom, change diapers, handle pets, etc. Remember, too, that bacteria can live in your kitchen towels, sponges and dishcloths. Wash them

often and replace the dishcloths and sponges you use regularly every few weeks.

Be absolutely sure that you keep all raw meats, poultry and fish and their juices away from other food. For instance, wash your hands, your cutting board and knife in hot soapy water after cutting up the chicken and before dicing salad ingredients. It is best to use plastic cutting boards rather than wooden ones where bacteria can hide in grooves. Don't take your food out of the freezer and leave it on the kitchen counter to thaw. This is extremely dangerous since the bacteria can grow in the outer layers of the food before the inside thaws. It is wise to do your marinating in the refrigerator too.

## **SENSIBLE DIET TIPS**

**Start your diet with a food diary, record everything you eat, what you were doing at the time, and how you felt.**

That tells you about yourself, your temptation, the emotional states that encourage you to snack and may help you lose once you see how much you eat.

Instead of eating the forbidden piece of candy, brush your teeth. If you're about to cheat, allow yourself a treat, then eat only half a bite and throw the other half away. When hunger hits, wait 10 minutes before eat-

ing and see if it passes. Set attainable goals. Don't say, "I want to lose 50 pounds." Say, "I want to lose 5 pounds a month." Get enough sleep but not too much. Try to avoid sugar. Highly sweetened foods tend to make you crave more.

Drink six to eight glasses of water a day. Water itself helps cut down on water retention because it acts as a diuretic. Taken before meals, it dulls the appetite by giving you that "full feeling." Diet with a buddy. Support groups are important, and caring people can help one another succeed. Start your own, even with just one other person.

Substitute activity for eating. When the cravings hit, go to the "Y" or health club if possible; or dust, or walk around the block. This is especially helpful if you eat

out of anger.

If the pie on the counter is just too great a temptation and you don't want to throw it away, freeze it. If you're a late-night eater, have a carbohydrate, such as a slice of bread or a cracker, before bedtime to cut down on cravings. Keep an orange slice or a glass of water by your bed to quiet the hunger pangs that wake you up.

If you use food as a reward, establish a new reward system. Buy yourself a non-edible reward. Write down everything you eat - - everything - including what you taste when you cook. If you monitor what you eat, you can't go off your diet.

Weigh yourself once a week at the same time. Your weight fluctuates



constantly and you can weigh more at night than you did in the morning, a downer if you stuck to your diet all day. Make dining an event. Eat from your own special plate, on your own special placemat, and borrow the Japanese art of food arranging to make your meal, no matter how meagre, look lovely. This is a trick that helps chronic over-eaters and binge-eaters pay attention to their food instead of consuming it unconsciously.

Don't shop when you're hungry. You'll only buy more fattening food. Avoid finger foods that are easy to eat in large amounts. Avoid consuming large quantities of fattening liquids, which are so easy to overdo. And this includes alcoholic beverages. Keep plenty of crunchy foods like raw vegetables and air-popped fat-free popcorn on hand. They're high in

fibre, satisfying and filling. Leave something on your plate, even if you are a charter member of the Clean The Plate Club. It's a good sign that you can stop eating when you want to, not just when your plate is empty.

Lose weight for yourself, not to please your husband, your parents or your friends. Make the kitchen off-limits at any time other than mealtime. Always eat at the table, never in front of the TV set or with the radio on. Concentrate on eating every mouthful slowly and savouring each morsel. Chew everything from 10 to 20 times and count! Never skip meals.

## **THE POSITIVE WEIGHT LOSS APPROACH**

**Once you have made up your mind to lose weight, you should make that commitment and go into it with a positive attitude.**

We all know that losing weight can be quite a challenge. In fact, for some, it can be downright tough. It takes time, practice and support to change lifetime habits. But it's a process you must learn in order to succeed. You and you alone are the one who has the power to lose unwanted pounds.

Think like a winner, and not a loser - - remember that emotions are like muscles and the ones you use most grow the strongest. If you always look at the negative side of things, you'll become a downbeat, pessimistic person. Even slightly negative thoughts have a greater impact on you and last longer than powerful positive thoughts.

Negative thinking doesn't do you any good, it just holds you back from accomplishing the things you want to do. When a negative thought creeps into your mind, replace it reminding yourself that you're somebody, you have self-worth and you possess unique strengths and talents. Contemplate what lies ahead of you. Losing weight is not just about diets. It's about a whole new you and the possibility of creating a new life for yourself. In-

vestigate the weight loss programs that appeal to you and that you feel will teach you the behavioural skills you need to stick with throughout the weight-loss process. First you should look for support among family and friends. It can be an enormous help to discuss obstacles and share skills and tactics with others on the same path. You might look for this support from others you know who are in weight loss programs and you can seek guidance from someone you know who has lost weight and kept it off.

There are success stories across the country today. On television and in newspapers, magazines and tabloids about people who have miraculously lost untold pounds and kept it

off. In all instances they say their mental attitude as well as their outlook on life has totally changed.

Diets and weight loss programs are more flexible now than they once were and there are many prepared foods already portioned out. They are made attractive and can be prepared in a matter of minutes. Low-fat and low-calorie foods are on shelves everywhere.

You will probably need to learn new, wiser eating skills. You will want a weight loss regimen that gives you some control, rather than imposing one rigid system. Look for one that offers a variety of different eating plans, so you can choose the one that's best for you.

Keep in mind, too, that your weight loss program will most likely include some

physical exercises. Look at the exercising aspect of your program as fun and recreation and not as a form of gruelling and sweaty work. The fact is that physical fitness is linked inseparable to all personal effectiveness in every field. Anyone willing to take the few simple steps that lie between them and fitness will shortly begin to feel better and the improvement will reflect itself in every facet of their existence.

Doctors now say that walking is one of the best exercises. It helps the total circulation of blood throughout the body, and thus has a direct effect on your overall feeling of health. There are things such as aerobics, jogging, swimming and many other exercises that will ben-



enefit a weight loss program. Discuss the options with your doctor and take his advice in planning your exercise and weight loss program.

## **FUELLING UP ON WATER**

**It's our body's vital fuel, a health drink from Mother Nature. It's calorie-free, inexpensive and easily obtained.**

Yet few people follow the old fashioned advice to drink eight glasses of water a day.

Most people drink when they are thirsty, but the beverage of choice tends to be some other drink besides water. Americans drink two or three glasses of plain water a day, according to a U.S. Department of Agriculture survey conducted in the late 1970. Based on an analysis of

all fluid intake by adults, it is said to total about two quarts of water a day, and this includes water from foods and from other beverages. It's not usually necessary to actually swallow two quarts of plain water every day. However, people with special problems such as kidney conditions might be exceptions.

Americans drink eight gallons of bottled water a year, roughly two ounces or a quarter-cup a day, according to the International Bottled Water Association. Californians drink three times the national average of bottled water, downing 24 gallons a year, or nearly a cup a day. Climate and seasons of the year play a role in one's thirst also, and just as we tend to perspire more in the summer months, we also tend to drink more water. Boosting intake of plain water makes good

sense, many experts concur, because water eases digestion and regulates body temperature.

Water also bathes the cells and accounts for about 60 percent of body weight. And it can help us exercise longer and more efficiently. Drinking water can ward off constipation and maybe even crankiness. And since it's a natural appetite suppressant, water can help us lose weight and keep it off. It can help keep skin healthy, although it won't necessarily banish acne.

Who should drink water? We all should, but pregnant women, nursing mothers and athletes should be especially careful to drink a sufficient amount. When it is hot or humid, upping water intake is also wise. There

are certain workers who seem to have a more difficult time developing the water-drinking habit. Among those who don't normally drink enough water are teachers, airline attendants and nurses.

Drinking fluids, particularly, water, during exercise reduces cardiovascular stress and improves performance. After a strenuous workout, you have to replace the fluids you have lost. Otherwise, you will suffer chronic dehydration. Drink water before, during and after exercising, and remember that water reduces body temperature thus making the whole exercise process safer.

Water can be especially helpful for people with a history of kidney stones because it dissolves calcium in the urine, reducing the risk of stone formation. Among physicians, urologists are prob-

ably most likely to extol the virtues of water, and it has been documented that drinking water mostly before 6 P.M. can reduce the likelihood of nocturnal bathroom visits.

It is interesting to note also that water helps prevent urinary tract infections, both for men and for women. Too busy to count how many glasses a day you drink? There are other ways to calculate if your intake is sufficient. Dark-coloured urine often suggest you aren't drinking enough water. Get into the habit by starting with a glass of water with every meal, and then work in a cup between meals.

## **YOUR PERSONAL SAFETY**

**The world we live in today is much safer than the one known by your parents and grandparents.**

Even considering the constant bombardment of news to the contrary, the government and industry have taken some major steps to protect us all. In almost everything we do, we are surrounded by protection based on safety experience from the past.

You'll be safer - - but only if you

have a strong feeling for safety. Why? Because many of the safety factors developed to protect you function only if you do something about them. Do you buckle your seat belt every time you get in the car? Do you cross the street at crosswalks instead of jaywalking? Do you walk or jog on the left side of the road so that you are facing oncoming traffic? These are just a few of the things that you know and can do something about.

We all must acknowledge the fact that we bear some of the responsibility for making our environment safe and safety is thinking about other people, too. Because in this safety awareness, we can take steps to help others. For instance, a jagged piece of metal and certain types of broken bottles on the street can cause

tire problems to cars. Broken glass on the beach might also send someone to the hospital for stitches. When you take time to clean up things such as broken bottles, etc., you're taking a big step toward protecting others.

An accident is something that happens to you and to others. It's easy to think that these accidents just happen. But they don't. They're not just bad luck or bad breaks that come to you out of nowhere. An accident is never supposed to happen. It isn't planned and it isn't deliberate. Accidents are caused!

An accident can be caused by an unsafe condition. Look at your automobile. It can be a typical example of an unsafe condition. Bad brakes and unsafe tires, faulty headlights,



loose steering, and, yes, even dirty windshields and side windows can cause accidents, and they are all unsafe conditions. And along this same line, we need to consider unsafe acts as also contributing to the cause of accidents. These are not "conditions." They are what you, or someone else, does or doesn't do. A good example is jaywalking. You know it's dangerous to walk out between parked cars to cross the street, but it's easier than walking down to the next corner.

Both unsafe conditions and unsafe actions exist, and either one can cause accidents. But you can put the two together, as well. That car with the poor brakes, and all the other unsafe conditions, isn't unsafe at all until someone starts to use it. It's the act of using that

causes the accident. Oh sure, the car was at fault, but the driver of that car was the ultimate cause of the accident.

You will find many unsafe conditions in your daily life, but most of them become truly unsafe based on your own actions related to them. What causes you to act in an unsafe way? Is it carelessness? Poor judgment, were you at the wrong place at the wrong time?

There's never a total absence of risks in our lives. Risks are voluntary actions and can be managed. Emergencies can be met and handled, but it takes know-how and constant awareness. What you can't prevent, you can usually compensate for or protect against.

Safety experts classify accidents in four broad categories: Motor vehicle, work and job related, home, and public. The public category excludes motor vehicle and work accidents in public places. It covers sports and recreation (swimming, hunting, etc.), air, water, or land transportation excluding motor vehicle and public building accidents. On the average, there are 10 accidental deaths and about 1,000 disabling injuries every hour during the year. About one-half of the deaths occur in motor vehicle accidents while about one-third of the injuries occur in and around the home.

It's not hard to imagine adding yourself to the accident statistics. Any day of the week, you'll be swamped with stories in the newspapers and on television about the many tragic accidents going

on all over the country and it seems to be getting worse all the time. And in every case the victim was somebody who did not plan or expect that they would be hurt or killed.

In a matter of seconds, everything you were ever going to do and be can be snuffed out. At the least, you suffer pain and inconvenience from an accident. At worst, an accident kills or damages you for life.

Safety saves you, but it does more than that. Mix each safety ingredient with all of your day to day activities. And use common sense in everything you do.

Safety in your home is a combination of mind and matter. You mind must be constantly aware of the

home safety dangers. The matter is the safety condition of your home. The safety condition of your home isn't a case of rebuilding things to make it safe. It's more the disposal of dangerous items, and a case of good housekeeping. A safe home has a place for everything, and that along with the right mental attitude about keeping those things in place is just good housekeeping.

The home is the most frequent place for injury accidents to occur, and it is second only to motor vehicle accidents for the number of deaths in the country today. Family members are busier than ever rushing in and out so it's easy to understand how careless mistakes are often made.

When you read the daily newspaper or watch newscasts on TV, you'll see that

home accidents can be classified in two major ways. There are things that can totally disrupt your entire community — such as earthquakes, tornadoes, storms and floods. And then there are those kinds of accidents that are centred in your own home, and not involving the whole community. These are things like fires, local earth sliding, flooding and wind damage.

You will need to consider both types when thinking about safety at home. For the community-wide disasters, you may or may not receive any outside help for a considerable period of time, and you must be prepared to survive on your own home resources. With the second type, your home may be destroyed, but

some help should be there from the outside, early in the experience. Most cities and communities have some agencies and organisations in place to assist the public in times of severe emergencies. It is wise for everyone to do a home safety check on a regular basis and get the family members involved. Naturally, every family needs to develop its own plan because every house and every family is different.

## **WALKING AND WEIGHT LOSS**

**Three universal goals most of us share are: to live longer, to live free of illness and to control our weight. Interesting enough, normal walking lets us achieve all three.**

In fact, walking may be man's best medicine for slowing the ageing process. First, it works almost every muscle in the body, improving circulation to the joints and massaging the blood vessels (keeping them more elastic). Walking also helps us maintain both our muscle mass and me-

tabolism as we age. It also keeps us young in spirit. For anyone out-of-shape or non-athletically inclined, walking is the no-stress, no-sweat answer to lifelong conditioning.

All it takes is a little time, common sense and a few guidelines. Unfortunately, there's a lot of misinformation floating around regarding fitness walking, weight-loss and dieting. Walking is one of the best exercise for strengthening bones, controlling weight, toning the leg muscles, maintaining good posture and improving positive self-concept. People who diet without exercising often get fatter with time. Although your weight may initially drop while dieting, such weight loss consists mostly of water and muscle. When the weight returns, it comes back as fat. To avoid getting fatter over

time, increase your metabolism by exercising daily.

To lose weight, it's more important to walk for time than speed. Walking at a moderate pace yields longer workouts with less soreness — leading to more miles and more calories spent on a regular basis.

High-intensity walks on alternate days help condition one's system. But in a waking, weight-loss program, it's better to be active every day. This doesn't require walking an hour every day. The key is leading an active lifestyle 365 days a year.

When it comes to good health and weight loss, exercise and diet are interrelated. Exercising without maintaining a balanced diet is no more



beneficial than dieting while remaining inactive.

The national research council recommends eating five or more servings of fruits and vegetables a day. Fruits and vegetables are the ideal diet foods for several reasons. They're relatively low in fat and calories, yet are often high in fibre and rich in essential vitamins and minerals. Remember that rapid weight-loss consists mostly of water and muscle — the wrong kind of weight to lose. To avoid this, set more reasonable goals, such as one pound per week.

Carbohydrates are high-octane fuel. They provide energy for movement and help raise internal body metabolism. They're also satisfying. The key is not adding high-fat toppings to your carbohydrates.

It's everyday habits that define our weight and body composition. A three-minute walk after each meal is worth four pounds less body fat annually. Two flights of stairs a day burns off half a pound of body fat in a year. On the other hand, one candy bar eaten daily will cost you 20 pounds annually.

## **EXERCISE MELTS BODY FAT**

**If you want to reduce your body fat, focus on increasing the amount of exercise you get rather than decreasing your food intake.**

A recent national study was done using two groups of sedentary men, one group in their 20's and the other over age 65. A lot was learned from this accumulated data and it is interesting to note that there was a significant relationship between lack of physical activity and fat. Not surprisingly, the most sedentary men had the most body fat.

These studies have also indicated that the government's current recommended daily allowance for calories does not correlate with the body's actual energy needs. For example, although 2400 calories have been calculated for older men, they in fact burned an average of 2800 calories daily.

The leading experts now recommend that people who want to lose weight start increasing their physical activity. Just being more active in general (such as climbing the stairs instead of taking the elevator, moving around instead of sitting still, sitting up instead of lying down as well as showing some excitement and enthusiasm instead of boredom), are things that more effectively burns calories and reduces body fat. Everyone seems to have lost sight of the value of

being active. Consider this, a half-hour aerobic workout accounts for far less energy expenditure than our minute-to-minute movement in the office or at home.

Millions of Americans are trying to lose weight, spending approximately \$30 billion a year on diet programs and products, often they do lose some weight. But, if you check with the same people five years later, you will find that nearly all have regained whatever weight they lost. A national panel recently sought data to determine if any commercial diet program could prove long-term success. Not a single program could do so. Being seriously overweight and particularly obesity predisposes individuals to a number of diseases and serious

health problems, and it's now a known fact that when caloric intake is excessive, some of the excess frequently is saturated fat.

People who diet without exercising often get fatter with time. Although your weight may initially drop while dieting, such weight loss consists mostly of water and muscle. When the weight returns, it comes back as fat. To avoid getting fatter over time, increase your metabolism by exercising regularly.

Walking is one of the best exercises for strengthening bones, controlling weight, toning the leg muscles, maintaining good posture and improving positive self-concept. To lose weight, it's more important to walk for time than speed. Walking at a moderate pace yields longer workouts with less soreness - leading t

more miles and more fat worked off on a regular basis. High intensity walks on alternate days help condition one's system. But in a walking, weight-loss program, you are not required to walk an hour every day as some people would have you believe.

When it comes to good health and weight loss, exercise and diet are inter-related. Exercising without maintaining a balanced diet is no more beneficial than dieting while remaining inactive.

## WHERE DIETS GO WRONG

When we discover that we are heavier than we want to be, we have a natural inclination to eat less food.

We may skip lunch or eat only a tiny amount of our dinner in the hope that if we eat less our body will burn off some of its fat.

But that is not necessarily true. Eating less actually makes it more difficult to lose weight.

Keep in mind that the human body took shape millions of years ago, and



at that time there were diets. The only low-calorie event in people's lives was starvation. Those who could cope with a temporary lack of food were the ones who survived. Our bodies, therefore, have developed this built-in mechanism to help us survive in the face of low food intake.

When researchers compare overweight and thin people, they find that they eat roughly the same number of calories. What makes overweight people different is the amount of fat that they eat. Thin people tend to eat less fat and more complex carbohydrates.

Losing weight is not something one can do overnight. A carefully planned weight loss program requires common sense and certain guidelines. Unfortunately, there's a lot of misinformation

floating around and lots of desperate people are easily duped and ripped off.

Every day one can open a magazine or newspaper and see advertisements touting some new product, pill or patch that will take excess weight off quickly. Everyone seems to be looking for that "magic" weight loss pill. Millions of Americans are trying to lose weight, spending billions of dollars every year on diet programs and products. Often they do lose some weight. But, if you check with the same people five years later, you will find that nearly all have regained whatever weight they lost.

A survey was done recently to try and determine if any commercial diet program could prove long-term suc-

cess. Not a single program could do so. So rampant has the so-called diet industry become with new products and false claims that the FDA has now stepped in and started clamping down.

Being seriously overweight and particularly obesity can develop into a number of diseases and serious health problems, and it is now a known fact that when caloric intake is excessive, some of the excess frequently is saturated fat.

The myth is that people get heavy by eating too many calories. Calories are a consideration it's true, but overall they are not the cause of obesity in America today. Americans actually take in fewer calories each day than they did at the beginning of the century. If calories alone were the reason we become overweight, we should all be thin. But we are not.

Collectively, we are heavier than ever. Partly, it is because we are more sedentary now. But equally, as important is the fact that the fat content of the American diet has changed dramatically.

People who diet without exercising often get fatter with time. Although your weight may initially drop while dieting, such weight loss consists mostly of water and muscle. When the weight returns, it comes back as fat. To avoid getting fatter over time, increase your metabolism by exercising regularly.

Select an exercise routine that you are comfortable with and remember that walking is one of the best and easiest exercises for strengthening your bones, controlling your weight

and toning your muscles.

## **ULCERS ARE NO LAUGHING MATTER**

**Peptic ulcers, which are in the stomach and the duodenum (the first part of the intestine leading from the stomach) can occur at any age and affect both men and women.**

Untreated, sufferers can look forward to a long siege with them. But today's peptic ulcer sufferers have a brighter prospect for relief than did those of even a single generation ago. There is now less than 1 chance in 18 that surgery will every be necessary and new medications act

faster and better and offer more relief than ever before.

The warning sign of active ulcers you will most likely experience (if you get any warning at all) is a gnawing discomfort in the middle or upper abdomen that typically comes between meals or in the middle of the night. Food or liquids, including antacids and milk, can provide some temporary relief, but milk might not be all that good a remedy since it stimulates production of hydrochloric acid and other digestive juices which further aggravates the pain.

Antacids blended from aluminium, calcium or magnesium salts, have long been the non-prescription drugs most people quickly reach for to get relief from their stomach pains. But, because antacids interfere with absorption of some

medications, be sure to go over this with your doctor and get his approval.

You should never ignore any warning signs of ulcers. Ulcer complications are serious and in some cases can be life threatening. If pain from ulcers persists after more than 10 to 14 days of self-treatment or comes back when treatment ends, you should see your doctor. The passing of blood through the bowels may be caused by some other problem, but it can also be an urgent warning of a bleeding ulcer.

Bleeding ulcers can cause anaemia or, if the ulcer gets larger it may expand into a major blood vessel, a leak can turn into a haemorrhage, with only minutes available for life saving emergency treatment. Ulcers

can also perforate and may erode completely through the wall of the stomach or duodenum. If this happens and the stomach's contents flow into the abdominal cavity, severe infection can result. A perforated ulcer is an emergency that requires immediate surgery.

It has been determined that smoking doubles a person's risk for ulcer disease. Physicians and researchers have found that ulcers heal a lot slower for smokers, and smokers also have a higher relapse rate.

And you're definitely at risk for ulcers if you take aspirin and any of the other products containing aspirin. High-dose Aspirin, Ibuprofen, Naproxen and Piroxicam are in wide use today for many conditions, especially to relieve pain and swelling among the millions of people

who have arthritis. These medications can irritate the stomach's lining and cause gastrointestinal bleeding.

Ulcers have frequently been the target for humour in describing the stereotypical aggressive, pressured, goal-or-career-oriented person. But for those who have them, ulcers are certainly no laughing matter. Peptic ulcers strike 1 out of every 50 Americans each year.

As research continues, there is now mounting evidence that something other than smoking, drinking, spicy meals, or a possible battle with the boss may be associated with ulcers. It is now believed that ulcers are the result of a combination of conditions, the dynamics of which researchers don't yet fully under-

stand.

## **CORONARY HEART DISEASE**

**Clinical studies, laboratory investigations and a number of surveys show certain personal characteristics and life-styles pointing to increased danger of heart attack (coronary heart disease).**

These danger signs are called "risk factors". The well-established risk factors are high blood pressure, high blood cholesterol, cigarette smoking and diabetes mellitus. Other factors that may increase or affect the risk for heart attack are obesity, a sedentary life-style, an aggressive



response to stress, and certain drugs.

In the past two decades, millions of Americans have learned about these risk factors and have tried to modify them favourable by seeking medical attention and by changing life-style. Many adults have stopped smoking. The medical control of high blood pressure has greatly improved. The average cholesterol level of the population has decreased continually over the last two decades, probably due to changes in dietary habits and increased exercise.

This attempt to modify risk factors almost certainly has contributed to the declining death rate from heart disease in the United States. During the 1960's, U.S. death rates from heart disease were still rising, but today the incidence from diseases of the cardiovascular system

(including coronary heart disease) has fallen dramatically. Overall, heart-related problems have declined about 25 percent in the last decade. Some of this decrease undoubtedly is due to better medical care of heart attack victims, but it is likely that a sizeable percentage is related to modification of risk factors.

The entire population has become more aware of the seriousness of heart disease and coronary heart problems. CPR training is offered in schools, places of business, and church and community functions, and everyone seems to recognise that prevention of coronary heart disease is a partnership between the public and the medical community. These are a number of factors implicated

in coronary heart disease. Some of these may raise coronary risk by accentuating the major risk factors already discussed. Others may act in ways not understood. Still others may be linked mistakenly to coronary risk.

Obesity predisposes individuals to coronary heart disease. Some of the reasons for this are known, but others are not. The major causes of obesity in Americans are excessive intake of calories and inadequate exercise. When caloric intake is excessive, some of the excess frequently is saturated fat, which further raises the blood cholesterol. Thus, obesity contributes to higher coronary risk in a variety of ways.

Most of the major risk factors are silent. They must be sought actively, and much of the responsibility for their de-

tection lies with each of us as individuals. Regular check-ups are particularly necessary if there is a family history of heart disease, high blood pressure, high cholesterol levels or diabetes.

## **NEW THERAPY FOR HEART ATTACKS**

**New drugs can stop or limit the damage of a heart attack, but only if the patient gets help immediately, experts say.**

Once the flow of blood to a portion of the heart is blocked for several hours, the damage is irreversible.

Knowing the symptoms of a heart attack, which can be wide-ranging and confusing, is extremely important. So is knowing risk factors, such as obesity, diabetes, high blood

pressure and family history.

Typical symptoms of a heart attack include a crushing pain in the chest, sweating, difficulty breathing, weakness and pain in the arms, particularly the left. Symptoms one could attribute to something else can cause devastating delays in seeking treatment. These include feelings of indigestion, back shoulder and neck pain and nausea. Early signs of trouble may appear during physical activity and disappear with rest. Any numbness or tingling of the fingers or toes, dizziness, shortness of breath or difficulty in breathing should not be ignored.

Clinical studies, laboratory investigations and a number of surveys show certain personal characteristics and lifestyles pointing to increased danger of heart attack. These danger signs are

called "risk factors." These well-established risk factors are high blood pressure, high blood cholesterol, cigarette smoking and diabetes mellitus. Attempts at modifying risk factors most certainly have contributed to the declining death rate from heart attacks in the United States.

During the 1960's, U.S. death rates from heart attacks were still rising, but today's figures show that heart attacks have fallen dramatically. And, overall, heart-related problems have declined about 25 percent in the last decade. This decrease undoubtedly is due to better medical care of heart attack victims, but it is likely that a sizeable percentage is related to modification of risk factors.

Medical technology is advancing

at an increasingly rapid rate. More drugs and medical technology are available than ever before and the entire population is now more aware of the seriousness of heart attacks. There has been an increased interest in learning CPR and many community organisations now offer this valuable training. Of particular concern by doctors and researchers is the role that the American diet plays in the health of one's heart. Obesity predisposes individuals to coronary heart disease. Some of the reasons for this are known, but others are not. The major causes of obesity in Americans are excessive intake of calories and inadequate exercise. When caloric intake is excessive, some of the excess frequently is saturated fat, which further raises the blood cholesterol. Thus, obesity contributes to higher coronary risk in a variety

of ways.

Many of the major risk factors for a heart attack are silent and much of the responsibility for their detection lies with each of us as individuals. Regular check-ups are particularly necessary if there is a family history of heart attacks or heart disease, high blood pressure, high cholesterol levels or diabetes.



## **ALCOHOL AND SOCIETY TODAY**

**There has been a lot of discussion in the last few years about the continuing problem of alcohol and the effect it has on society. Should we treat alcohol as if it were an illicit drug?**

Some of the promoters of harsh restrictions on the sale and marketing of certain alcoholic beverages (restrictions such as advertising bans and higher taxes) have justified their proposals with the erroneous assertion that alcohol is no different than illegal drugs. There have even been

stories in some of the media attempting to equate alcohol with the use and/or abuse of illegal substances such as marijuana, crack, cocaine and heroin.

We will first mention as a matter of information that alcoholic beverages have been a part of western civilisation for more than 25 centuries. Now we know there will always be people among us who drink. America has already tried prohibition and learned conclusively that it does not work. The simple fact is that many Americans like to drink and the vast majority of those who do, drink responsibly, thus, the public policy challenge we face today is not to stigmatise all drinking as bad but to maximise the probability that those who choose to drink will do so in a responsible manner.

It's a fact that excessive drinking can

seriously damage one's health. Those who claim that "alcohol is a drug" want that word to carry a particular, threatening connotation. In reality, however, "drug" is an ethically, legally and physiologically neutral term that encompasses a wide spectrum of substances.

According to a well-known medical textbook of pharmacology, a drug is any chemical agency that affects living processes. A drug can be as menacing as cocaine, as benign as sucrose or as helpful as vitamin C. In a societal sense, some drugs relieve pain and assist in the healing process. Others are safely and legally enjoyed by millions of people very day, even though overuse can result in undesirable side effects.

And some drugs are so terribly addictive that simply experimenting with them carries substantial risk.

Recent studies show that excess alcohol consumption can lead to a number of serious health problems, and of course there is the problem of addiction which must be taken into consideration. Who among us hasn't been exposed to a friend or relative with a severe drinking problem. Many of societies' problems today such as spouse abuse, child abuse and dysfunctional family relationships can be traced to drinking problems.

Alcohol may lead to liver problems, a variety of cancers as well as forms of osteoporosis and depression, and studies are showing, too, that women are more susceptible to the ill effects of al-

cohol than are men. From this information, it is safe to conclude that anything that has this type of effect on one's general health is going to affect the entire system. And research has shown that alcohol depletes the body of its necessary vitamins and minerals.

"Social drinking" seems to be an accepted practice these days and the arguments both pro and con will always be with us. It is our hope that as you read and consider this information you will become more aware of the effect that alcohol has on society today.

## **HANDY FIRST AID TIPS**

**When someone is injured or suddenly becomes ill, there is usually a critical period before you can get medical treatment and it is this period that is of the utmost importance to the victim.**

What you do, or what you don't do, in that interval can mean the difference between life and death. You owe it to yourself, your family and your neighbours to know and to understand procedures that you can apply quickly and intelligently in an emergency. Every household should have some type of first aid kit, and if

you do not already have one, assemble your supplies now. Tailor the contents to fit your family's particular needs. Don't add first aid supplies to the jumble of toothpaste and cosmetics in the medicine cabinet. Instead, assemble them in a suitable, labelled box (such as a fishing tackle box or small tool chest with hinged cover), so that everything will be handy when needed. Label everything in the kit clearly, and indicate what it is used for.

Be sure not to lock the box - otherwise you may be hunting for the key when that emergency occurs. Place the box on a shelf beyond the reach of small children, and check it periodically and always restock items as soon as they are used up.

Keep all medications, including non-

prescription drugs such as aspirin, out of reach of children. When discarding drugs, be sure to dispose of them where children or pets cannot retrieve them.

When an emergency occurs, make sure the tongue does not block the injured victim's airway and that the mouth is free of any secretions and foreign objects. It is extremely important that the person is breathing freely. And if not, you need to administer artificial respiration promptly.

See that the victim has a pulse and good blood circulation as you check for signs of bleeding. Act fast if the victim is bleeding severely or if he has swallowed poison or if his heart or breathing has stopped. Remem-

ber every second counts.

Although most injured persons can be safely moved, it is vitally important not to move a person with serious neck or back injuries unless you have to save him from further danger. Keep the patient lying down and quiet. If he has vomited and there is no danger that his neck is broken, turn him on his side to prevent choking and keep him warm by covering him with blankets or coats.

Have someone call for medical assistance while you apply first aid. The person who summons help should explain the nature of the emergency and ask what should be done pending the arrival of the ambulance. Reassure the victim, and try to remain calm yourself. Your calmness can allay the fear and panic of the patient.

Don't give fluids to an unconscious or semiconscious person; fluids may enter his windpipe and cause suffocation. Don't try to arouse an unconscious person by slapping or shaking.

Look for an emergency medical identification card or an emblematic device that the victim may be wearing to alert you to any health problems, allergies or diseases that may require special care.



## **LEAD CAN BE DANGEROUS**

**Lead has long been recognised as a harmful environmental pollutant. There are many ways in which humans are exposed to lead and most of the time we may not even be aware of it.**

Airborne lead enters the body when an individual breathes in lead particles or swallows some lead dust. Until recently, the most important airborne source of lead was automobile exhaust. Since 1975, there has been a 95 percent reduction in the use of lead in gasoline due to

the Environmental Protection Agency's Phase-down Program and the replacement of older cars with newer cars that require the use of unleaded gasoline. Seeking out sources of lead in the household and surrounding areas can be crucial in safeguarding your family members, especially children and pets. It has now been determined that the effects from lead paint, household dust, lead crystal and some imported pottery.

Children are considered to be at the greatest risk of exposure because they have such intimate contact with the environment. Their faster metabolism causes them to eat more for their body weight and to breathe faster.

Children also tend to play and breathe closer to the ground where lead dust concentrates. They are also likely to put

their hands in their mouths, which can bring lead just directly into their bodies.

Parents can take several steps to help protect their children from the effects of lead within the home environment. Cover peeling or exposed paint with wood panelling or vinyl wallpaper. Stripping off the paint will release more lead into the environment, and a new coat of paint can itself peel, re-exposing the paint beneath it.

Also, lead and lead salts are toxic to pets. Pets are naturally curious and are prone to claw, scratch and pick at peeling materials. To minimise the risk to your pet, watch what they pick up in their mouths! These toxic lead salts can be found in such com-

mon things as insecticides and linoleum.

Be careful when doing any kind of remodelling such as removing old paint, replacing linoleum on floors, counters, etc. Keep pets and children away from work sites and building materials. Properly dispose of any leaded materials and remove them promptly from the premises. Know the possible signs of lead poisoning, vomiting, diarrhoea, abdominal pain, lack of appetite, irritability, listlessness, hysteria or convulsions. When a pet shows gastrointestinal as well as neurological symptoms, lead poisoning could be the culprit and you should contact the vet as soon as possible.

Many water mains are still made of lead, so household water should be tested for lead content. If lead is present

in the water, allow it to run for a few minutes before using it. Use cold or bottled water to prepare foods or infant's formula because hot water tends to leech more lead. Iron deficiency anaemia is a common problem among one and two year olds that predisposes them to eating non-food substances and causes them to absorb more of the lead taken into their bodies.

If lead exposure is suspected, consult your health department about appropriate removal and clean-up procedures. Also, people who may have been exposed to lead or lead dust recently should have the lead levels in their blood tested by their doctor or local health department.

## **HAY FEVER, ALLERGY AND ASTHMA**

**Hay fever is a chronic condition characterised by sneezing, nasal congestion, runny and itching nose, palate, ears and eyes.**

If you recognize any of these symptoms chances are, you or some member of your family has experienced hay fever at one time or another.

Doctors call it allergic rhinitis. Most people know it as hay fever and if you've got it — as 22 million Americans do — you're likely to be

plagued during the spring and fall seasons by such annoying symptoms as sneezing, congestion, runny nose, itchy throat and red, watery eyes. Allergy has different names. Allergy reactions occurring in the nose and sinus are called "sinus" or "hay fever" or "allergic rhinitis." And when allergy reactions occur in the chest we call it "asthma." Allergy reactions in the skin are named "hives" or "angioedema." So you see, allergy has different names depending upon where in your body it occurs.

One out of every six Americans suffers from an allergic condition. Allergy is an inherited trait, a genetic susceptibility towards the production of certain allergy anti-bodies. Hay fever is basically an allergic reaction to pollens from trees, weed and grasses. Unlike garden flower

pollen, which is carried by insects, the dry lightweight pollens that cause allergic rhinitis are generally spread by wind currents that make them difficult to avoid. In fact, samples of ragweed pollen have been found 400 miles at sea! While most people suffer mild discomfort with hay fever, it is estimated that more than 40 percent of the 5.8 million children who have respiratory allergies miss some school, stay in bed or feel upset by the condition.

Additionally, complications from allergic rhinitis can be serious. The same allergens that cause hay fever can reach the lungs causing asthma and other complications. Sinusitis (inflammation of the sinus cavities) and nasal polyps (small outgrowths of the

mucous membrane of the nose) may develop. Secondary infections of the ear, larynx and bronchial tubes may occur. Also, prolonged year-round nasal stuffiness and mouth breathing may lead to facial bone growth changes in children.

Surprisingly, many parents realise that their children have asthma before their physicians do. An accurate diagnosis, however, is most important in helping to determine an appropriate individualised treatment program. Physicians specialising in allergy/immunology have special skills in the area of asthma management. The allergy and asthma specialist will detect and determine those environmental elements (pollens, moulds, dust mites, animal danders, workplace chemicals) which may be the cause of a patient's asthmatic condition. A careful medical

history, physical examination, selective allergy skin testing and lung function studies are typically performed. Occasionally, blood tests, home and workplace evaluations, and x-rays of the sinuses and lungs are required.

Unlike hay fever, asthma is a more complex disease involving a reversible constriction of the muscles lining the human airways,. It is more often associated with allergy immune cells and can get progressively worse reaching life-threatening stages if not properly controlled. It can be treated more effectively when it is diagnosed early.

The best therapy of all, however, is avoidance of those things which produce asthma symptoms. This includes allergens, such as house dust



mites, pets and irritants, such as tobacco smoke and chemical fumes.

## CONQUERING THE SMOKING HABIT

**Most smokers sincerely want to quit. They know cigarettes threaten their health, set a bad example for their children, annoy their acquaintances and cost an inordinate amount of money.**

Nobody can force a smoker to quit. It's something each person has to decide for himself, and will require a personal commitment by the smoker. What kind of smoker are you? What do you get out of smoking? What does it do for you? It is important to identify what you use smoking for

and what kind of satisfaction you feel that you are getting from smoking.

Many smokers use the cigarette as a kind of crutch in moments of stress or discomfort, and on occasion it may work; the cigarette is sometimes used as a tranquilliser. But the heavy smoker, the person who tries to handle severe personal problems by smoking heavily all day long, is apt to discover that cigarettes do not help him deal with his problems effectively.

When it comes to quitting, this kind of smoker may find it easy to stop when everything is going well, but may be tempted to start again in a time of crisis. Physical exertion, eating, drinking, or social activity in moderation may serve as useful substitutes for cigarettes, even in times of tension. The choice of a sub-

stitute depends on what will achieve the same effects without having any appreciable risk.

Once a smoker understands his own smoking behaviour, he will be able to cope more successfully and select the best quitting approaches for himself and the type of life-style he leads.

Because smoking is a form of addiction, 80 percent of smoker who quit usually experience some withdrawal symptoms. These may include headache, light-headedness, nausea, diarrhoea, and chest pains. Psychological symptoms, such as anxiety, short-term depression, and inability to concentrate, may also appear. The main psychological symptom is increased irritability. People

become so irritable, in fact, that they say they feel "like killing somebody." Yet there is no evidence that quitting smoking leads to physical violence.

Some people seem to lose all their energy and drive, wanting only to sleep. Others react in exactly the opposite way, becoming so over energised they can't find enough activity to burn off their excess energy. For instance, one woman said she cleaned out all her closets completely and was ready to go next door to start on her neighbour's. Both these extremes, however, eventually level off. The symptoms may be intense for two or three days, but within 10 to 14 days after quitting, most subside. The truth is that after people quit smoking, they have more energy, they generally will need less sleep, and feel better about them-

selves.

Quitting smoking not only extends the ex-smoker's life, but adds new happiness and meaning to one's current life. Most smokers state that immediately after they quit smoking, they start noticing dramatic differences in their overall health and vitality.

Quitting is beneficial at any age, no matter how long a person has been smoking. The mortality ratio of ex-smoker decreases after quitting. If the patient quits before a serious disease has developed, his body may eventually be able to restore itself almost completely.

## **THE RADON PROBLEM**

**You can't see radon. And you can't smell or taste it, but it may very well be a problem in your home. It is estimated to cause many thousands of deaths each year.**

Radon is a cancer-causing, radioactive gas, and when you breathe air containing the gas, you can get lung cancer. In fact, radon has now been declared the second leading cause of lung cancer in the United States today. Only smoking causes more lung cancer deaths. If you smoke and your home has high radon levels,

your risk of lung cancer is especially high.

Radon can be found all over the United States. It comes from the natural breakdown of uranium in soil, rock and water and gets in to the air you breathe. Radon can get into any type of building, homes, offices, and schools and build up to high levels. But you and your family are most likely to get your greatest exposure in your home because that is where you spend most of your time.

Testing is the only way to know if you and your family are at risk from radon. The Environmental Protection Agency along with the Surgeon General recommend testing all homes below the third floor for radon. It is inexpensive and easy to do the testing and it only takes a few minutes of your time. Millions of Americans have already had their homes

tested. Radon from soil gas is the main cause of radon problems although it can also enter the home through well water. And in a small number of homes, certain kinds of building materials may give off the gas, too. However, the building materials rarely cause the problem by themselves.

It has now been determined that nearly 1 out of every 15 homes in the U.S. is estimated to have elevated radon levels. Elevated levels of radon gas have been found in every state including homes in your state.

The public has only recently started showing interest in this deadly, cancer-causing gas. Contact your state radon office for general

information about radon in your area. While radon problems may be more common in some areas, any home may have a problem. Home buyers and renters are now asking about radon levels before they buy or rent a home.

While radon in water is not a problem in homes served by most public water supplies, it has been found in some well water. If you've tested the air in your home and found a radon problem, and your water comes from a well, contact a lab certified to measure radiation in water to have your water tested. If you're on a public water supply and are concerned that radon may be entering your home through the water, call your public water works.

Since there is no known safe level of radon, there can always be some risk.

But the risk can be reduced by lowering the radon level in your home. A variety of methods may be used to reduce radon in one's home. In some cases, sealing cracks in floors and walls may help to reduce radon. In other cases, simple systems using pipes and fans may be used to reduce the gas. Because major renovations can change the level of radon in any home, always test again after you have any work done. There are reliable test kits available through the mail, in hardware stores and certain other retail outlets.

Like other environmental pollutants, there is some uncertainty about the magnitude of radon health risks. However, more is known about the risks of radon than from most other



cancer-causing substances. This is because estimates of radon risks are based on studies of cancer in humans such as underground miners.

## **FACTS ABOUT ALZHEIMER'S DISEASE**

**“Alzheimer’s Disease” is the term used to describe a dementing disorder marked by certain brain changes, regardless of the age of onset. Alzheimer’s disease is not a normal part of ageing — and it is not something that inevitable happens in later life.**

Rather, it is one of the dementing disorders, a group of brain diseases that lead to the loss of mental and physical functions. The disorder, whose cause is unknown, affects a small but significant percentage of

older Americans. A very small minority of Alzheimer's patients are under 50 years of age. However, most are over 65.

Alzheimer's disease is the exception, rather than the rule, in old age. Only 5 to 6 percent of older people are afflicted by Alzheimer's disease or a related dementia - - but this means approximately 3 to 4 million Americans have one of these debilitating disorders. Research indicates that 1 percent of the population aged 65-75 has severe dementia, increasing to 7 percent of those aged 75-85 and to 25 percent of those 85 or older. As our population ages and the number of Alzheimer's patients increases, costs of care will rise as well.

Although Alzheimer's disease is not yet curable or reversible, there are ways

to alleviate symptoms and suffering and to assist families. And not every person with this illness must necessarily move to a nursing home. Many thousands of patients — especially those in the early stages of the disease — are cared for by their families in the community. Indeed, one of the most important aspects of medical management is family education and family support services. When, or whether, to transfer a patient to a nursing home is a decision to be carefully considered by the family.

The onset of Alzheimer's disease is usually very slow and gradual, seldom occurring before age 65. Over time, however, it follows a progressively more serious course. Among

the symptoms that typically develop, none is unique to Alzheimer's disease at its various stages. It is therefore essential for suspicious changes to be thoroughly evaluated before they become inappropriately or negligently labelled Alzheimer's disease.

Problems of memory, particularly recent or short-term memory, are common early in the course of the disease. For example, the individual may, on repeated occasions, forget to turn off the iron or may not recall which of the morning's medicines were taken. Mild personality changes, such as less spontaneity or a sense of apathy and a tendency to withdraw from social interactions, may occur early in the illness. As the disease progresses, problems in abstract thinking or in intellectual functioning develop.

You may notice the individual beginning to have trouble with figures when working on bills, with understanding what is being read, or with organising the day's work. Further disturbances in behaviour and appearance may also be seen at this point, such as agitation, irritability, quarrelsomeness, and diminishing ability to dress appropriately.

The average course of the disease from the time it is recognised to death is about 6 to 8 years, but it may range from under 2 years to over 20 years. Those who develop the disorder later in life may die from other illnesses (such as heart disease) before Alzheimer's disease reaches its final and most serious stage.

The reaction of an individual to the illness and the way he or she copes with it also varies and may depend on such factors as lifelong personality patterns and the nature and severity of the stress in the immediate environment.

As research on Alzheimer's disease continues, scientists are now describing other abnormal chemical changes associated with the disease. These include nerve cell degeneration in certain areas of the brain. Also, defects in certain blood vessels supplying blood to the brain have been studied as a possible contributing factor.

There is no way at the present time to determine who may get Alzheimer's disease. The main risk factor for the disease is increased age. The rates of the disease increase markedly with advanc-

ing age, with 25 percent of people over 85 suffering from Alzheimer's or other severe dementia.

Other things often noticeable may be depression, severe uneasiness, and paranoia or delusions that accompany or result from the disease, but they can often be alleviated by appropriate treatments.

Alzheimer's disease has emerged as one of the great mysteries in modern day medicine, with a growing number of clues but still no answers as to its cause. Researchers have come up with a number of theories about the cause of this disease but so far the mystery remains unresolved.

Because of the many other disor-

ders that are often confused with Alzheimer's disease, a comprehensive clinical evaluation is essential to arrive at a correct diagnosis of any symptoms that look similar to those of Alzheimer's disease. In most cases, the family physician can be consulted about the best way to get the necessary examinations.

Stress on the family can take a toll on both the patient and the caregiver alike. Caregivers are usually family members — either spouses or children — and usually wives and daughters. As time passes and the burden mounts, it not only places the mental health of family caregivers at risk. It also diminishes their ability to provide care to the diseased patient. Hence, assistance to the family as a whole must be considered.

As the disease progresses, families

experience increasing anxiety and pain at seeing unsettling changes in a loved one, and they commonly feel guilt over not being able to do enough. The prevalence of reactive depression among family members in this situation is disturbingly high — caregivers are chronically stressed and are much more likely to suffer from depression than the average person. If caregivers have been forced to retire from positions outside the home. They feel progressively more isolated and no longer productive members of society.

The likelihood, intensity, and duration of depression among caregivers can all be lowered through available interventions. For example, to the extent that family members can of-

fer emotional support to each other and perhaps seek professional consultation, they will be better prepared to help their loved one manage the illness and to recognize the limits of what they themselves can reasonably do.

Though Alzheimer's disease cannot at present be cured, reversed, or stopped in its progression, much can be done to help both the patient and the family live through the course of the illness with greater dignity and less discomfort. Toward this goal, appropriate clinical interventions and community services should be vigorously sought. While Alzheimer's disease remains a mystery, with its cause and cure not yet found, there is considerable excitement and hope about new findings that are unfolding in numerous research settings. The connecting

pieces to the puzzle called Alzheimer's disease continue to be found.



## **AIDS AND DRUG ABUSE**

**The two groups at greatest risk for AIDS are homosexual or bisexual men and people who shoot drugs.**

People who use needles to inject drugs (including mainliners and skin poppers) get the virus by sharing their works with other users who already have the AIDS virus in their blood.

You can't always tell who is infected with the AIDS virus. Most people actually carrying the virus don't look any different than anybody else, they look and feel well, but they can

still spread the disease. Symptoms of AIDS may not show up for many years and some remain without symptoms even then. Thousands of IV drug abusers already have AIDS, and many thousands more are carriers of the virus.

Acquired Immune Deficiency Syndrome (AIDS) is a serious condition that affects the body's ability to fight off infection. A diagnosis of AIDS is made when a person develops some form of life-threatening illness not usually found in a person with a normal ability to fight infection. To date more than fifty percent of all the persons with AIDS have died.

Shooting drugs has now been determined to be one of the biggest problems facing America today. While the homosexual community has put on a media campaign alerting and educating the

public about the dangers of AIDS, nothing is being done to stop the widespread sharing of needles among drug users.

Remember, if you shoot drugs, you are in danger of catching AIDS. The best advice for protecting yourself and people you love is to stop shooting drugs. It is also important to note that women who shoot drugs or who live with men who shoot drugs sometimes gives AIDS to their babies, either before or shortly after birth. Babies born with AIDS become ill very quickly.

Most individuals infected with the AIDS virus have no symptoms and feel well for a long time before eventually developing such symptoms as fever and night sweats, weight loss,

swollen lymph glands in the neck, the underarms and groin area, severe fatigue or tiredness, diarrhoea, white spots or unusual blemishes in the mouth. These symptoms are also symptoms of a number of other illnesses and that should be taken into consideration. Anyone with any of these symptoms for more than two weeks should not panic but should consult their doctor.

The AIDS virus is not spread through normal daily contact at work, school or home. There have been no cases found where the virus has been transmitted by casual contact with AIDS patients in the home, workplace, or health care setting.

There is an antibody test that detects antibodies to the AIDS virus that causes the disease. The body produces antibodies that try to get rid of bacteria, viruses,

or anything else that is not supposed to be in the bloodstream. The test may show if someone has been infected with the AIDS virus. While the testing procedure is considered accurate, it does not tell who will develop full-blown AIDS.

## **HOW TO BEAT DEPRESSION!**

**Here's the story of a small, almost successful mail order entrepreneur, and how he overcomes the blues that comes with his way of conducting business:**

What an adrenaline rush! Last week when I visited the post office my post office box was overflowing with orders. One day, I had to get a plastic container just to carry the mail home. At the end of the week, I had made about \$1,200 in orders!

Unfortunately, I spent money to

stock up on inventory. I anticipated receiving the same type of business the next week to make up for any overspending I had done this week. That did not happen.

The next week brought in a total of \$150 in orders — and the week after that brought in only \$10! After that, depression set in. I kept saying “What will I do now? I spent the \$1,200 and only have \$80 to my name. Rent will be due in a couple weeks and I’m flat broke — simply because I let money go to my head because I was temporarily “rich.”

This is one example of how a business works sometimes and it’s important to not take everything for granted. As employees of other companies, we were used to the fact of receiving a paycheque every week. Whether we

worked hard or not, our paycheque was always the same and always on time. All we had to do was put in our 8-hours, 5-days a week.

Also, we were not used to spending any money to fill orders. If we needed to mail something, we sent it to the mailroom or ran it through the postage meter. As employees, we didn’t pay for the postage out of our own pockets. Our employer took care of it. That also goes for supplies. If we ran out of paper for our typewriter, we went to the supply cabinet and got a pack out. We never worried about spending our own money to pay for office supplies.

But when you own and operate your own business money is hard to come by especially the first few

years. You generate your own income! So instead of thinking about riches and glory — think about improving upon what you already have. If you have a \$1,200 week pat yourself on the back — but don't be stupid like I did and spend it thinking you'll have the same amount next week. This may not happen for another 6 months!

Instead, find out “why” you generated this much money one week and hardly anything the next week. Did you stop marketing because you didn't think you had to anymore? Did you spend time filling all those \$1,200 worth of orders and generating back-end sales? (A back-end sale is placing some form of advertising in with the orders you fill that will generate additional sales. These items should be for products and services that either

compliment or are the same as the product the customer purchased.)

Were all the orders that made up the \$1,200 week for the same product or different ones? Where did you advertise in order to generate this response? Was it a specific publication or a combination of several of them? Were the orders for something that people run out of frequently (i.e., printing, typesetting and advertising?) If so — you can have a special offer for these same customers in a few weeks with a money-saving coupon for them to use. This will generate repeat business and the likelihood of another \$1,200 week in the near future.

However, if you do spend the money like I did and depression sets



i, just sit down for a moment and reflect on what you do have: a roof over your head, food to eat, a legitimate business that will grow and possibly steady out in the future, peace of mind and the ability to work on your own without employers and people breathing down your neck!

In addition — if you spend the money and cannot buy the supplies to fill the orders, don't just avoid your customers and hope they'll understand. Instead, send them a postcard that simply explains that you had such a large response that you sold out of the item. Tell them approximately "when" their order will be filled and "when" to expect it. If you can't possibly fill the order within 30 days, give your customer the option of getting their money back or better yet — issue them a Credit Voucher to use on future pur-

chases.

If you have no income at all and cannot possibly refund people's money offer them something in return that you can provide. You need to find some way to compensate your customers. Remember that they trusted you enough to see your ad, write out a check and spend their hard-earned money on you. They may not have a lot of money either. Avoiding them will turn you into a "rip-off" artist with no future in the industry!

## **GETTING A SECOND OPINION**

**Getting a second opinion is standard medical practice these days.**

There are millions of surgical procedures performed in the United States every year and the majority of these operations are necessary for the health and well being of the patient. But, according to recent studies, a percentage of surgeries may be unnecessary.

Many people are now seeking second opinions, especially when it

comes to elective surgery procedures. Also some insurance companies are encouraging second opinions for surgical procedures and more people than ever are beginning to take an active role in their health care options.

Based on all of the surgeries performed, one can conclude that overall we have a good system. However, we still hear of horror stories and botched operations from time to time, both in this country and around the world.

A second medical opinion can save you time and money, and it is possible that the condition in question can be treated by means other than surgery. Your doctor's approach to treating your condition is influenced by his training, experience, and exposure to new techniques. Getting a second opinion is standard

medical practice, and you will find that most physicians welcome second and even third opinions. You can be candid and open with your physician about this as you tell him your feelings and how much more comfortable you'd feel getting another doctor's opinion.

If you decide to get a second medical opinion on a surgical procedure, you may wish to ask your doctor to refer a colleague or specialist. If you'd rather seek out another doctor yourself, you can take the matter up with your local medical society or area medical school.

When you go to a second doctor, tell him or her the name of the recommended surgical procedure and do over the various tests you have

already had. This can save you the unnecessary expense of running duplicate medical tests. If the second doctor agrees that the surgery is necessary, he or she will usually send you back to the first doctor. If you make the decision to have the recommended surgery, there are a number of questions you may like to have answered such as from what medical school did the surgeon graduate, and in what speciality did the surgeon complete an accredited residency program. You might also want to inquire as to how many operations like yours the particular surgeon has performed and how many of those patients have required additional surgery.

A good indicator of a surgeon's competence is certification by the American Board of Medical Specialities. The let-

ters F.A.C.S. (Fellow of the American College of Surgeons) after the surgeon's name is another sign of a surgeon's qualifications.

Once you are comfortable with your choice of a surgeon, find out what your options are. Ask about possible risks, complications and side effects, and the length of the recovery period. Talk to others who have had the same procedure. Also, don't forget to check with your insurance company to learn if the surgical procedure is covered under your policy, and if so, whether it is covered as in-patient or outpatient surgery. Remember that you deserve to be informed of all your health care options, especially when it involves a surgical procedure.

## **THE DANGERS OF HOUSEHOLD GARBAGE**

**Reducing the hazardous waste in America's landfills starts at home. Millions of households are producing billions of pounds of solid waste.**

Products used every day in our homes leach hazardous chemicals after entering landfills. There are a number of simple steps that average consumer can take to limit the damage that many of these toxic materials are doing to the environment.

The garbage situation has be-

come a big concern in cities all around the country and not only is this a political issue, but it is also a problem that has caught the attention of the general population. We all realise there is a growing problem but nobody likes to admit that their garbage is contributing to the problem.

Many municipalities have already started a recycling program to deal with the growing mountains of paper, plastic, glass, etc. Although it takes a bit of effort on the part of the public to sort and separate their garbage, people are now beginning to realise that the future of our environment is at stake.

One household product that is causing a problem these days is throwaway batteries. Each year, Americans throw away 84.000 tons of alkaline batteries.

These AA, C and D cells that power electronic toys and games, portable audio equipment and a wide range of other gadgets comprise 20% of the household hazardous materials present around the country in America's landfills.

When a battery in one of the products we use fails, we simply run out and buy a replacement. The dead battery ends up in the garbage and no one thinks about where it goes and what happens to it after the garbage is picked up.

Sealed inside these alkaline cells are harmful materials that are not encountered by consumers during normal use. However, when the batteries enter a landfill, the casings can be crushed, or can easily degrade,



which causes mercury and other toxins to leach into the environment.

The problem of batteries in landfills is one of the easiest to solve. Using rechargeable power can significantly reduce the number of batteries that end up in landfills. Rechargeable batteries can be used again and again, up to 1,000 times. One rechargeable cell can replace up to 300 throwaway batteries, keeping the landfill free not only from the batteries themselves, but also from the paper and plastic materials that are used to package them.

There are a number of manufacturers in the country today who deal in rechargeable products and some of them have a number of programs already in place to ensure that rechargeable batteries never enter a landfill at all. For example, one

of the largest manufacturers of rechargeable products is now offering a lifetime replacement guarantee on all round cells. If the product ever fails to accept or hold a charge, the company will promptly replace it and recycle the used cell.

If you have an environmental agency in your area, you might like to work on this issue with them, or perhaps they already have a program set up to dispose of used batteries. As a concerned citizen, your suggestions and input will be invaluable to them as they attempt to come up with some solutions.

## **LIVE A LONGER AND HEALTHIER LIFE**

**You should balance your activities with the proper amount of rest. Some of the leading experts in the field of ageing now believe that regular exercise along with the proper amount of rest may actually add years to the life span.**

Results from a number of tests indicate that speed and muscular strength of many of the elderly can be extended.

Leading authorities agree that this new data is going to shatter many of

the myths about ageing and physical performance. The conclusion now is that the performance and ability of the elderly has long been underestimated, diet, proper sleep and exercise along with rest and relaxation are all important factors in preserving our bodies.

Laughter is one of the best things for your mental and physical state. People are naturally attracted to someone who has a good sense of humour. You can develop a good outlook and a good sense of humour by associating with and surrounding yourself with pleasant happy people.

Recognise that stress is a killer. A life filled with stress can really wreak havoc on your body causing a number of illnesses such as heart attacks, strokes, asthma, gastric problems, menstrual dis-

orders, ulcerative colitis, angina, irritable colon, increased blood pressure, ulcers, headaches, etc.

There are different types of stress such as mental, emotional and physical. Emotional stress seems to take the greatest toll on everyone. All stress is not bad; in fact, life would not be very interesting if it were not met with challenges. However, too much stress, too often with no effective and appropriate outlet, does not allow the body and soul to recuperate. You might review a typical week to see if you can identify things that might be making you anxious or causing you stress. Once identified, stressors can be attacked and eliminated.

Are you a worrier? Chronic worri-

ers don't have more serious problems than others - they just think they do. Many worriers try to cope by trying not to think about their problems, but this just makes things worse. Doctors say that chronic worriers feel less anxious if they actually spend a half-hour a day thinking specifically about their problems.

Get plenty of exercise. People who are physically fit look good and feel good. A good exercise regimen will lengthen your life. Improve your appearance, build self confidence and help delay the ageing process.

Remember that you need to do something physical every day. If you don't use your joints, quite simply they'll tighten up with age to create the stooped, bent and worn out appearance we so often associate with old age. Studies have shown

that people with arthritis experience less pain if they continue to keep their joints flexible. As one gets older, the bones tend to get brittle which is why it is common for senior citizens to break bones and especially their hips when they fall.

Eating right, getting proper sleep and learning to relax are all very valuable in maintaining a healthy body and mind. And keep in mind that eating healthy foods and avoiding those high in fats, sodium and cholesterol will help to decrease your risk of heart disease, high blood pressure and associated problems.

## **GROWING OLD GRACEFULLY**

**Today the average duration of human life in the United States is just about 70 years for women and a little less for men.**

Conservative experts believe that man is really build to last about 100 years; and that medial advances and more healthful living habits could bring this about within a generation or two.

What good is it to add years to life if we do not also add life to years? In fact, unless people learn to enjoy

life and to grow old gracefully, the extra years may be an additional burden.

From 18 to 30 years is roughly the period of highest physical and mental vigour. The experiences we accumulate from the day we are born help us to conserve and to use our physical and mental abilities more wisely, so that for some time after 30 years we are able to perform increasingly well in spite of slowly slipping vigour. After age 50 the increasing accumulation of experience is no longer able to offset the now more rapidly energy and therefore ageing begins to assert itself noticeably and in many ways.

A number of things may come about gradually such as people who have not used eyeglasses before may at some time in their forties need them for read-

ing, and in the fifties they usually need bifocals.

Also in the forties, people are likely to put on weight because there is a general slowdown in the oxidation rate of the ageing body tissue. Also we tend to do less strenuous work with no reduction in the amount of food consumed.

And in the fifties there is likely to be some loss of hearing. Usually the high-pitched tones go first, so words with the sounds of F, S, and TH are confused. A hearing aid may be needed in some cases.

Ageing is generally accompanied by a loss in physical and mental flexibility. This is noticed in a tendency to become stiff in the joints; in slower



comeback after a strenuous trip, excessive "night life," or hard work; in slower healing of wounds, sore muscles, and sprains; in slower recovery of pep after an illness; and in greater difficulty to adjust to new people, new places, and new ideas.

Men, especially, will notice loss of muscular strength. There will be increased unsteadiness and delicate muscle movements will be more clumsy and the stride in waking will become shorter. The conclusion now is that the performance and ability of the elderly has long been underestimated and can be greatly improved by a proper diet, sleep and exercise along with rest and relaxation.

Many elderly people tend to lose their joy and will to live and chronic worriers may mope around and withdraw. Medi-

cal authorities now say that laughter is one of the best medicines for the elderly. You can always keep your sense of humour tuned up by surrounding yourself with pleasant and interesting people. Just act your age and don't be afraid to laugh at yourself even when no else is around.

Now that we all know the role that physical activity plays in our lives, remember to do something physical every day. The joints must be used or quite simply they will tighten with age creating that stooped worn out appearance we so often associate with getting old. Keep yourself flexible and fit on an exercise program consistent with your ability.

**END**

