

2017

MEDICAL

Guide

Fall 2017 | A Special Supplement to
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My family was a big support. Having Gibson here in Lumberton made it easier for them, too. I had 24 radiation treatments, and then chemo. I’m a five-year survivor — in remission, and I hope forever. It’s hard to believe I ever had cancer.

Linda Rice
Colorectal Cancer Survivor



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ER nurses are unsung *heroes*

No one wants to see the inside of an emergency room or medical center, but few people avoid occasional visits to the ER. When such situations arise, a top-notch trauma team can make all the difference.

One of the first people patients encounter inside an ER are the nurses who quickly assess life-threatening problems and begin to solve them on the spot. Although nurses can work in hospital emergency rooms, emergency nurses also may work in ambulances, urgent care centers, sports arenas, and other high-stress situations. ER nurses are registered nurses who work closely with doctors to help diagnose, stabilize and manage conditions. They also liaise between family members and other medical staff and educate patients about their conditions once an emergency situation is addressed.

Because ER nurses specialize in treating severely ill or injured patients or those in life-threatening situations, those considering a career in this field must be ready to adapt to many different situations. In a single day, ER nurses may encounter children with broken bones, patients with acute stomach pains and people injured in motor vehicle accidents, among many other potential situations. Patients of all ages come through trauma centers, and prioritizing emergencies can be part of the job description.

An ER nurse's day is frequently stressful and fast-paced. Some of the tasks to be expected, according to the nursing career resource Nurse Frontier, include:

- First aid
- Suturing
- Intubation
- Bag valve mask ventilation
- Administering medicine
- Basic life support
- Advance cardiac life support
- Transfusing blood

Prospective ER nurses must complete a nursing degree or diploma program. In Canada, since the late 1990s, the provinces and territories have moved from diploma entry level to baccalaureate entry level for RNs, says the Canadian Nurses Association. Both the United States and Canada require prospective ER nurses to pass the NCLEX-RN exam, which is administered by the National Council of State Boards. RNs receive state licensing in the United States. In Canada there is no national license; each province or territory licenses individually based on jurisdiction.

According to Johnson & Johnson's Discover Nursing, ER nurses are increasingly learning about tech, thanks to electronic medical records and point-of-care barcoding.

ER nurses have more responsibility than ever because of nursing shortages. That means there are plenty of opportunities to become leaders in the field. ER nurses and other nurses fill a much-needed responsibility in the medical field. A career as an ER nurse can be challenging but very rewarding.



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What are *biologic medicines*?



A relatively recent wave of medications has provided significant advances in treating a wide range of illnesses, particularly those that are linked to auto-immune dysfunction or chronic ailments. Many people may be prescribed a biologic response modifier medicine at some point in their lives, and those who understand when and why such medications are prescribed may find such knowledge calms their nerves and reduces any confusion they might have about their conditions.

What are biologic response modifiers?

Biologics are derived from animal products. First-generation biologic

products included things like vaccines and blood components. However, a newer wave of biologic medicines has come to market over the last decade or so. These medications are manufactured through biotechnology and are complex proteins, sugars, nucleic acids, or a combination of these substances that are created from living cells. Cells may include yeast, bacteria or a widely used cell called CHO, which originated from hamsters in China. The U.S. Food & Drug Administration says biologics are often at the forefront of biomedical research and are continually evolving.

Why biologics are different

Unlike traditional medicines, which

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Dr. Jones comes to us from Toledo, Ohio having practiced there as an Internist and Emergency Room Physician for 30 + years. Dr. Jones graduated from Meharry Medical College School of Medicine in Nashville Tennessee where he earned his Doctor of Medicine. He completed his internship at St. Luke's Hospital in Cleveland Ohio and Residency at St. Luke's Hospital and later McLaren General Hospital in Flint Michigan. Besides practicing medicine which is his passion, he is an avid sports fan and played basketball and ran track and field in high school.

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are largely made from chemical components that follow a strict recipe for manufacture, many biologics are complex mixtures that are not easily replicated. According to the resource Everyday Health, when biologics are made, a specific gene is isolated and inserted into the host cell's DNA, where it will become permanent. The cell follows the instructions of the gene and how it was programmed and becomes a specifically functioning cell. This one reprogrammed cell is combined with others that have been made the same way.

The entire process of biologic manufacturing is complex, requiring state-of-the-art knowledge. It also requires entirely new biotechnology facilities and laboratories that employ top-notch scientists. These factors combine to contribute to the generally

high price tag of biologic medications.

How biologics work

According to WebMD, biologics are designed to inhibit specific components of the immune system that may cause a symptom of a disease. For example, in the treatment of rheumatoid arthritis, the medication would suppress inflammation, which is a central feature of the disease. Biologics target specific parts of the immune system rather than broadly treating the body.

Diseases that may be treated by biologics include rheumatoid arthritis, Crohn's disease, ulcerative colitis, psoriasis/psoriatic arthritis, multiple sclerosis, and even certain cancers.

Side effects of biologic medicines Because most biologics are administered intravenously, injection-

site irritation can be a common side effect. Biologics also carry a risk of infection. According to the Cochrane Database of Systematic Reviews, because biologics target the immune system, there is a risk for serious infection or disease.

Biologic medicines continue to evolve and can be used to treat a variety of medical conditions for which no other treatments are available or effective.



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How to recognize and prevent CO poisoning



Many people are aware of the threat posed by carbon monoxide, or CO. According to the U.S. Centers for Disease Control and Prevention, at least 430 people die from accidental CO poisoning in the United States each year, while the Canada Safety Council notes that carbon monoxide is the leading cause of fatal poisonings throughout North America.

The CDC points out that instances of CO poisoning are entirely preventable, which might surprise many of the estimated tens of thousands of people in the United States who visit emergency rooms to be treated for CO poisoning each year. Learning to recognize signs of

CO poisoning and how to prevent it can help people avoid its harmful effects and potentially save lives.

Recognizing CO poisoning

The National Center for Environmental Health says that breathing CO can cause a variety of symptoms, including headache, dizziness, vomiting, or nausea. Infants, the elderly and people with chronic heart disease, anemia, or breathing problems are more likely to get sick from CO exposure than children, adults and people without the aforementioned conditions.

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How can I prevent CO poisoning?

Even those people who do not lose their lives to moderate or severe CO poisoning can suffer long-term health consequences, including an increased risk of heart disease, as a result of their exposure. So it behooves everyone to take steps to prevent CO poisoning from occurring.

- Do not run a motor vehicle, generator, pressure washer or any gasoline-powered engine within 20 feet of an open window, door or vent. The exhaust from such items can vent into enclosed areas, increasing the risk of CO exposure.

- Do not leave motor vehicles running in enclosed or partially enclosed spaces, such as a garage.

- Do not run generators, pressure washers or gasoline-powered inside basements, garages or other enclosed structures, even if windows are open.

- Do not operate charcoal grills, hibachis, lanterns or portable camping stoves indoors or inside tents or campers.

CO poisoning can cause very serious consequences, including death. Fortunately, all instances of CO poisoning can be prevented.



Asking the Right Questions for Your Doctor

When you're living with a serious or advanced illness, conversations about your illness can be overwhelming. To ensure you have the best quality of life, it's important to be informed about your choices for care. Talk to your doctor. Answers to these important questions may help you set healthcare goals, while guiding decisions about your plan of care, now and in the future.

Examples of questions for your doctor

- How will living with my illness affect or change my life?
- What treatment options are available?
- How long will I need to undergo treatment?
- What will my quality of life be like during treatment?
- Will my quality of life improve because of treatment?
- What possible side effects could I experience with treatment?
- Will treatment extend my life? Will it give me more quality time with my loved ones?
- What are the risks of treatment?
- Could hospice or palliative care help me?
- Will I have to go to the hospital or will I be able to stay at home?

Be Informed.

Know your options for care.



To find out if you or someone you love qualifies for hospice or palliative care, call 800.207.6908 or visit LCFH.org.

Treatments for *Alzheimer's disease* continue to evolve



Alzheimer's disease is one of the most prevalent types of dementia in the world, affecting an estimated 35.6 million people all over the globe, and that number is expected to double in 20 years.

The Alzheimer's Foundation of America estimates that as many as 5.1 million Americans may be living with Alzheimer's disease. Australian company Actinogen Medical says Alzheimer's is Australia's second biggest killer. According to a 2012 study commissioned by the Alzheimer's Society of Canada, 747,000 Canadians were living with cognitive impairment, which included, but was not limited to, dementia.

People with Alzheimer's disease and other types of dementia may experience a decline in mental function severe enough to reduce their ability to perform everyday activities. Some of the cognitive functions that may be impaired include memory, communication and language, ability to pay attention, reasoning and judgement, emotional control, and social behavior.

There is no cure for Alzheimer's disease, nor is there an effective long-term way to prevent potential mental decline. However, that has not stopped scores of researchers and medical teams that continue to study the efficacy of different drugs and therapies. The following are

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some of the more promising options in the works.

Leukine

A safety trial on the drug Leukine already is underway at the Colorado University Anschutz Medical Campus.

"We found so far that Leukine is safe in people with Alzheimer's disease," said Dr. Huntington Potter, the director of Alzheimer's research at the university. "That means it doesn't have the side effects that so many other Alzheimer's drugs have had, which are swelling in the brain and bleeding into the brain." Leukine has been successful in removing the plaque or amyloid along the outside of nerve cells in the brain of mice. Researchers do not know the exact mechanism for removal, but the drug is working and working quickly. Leukine also may be helping the brain repair

itself. The Alzheimer's Association has donated \$1 million toward financing the costs of the next phase of this trial.

Insulin

Neurologists at Rush University Medical Center are testing a type of insulin that is inhaled through a nasal spray to see if it improves cognition and memory function in people with mild cognitive impairment.

"There is growing evidence that insulin carries out multiple functions in the brain and that poor regulation of insulin may contribute to the development of Alzheimer's disease," said Dr. Neelum Aggarwal, a neurologist at Rush and the lead investigator of the study.

The 18-month clinical trial will study the nasal spray versus a placebo in 275 adults between the ages of 55 and 85.

Xanamem

Australian researchers at Actinogen Medical have begun trials of a new drug called Xanamem. More than 170 patients with mild dementia in Australia, the United States and the United Kingdom will take part in the placebo-controlled 12-week trial. The medicine blocks the stress hormone cortisol in order to improve mental function for those with dementias. In 2015, an Edinburgh University study of mice showed reducing cortisol in the brain improved their memory and decreased the number of Alzheimer's-associated amyloid plaques in the brain.

Researchers continue to work as they seek a successful, long-term option for treating or preventing Alzheimer's disease and other dementias.



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Nursing is one of the fastest-growing and longest-running occupations in the United States and Canada. The New England Hospital for Women and Children, established in 1862, was the first nursing school in the United States. The first formal nursing training program in Canada was established in 1874 at the General and Marine Hospital in St. Catharines, Ontario. The American Nurses Association was started in 1898. The Canadian Nurses' Association, formerly the Canadian National Association of Trained Nurses, was developed in 1907. These associations are national professional associations representing the hundreds of thousands of nurses across the country and are instrumental in legislative policy and the influences of health care on nursing professionals today.



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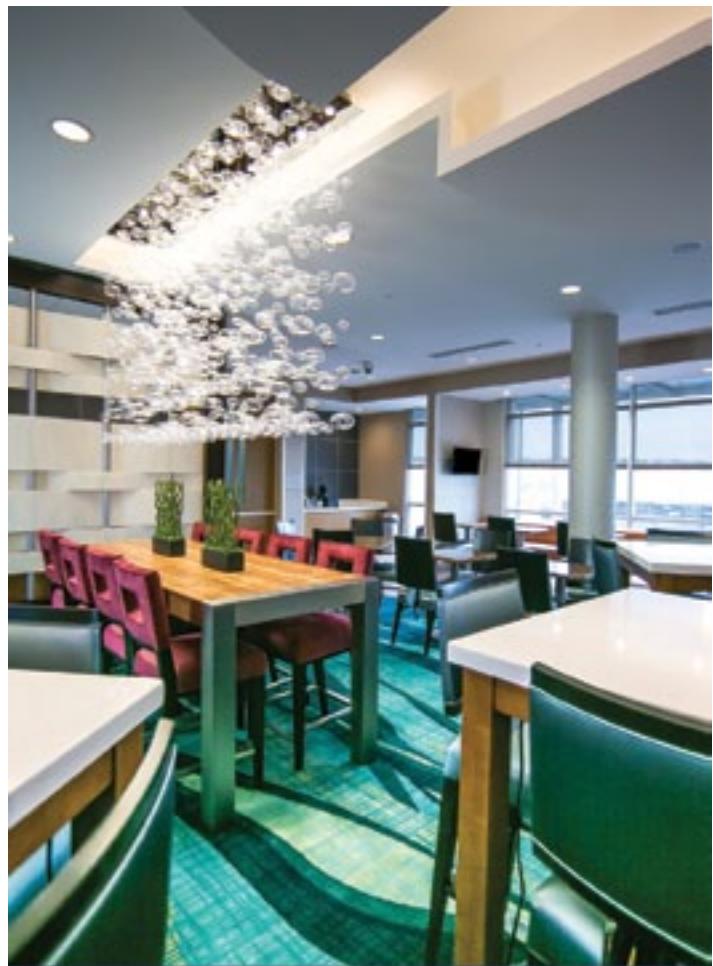


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DID YOU KNOW?

Lead is a naturally occurring element found in the earth's crust that can be toxic to both humans and animals. Lead can be found in air, soil and water, and human exposure to lead can often be traced to human activities, such as the one-time use of leaded gasolines and previous use of lead-based paints in homes. The U.S. Environmental Protection Agency notes that lead also may have been used in ceramics, pipes, plumbing materials, and even some cosmetics. Perhaps the most troubling aspect of lead is its potential effect on children. The still-developing brains and nervous systems of children are more sensitive to the harmful effects of lead because their bodies absorb more of it than the bodies of adults. The U.S. Centers for Disease Control and Prevention notes that the use of lead in house paint, on products marketed to children, including toys, and in dishes or cookware was banned in the United States in 1978. However, lead may still be found on toys imported from countries that have not yet banned lead. In addition, toys and collectibles that were produced prior to the ban in the United States may still contain lead that can be harmful to children and adults. Parents who suspect their children have been exposed to lead can speak with their youngsters' pediatricians, who may order blood tests to check for lead exposure.



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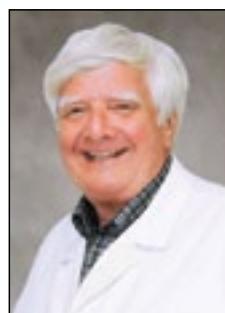
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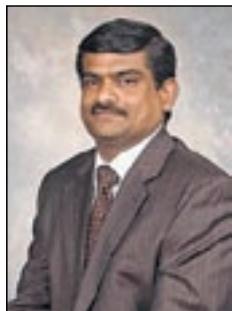
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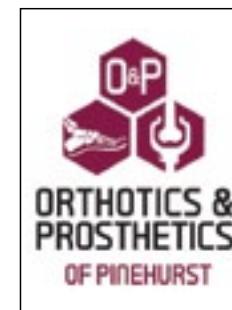
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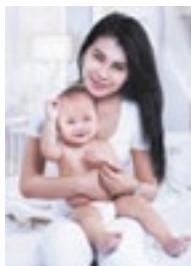


ADOLESCENT PARENTING PROGRAM

Helping teens and their babies towards a better future

PROGRAM OVERVIEW

Supporting adolescent parents to get an education, acquire job skills, improve parenting abilities and prevent future pregnancies helps them become self-sufficient and better able to support themselves and their families. It also establishes a strong, stable foundation upon which the baby will be raised. By investing in teen parents today, the Adolescent Parenting Program (APP) protects the future of two generations - the young parents themselves and their babies.



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OBJECTIVES

Increase the self-sufficiency outcomes for APP participants by:

- Increasing the delay of a subsequent pregnancy;
- Increasing graduation from high school with a diploma or completion of a GED

Improve child welfare and school readiness outcomes for the children of APP participants by:

- Increasing incidence of positive parenting among APP participants to support their child's cognitive development and mental health;
- Increasing incidence of child's physical wellbeing by establishing the child's medical home and creating a safe home environment.

For more information call:

Katie Oxendine at 910-737-5007

or to submit a referral

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Understanding, preventing and managing osteoarthritis

The most common chronic condition of the joints in both the United States and Canada, osteoarthritis affects roughly 30 million people in just those two countries alone.

While osteoarthritis, or OA, can affect people of all ages, it's most common in men and women over the age of 65. Understanding osteoarthritis and how to prevent and manage the disease can help men and women over the age of 50 reduce their risk and live more comfortably even if they develop OA.

What is osteoarthritis?

According to the Arthritis Foundation, healthy joints are covered by cartilage, a flexible connective tissue that covers the end of each bone. Cartilage facilitates motion of the joints and serves as a cushion between the bones. When a person has OA, cartilage breaks down, causing swelling and pain and affecting the mobility of the joint. Over time, OA can worsen and cause bones to break down and develop bone spurs, which form when bones meet each other in the joints. OA can even advance to a point where cartilage wears away and bone rubs against bone, creating even more pain while damaging the joints even further.

What causes osteoarthritis?

Once considered a byproduct of the wear and tear the human body naturally endures over a lifetime, OA is now viewed as a disease, notes the AF. The following are some potential causes of OA.

- **Genes:** The AF notes that certain genetic traits can increase a person's

likelihood of developing OA. Collagen is a protein that makes up cartilage, and, while rare, a genetic defect that affects the body's production of cartilage can lead to OA occurring in people as young as 20 years old. Researchers have also noted that the gene FAAH is more commonly found in people with OA of the knee than in people who don't have the disease. FAAH has been previously linked with pain sensitivity.



- **Weight:**

Being overweight increases a person's risk for a host of ailments and diseases, and OA can be counted among them. Extra weight puts additional pressure on hips and joints, and over time those extra pounds can cause cartilage to break down more quickly than it would if the body was not carrying extra weight.

- **Injury:** Men and women who have suffered injuries to their joints may be at greater risk of developing OA than those with no such injury history.

- **Overuse:** Overuse of joints, tendons and ligaments can accelerate the breakdown of cartilage and increase a

person's risk of developing OA. Cartilage also can break down more quickly in the bodies of athletes and people whose careers require them to stand for extended periods of time, bend over frequently and/or lift heavy items.

- **Preeexisting conditions:** Conditions such as rheumatoid arthritis, hemochromatosis and acromegaly may also contribute to the development of OA among people diagnosed with such disorders.

Prevention and management of OA

Men and women who maintain healthy weights and exercise regularly and appropriately may be able to prevent the onset of OA. Appropriate exercises include strength training that focuses on building muscles around the joints, even if those joints are already affected by OA. Strong muscles around the joints can reduce the pain associated with OA, while range-of-motion exercises can improve flexibility of the joints and reduce stiffness. Aerobic exercise also helps men and women maintain healthy weights while facilitating weight loss for those who are already overweight. Those already diagnosed with OA should speak with their physicians before beginning an exercise regimen, and such conversations can also include discussions about the various medications that can be used to reduce symptoms of OA.

More information about OA is available at www.arthritis.org.



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How women can make mammograms more *comfortable*



Mammograms help to detect breast cancer early, improving women's prognosis as a result. Susan G. Komen states that mammography is the most effective breast cancer screening tool in use today.

When women should begin getting mammograms remains open to debate. The American Cancer Society now recommends that women between the ages of 45 and 54 receive annual mammograms.

Despite the benefits of mammograms, many women avoid them out of fear of the pain and discomfort associated with the procedure. But researchers are examining how much pressure mammogram machines need to apply to get accurate breast images.

Until widespread customized mammograms are offered, women can take various steps to reduce the amount of discomfort they feel while undergoing these important screening procedures.



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- Apply a topical numbing gel. BreastCancer.org says a study found that applying a numbing gel an hour before having a mammogram resulted in less discomfort when compared to placebo and other pain-reduction techniques. Be sure to discuss application of the gel with your physician prior to your procedure.
- Schedule your procedure for the right time. Do not schedule a mammogram right before or during a menstrual cycle, when breasts already are very tender due to hormonal changes. Waiting until seven to 14 days after a period is a better bet.
- Take pain relief pills. A physician may suggest taking ibuprofen or acetaminophen prior to the appointment to reduce discomfort before and after the procedure.

• Speak with the technician. Women can express their concerns about pain to the mammogram technician, who might suggest various ways to minimize discomfort.

• Learn about padding. Find an imaging center that uses padding on mammogram plates. MammPad is a soft, white, single-use foam pad that is invisible to X-rays.

• Avoid caffeine. Some women find that caffeine contributes to breast tenderness. Avoid caffeine the week before the procedure.

Mammograms are an important health care tool. Reducing discomfort may encourage women to follow guidelines regarding mammograms more closely.



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Understanding *inflammatory* breast cancer



Many women know that a lump, pain or some other abnormality in the breast may be indicative of breast cancer. But a rash, redness or swelling may also be linked to a rare form of breast cancer known as inflammatory breast cancer.

Inflammatory breast cancer, or IBC, accounts for roughly 1 to 5 percent of all breast cancers in the United States. The symptoms of IBC can differ from symptoms of other forms of breast cancer, and a rash-like appearance may be part of it, according to Healthline. The National Breast Cancer Foundation, Inc., says IBC is a fast-growing breast cancer that infiltrates the skin and lymph vessels of the breast. When IBC is present, no distinct tumor or lump can be felt and isolated in the breast. Instead, earlier symptoms include the appearance of a rash or small irritation that may be mistaken for an insect bite. Over time, the irritation can become more red, swollen and warm. Other changes to the breast skin may occur, including nipple inversion

or flattening, a pitted appearance to the skin or dimpling. This dimpling is caused by a buildup of fluid in the breast that's due to cancer cells blocking the lymph vessels. This prevents the fluid from draining normally.

IBC is a very fast-moving cancer. By the time symptoms are discovered, IBC may already have advanced to Stage 3, necessitating aggressive treatment. This usually includes a combination of surgery, radiation, chemotherapy, and hormone treatments.

Breast cancer comes in many different forms and can present in various ways. Never overlook any abnormality on or around the breast.

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The most *frequently* diagnosed cancers



Certain cancers are diagnosed far more frequently than others. But cancers that are diagnosed most often are not necessarily the most deadly cancers, nor are they always the most treatable. They simply represent those cancers with the highest prevalence.

According to data from the American Cancer Society and the National Cancer Institute, excluding nonmelanoma skin cancers, the following cancers are those diagnosed with the greatest frequency.

Breast cancer: Topping the list in the number of diagnoses is breast cancer. An estimated 254,000 new cases occur each year. However, breast cancer that is caught early tends to be highly treatable.

Lung cancer: Lung cancer, including cancer of the bronchus, accounts for roughly 223,000 diagnoses each year. The fatality rate for lung cancer is much higher than it is for breast cancer, with an estimated 156,000 deaths from lung cancer each year.

Prostate cancer: Prostate cancer only affects men, making the number of cases even more striking. Prostate cancer diagnoses equal around 160,000 new cases annually. However, since prostate cancer grows slowly, treatment is often successful.

- Colorectal cancer: Estimates suggest new cases of colon cancer and rectal cancer will equal 135,000 in 2017, making cancers of the lower digestive system quite common.
- Melanoma: One of the deadliest forms of skin cancer, melanoma account for roughly 87,000 new cancer diagnoses each year.



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Signs and symptoms of *pancreatic cancer*



Statistics regarding the impact of pancreatic cancer may surprise people unfamiliar with this potentially deadly disease. According to Pancreatic Cancer Canada, the survival rate for people diagnosed with pancreatic cancer has not improved in the last 40 years, and 75 percent of people who have the disease die within a year of being diagnosed.

The pancreas is an organ that sits behind the stomach and stretches to roughly six inches long but less than two inches wide. But in spite of its modest size, the pancreas plays a significant role within the body, helping it to digest food and produce hormones such as insulin. Because of those important roles, it's imperative that men and women take steps to reduce their risk of developing pancreatic cancer.

The American Cancer Society notes that there is no way to prevent pancreatic cancer. Risk factors such as age, race, gender, and family history are beyond individuals' control. However, catching the disease while it is still localized within the pancreas can dramatically improve patients' chances of survival.

PCC notes that ignoring potential indicators in the early stages, when symptoms are typically mild, may allow the cancer to metastasize, at which point survival rates greatly decrease. As a result, learning the signs and symptoms of pancreatic cancer and not being shy about immediately bringing any issues to the attention of a physician can be the best defense against this often deadly disease.

- Pain in the abdomen or upper back: Do not discount pain in the abdomen or upper back, especially if it worsens when lying down or three to four hours after eating.
- Jaundice: Jaundice is marked by the yellowing of the skin or whites of the eyes. This yellowness occurs when there is an excessive amount of bilirubin in the blood, which can happen if a tumor is blocking the bile duct. The ACS notes that some studies have connected heavy alcohol use, which can contribute to jaundice, to pancreatic cancer, while others have questioned that link.
- Loss of appetite: Resist the temptation write off loss of appetite as something innocuous. While loss of appetite might not be indicative of pancreatic cancer, the two have been linked, and men and women who have noticed their appetites are not as strong as they once were should visit their physicians.
- Weight loss: PCC notes that unintended weight loss is often one of the first noticeable signs or symptoms of pancreatic cancer.
- Changes in stool color: Adults who notice their stool has changed color should bring this to the immediate attention of their physicians, as these changes are often a byproduct of a bile duct being blocked by a tumor. Stools also may produce an odd, strong odor or float because the fat content is too high.

Pancreatic cancer is a potentially deadly foe. Learning to recognize its symptoms and bringing those symptoms to the immediate attention of a physician can make the difference between life or death.

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Alternative cancer treatments

Individuals react differently to cancer diagnoses. Some are ready to come out swinging against the disease, while others may be angry or forlorn at the news. As varied as the responses to such news can be, the ways that cancer may be treated are numerous, too.

Traditional components of cancer treatment include a combination of chemotherapy, radiation and surgery, though many people opt to avoid these treatments or supplement them with alternative therapies. The Mayo Clinic warns that, while some complementary and alternative cancer treatments can be safe, the efficacy of others is unproven, and some such treatments may actually be dangerous. It is important that people who

have been diagnosed with cancer properly investigate each treatment, discussing each with their physicians as well.

Below are some cancer treatments that those diagnosed with the disease may come across in their research.

- Research or investigational treatments: These treatments are still being studied in clinical trials and some may have benefits that outweigh the side effects. Volunteers may be able to try these treatments, according to the American Cancer Society.
- Dietary changes: Dietary changes, such as switching to organic, plant-based food, raw juices and natural supplements, may strengthen the body's ability to heal itself.

This is the basis behind plans like the Gerson Therapy and the Budwig Protocol.

- Acupuncture: According to The Mayo Clinic, studies show that acupuncture may help to relieve nausea caused by chemotherapy. Acupuncture also may lessen pain.

- Yoga/meditation: Many people find that deep breathing and meditation associated with yoga can help to relieve stress, calm nerves and create a relaxing environment. Stretching and light exercise can be beneficial as well.

Alternative therapies may be part of an overall cancer treatment, whether they're used in conjunction with treatments or in place of chemotherapy and radiation.

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Overexposure to ultraviolet, or UV, radiation from the sun has been linked to a host of major health problems. According to the U.S. Environmental Protection Agency, unprotected exposure to UV radiation is the most preventable risk factor for skin cancer, which the Canadian Skin Cancer Foundation notes is responsible for one in every three cancers diagnosed across the globe each year. Overexposure to UV radiation can also contribute to premature aging and other skin damage. When the skin is overexposed to UV radiation, actinic keratoses may develop on areas of the body that were exposed to the sun, including the face, hands and forearms. Actinic keratoses have a raised, reddish appearance and may be rough in

texture. Vision problems may also arise as a result of overexposure to UV radiation. The EPA notes that research has indicated that exposure to UV radiation increases a person's risk for developing certain types of cataracts, a medical condition in which the lens of the eye grows increasingly opaque. Overexposure to UV radiation may also contribute to degeneration of the macula, the region of the retina with the greatest visual acuity. UV-protective eyeglasses, contact lenses and sunglasses can protect people from the type of eye damage that arises from overexposure to UV radiation. The body's immune system may also be adversely affected by overexposure to UV radiation, making a person more vulnerable to infections and even cancer.

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Eyes on health: What your eyes can tell doctors



People who have been putting off eye examinations may want to call their ophthalmologists to schedule an appointment. That's because vision checkups can do more than protect your eyes. By examining the eyes, doctors

may have a window into health problems affecting other areas of the body.

Researchers recently discovered a link between detected retinal amyloid plaques and the onset of Alzheimer's disease. While evidence was found in lab mice, autopsies of at least eight Alzheimer's disease patients have also shown amyloid plaques, which are known to interfere with memory and other mental functions, present in the retinas. Doctors at Cedars-Sinai Hospital in Los Angeles, Calif., are gearing up for larger studies of humans to determine if an Alzheimer's imaging technique can be perfected.

Dementia is not the only thing that doctors may be able to detect through

an eye exam. Jaundice in the whites of the eyes may indicate liver disease, and early warning signs of diabetes may be detectable in the eyes. The American Academy of Ophthalmology says the eye is the only place where doctors can see veins, arteries and a nerve without surgery, and eye examinations are increasingly being relied on to gauge overall health.

The following are a few additional conditions that may be detected through the eyes.

Allergies

Patients may be referred to an allergy specialist if they exhibit dark under-eye circles. While this can be a sign of aging,



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dark circles, sometimes referred to as "allergic shiners," also may indicate certain allergies. When clogged sinuses cause a blockage of blood flow in the nasal passages around the eye, darkness may result. This symptom in conjunction with persistent nasal congestion could be a sure sign of allergies.

High cholesterol

The presence of bumpy, yellowish patches on the eyelid, known as xanthelasma palpebra, is a warning sign of high cholesterol, which is often initially diagnosed during a routine eye exam.

Cancer

Some cancer metastases can be detected

during an eye exam. The presence of a bump or brown spot on the eyelid also may be indicative of skin cancer. Many malignant eyelid tumors are basal-cell carcinoma. If the spot is brown, it's more likely to be malignant melanoma.

Thyroid issues

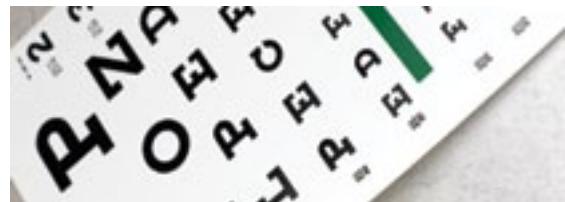
When the outer one-third of the brow (the part closest to the ear) begins to disappear on its own, this is a common sign of thyroid disease. The thyroid helps regulate metabolism, and thyroid hormones are essential to hair production. Hair loss may occur elsewhere, but is much more visible in the brows.

Clogged arteries

Blockages in the smaller veins in the retina may indicate clogs caused by arterial plaque. This will show up as a retinal occlusion in a visual exam. If blood vessels in the eyes are blocked, clogged arteries may be present elsewhere in the body, so a cardiology workup may be ordered.

Bell's palsy

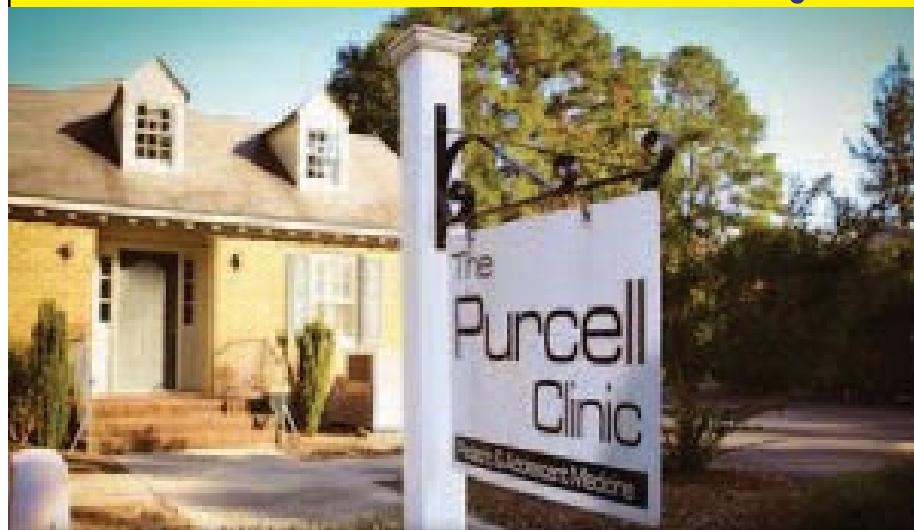
The inability to close one eye or to control tear production in that eye may be a sign of Bell's palsy. This is a condition of the nervous system that controls facial muscles, causing temporary paralysis in one side of the face. Sometimes Bell's palsy follows a viral or bacterial infection.



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How to improve overall endurance

Pushing oneself physically can be exhausting and demanding. But whether you're a seasoned athlete, a part-time fitness enthusiast or even someone who lives a largely sedentary lifestyle, you can find ways to dig down and improve your overall endurance.

Many athletes find pushing their bodies past certain boundaries to be empowering. Letting complacency set in is easy, but finding the motivation to press on and push ahead takes mental determination. The following are a handful of ways to push past physical glass ceilings and improve endurance.

- Join a marathon. The statistics reporting site StatisticsBrain.com states that only 0.5 percent of the U.S. and Canadian populations have ever run a marathon. Running on the treadmill at the gym or a couple of miles around the track is excellent exercise. Runners can take their passion a bit further by enrolling in any of the hundreds of marathons and half-marathons held annually. Crossing the finish line after running 26.2 miles is a rewarding feeling, and few activities do more to improve endurance than running a marathon.

- Try a new gym class. Pushing yourself physically may mean getting out of your comfort zone. Gyms typically offer an array of classes to appeal to as many members as possible. Take advantage of these group classes or personalized training sessions. Explore barre workouts, TRX® and ViPR®, which involve loaded movement and strength training paired with cardiovascular workouts.

- Increase workouts gradually. It can be daunting to think about greatly improving your endurance levels. But taking a gradual, incremental approach to improving endurance is both safe and effective. Also, when engaged, mentally divide the workout into smaller chunks of time. This way you have several smaller goals to accomplish, rather than one large goal. This can make it easier to digest a tough workout.

- Use friends to keep you motivated. Having friends workout alongside you can keep you motivated. Workout buddies may offer the encouragement necessary to keep pushing through. Another motivating factor is bragging rights afterward.

- Have a good emotional connection. A desire to have a great body may not be enough to motivate you to workout and push harder. If not, think of a better reason to exercise, and it may be the mind over matter you need. Many people find inspiration from family health history risk factors or through the goal of reversing negative health reports from doctors' offices. These motivating factors will help you press on and push harder.

Continuing to surpass fitness goals is something to include in this year's list of health resolutions.



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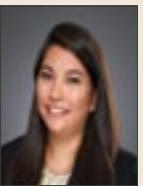
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Differences in *fat stores* and *metabolism* among women

Genetic differences between men's and women's bodies extend beyond certain physical traits and hormone levels. Women metabolize food and store fat differently than men, and understanding these differences can help women looking to lose weight.

Women are genetically engineered to carry roughly 18 to 20 percent body fat, whereas men hold 10 to 15 percent body fat. These numbers are approximate and will vary depending on the individual. Fat reserves on the female body are necessary for reproduction. That is why girls will begin to develop fat reserves as they enter into puberty. Fat stores are held in the hips, buttocks, thighs, and lower abdomen and will be used to power

nursing and help nourish a growing baby.

Despite eating fewer calories, women can store fat more efficiently than men, according to ScienceDaily. A University of New South Wales research review has suggested a link between estrogen and fat. Studies show that estrogen reduces a woman's ability to burn energy after eating, which results in more fat being stored around the body. Surprisingly, women can burn more fat during exercise than men, but their fat storage due to exercise does not deplete as quickly as men's. This paradox can frustrate female athletes.

Some women may opt to restrict calorie consumption even further, but this

actually may increase fat storage. When the body consumes fewer calories than it needs, fat reserves increase. At this time, the body essentially goes into starvation mode, storing whichever calories are ingested as fat reserves so there will be energy available. A key to maintaining healthy fat levels is to determine one's optimal caloric intake for energy expenditure. A nutritionist or fitness expert can help reach that determination.

Women should understand that fat on their bodies serves a distinct purpose. Working with their bodies rather than fighting against them can help women reach their health and fitness goals.

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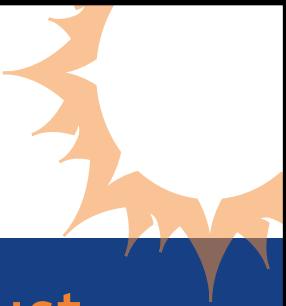


Omega-3 fatty acids are a group of polyunsaturated fatty acids that play an important role in relation to many functions of the body. The fatty acids EPA and DHA are well-known and found in fatty seafood, such as tuna, salmon and some shellfish. These fatty acids may be added to different foods as well, including dairy products and infant formulas. Studies have shown that diets rich in omega-3s may reduce a person's risk for heart disease. Omega-3s have been associated with lower triglyceride levels, which can contribute to heart health. Consuming seafood

or fish oil supplements also may be helpful in curbing the joint pain and stiffness associated with rheumatoid arthritis. In addition, fatty acids may promote neurological health that can ward off depression and anxiety and may help people with ADHD manage their symptoms. Omega-3s also are crucial in the development of brain health for young children, which may translate into decreased risk of developmental delay and improved communication and social skills.

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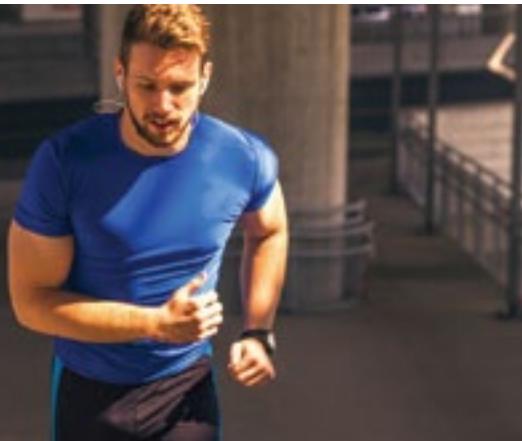
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What athletes should know about *shin splints*



Exercising more is a primary goal for many people, especially those interested in losing weight. Athletes also look to increase the time they spend exercising as new seasons draw near. While additional exercise can benefit many people, those who frequently perform weight-bearing

exercises or repetitive motions, such as running, dancing and jumping, may find themselves battling shin splints.

Also known as tibial stress syndrome, shin splints are a condition marked by pain in the shinbone, also known as the tibia. Shin splints are common among athletes and dancers who spend so much of their time on their feet. The Mayo Clinic says shin splints are caused by repetitive stress on the shinbone and connective tissues that attach muscles to the bone. Shin splints typically appear when there is a sudden increase in distance or intensity of a workout schedule.

Shin splints are characterized by tenderness, swelling, soreness, and/or

pain along the inner part of the lower leg. While the pain may stop when the body stops exercising, eventually that pain can transform into continuous pain.

Many cases of shin splints can be alleviated through rest, icing and other self-care methods. Wearing proper footwear and modifying exercise routines can help ensure that shin splints are not a recurring problem.

Should shin splints not clear up on their own, or if over-the-counter pain relievers prove ineffective at managing pain, then athletes should contact their physicians. Doctors will likely try to determine if the pain is caused by something other than shin splints.

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The differences between hot and cold therapies

Inflammation can affect anyone, and those who have battled it likely have nothing positive to say. But while few people may associate inflammation with something good, inflammation is actually a process by which the body's white blood cells and the substances those cells produce protect the body from infection at the hands of bacteria, viruses and other foreign organisms.

While inflammation is protective by nature, sometimes an inflammatory response is triggered by mistake. When that happens, the body's immune system, which is designed to protect the body, begins to damage its own tissues. The resulting symptoms of this faulty immune system response may include joint pain, joint stiffness, loss of function in the joints, and swelling of the joints. None of those symptoms are comfortable, and people suffering from them may be on the lookout for ways to alleviate their pain and suffering. While anyone battling persistent inflammation should speak with their physicians to explore their treatment options, a preliminary search of how to best treat inflammation will no doubt turn up information about heat therapy and cold therapy. The following breakdown should not replace a physician's advice, but it can help patients battling inflammation better understand both treatment options.

Heat therapy

According to the Merck Manual, a reference book for physicians and patients alike, heat works against inflammation by increasing blood flow and making connective tissues

more flexible. Heat also can be used to combat edema, a condition characterized by an excess of fluid in the tissues of the body. Upon application, heat can temporarily reduce pain and alleviate stiffness in the joints. Heat also may temporarily relieve muscles spasms.

The Cleveland Clinic notes that heat can be effective at relieving pain associated with worn-away cartilage in the joints because it eases chronically stiff joints and relaxes tight muscles. In addition, moist heat can relax painful neck spasms linked to nerves or blood vessels in the head or pain emanating from muscles in the neck. Heat can be applied via hot packs, infrared heat, paraffin baths, and hydrotherapy.

Cold therapy

Cold therapy, sometimes referred to as "cryotherapy," can relieve pain associated with inflammation that has developed recently. Cold can help numb tissues and relieve muscle spasms and can also be used to alleviate pain associated with injuries. The Merck Manual notes that ice bags or cold packs can be used to apply cold. In addition, fluids that cool by evaporation, including ethyl chloride, may be applied topically. Some medicines may interact with ethyl chloride spray, so inflammation sufferers should consult their physicians before applying such sprays.

According to the Cleveland Clinic, ice can be used to calm flare-ups and numb pain associated with chronic, inflammatory arthritis. Ice also can ease



inflammation and numb pain linked to pulled muscles or injured tendons. Pain and inflammation resulting from the stretching or tearing of ligaments in the joints may also be eased by applying ice to the affected area.

Heat and cold therapies can effectively combat symptoms associated with inflammation, but such treatments should always be discussed with a physician before being instituted.



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