

EFFORTS



Emphysema Foundation For Our Right To Survive

Emphysema Takes Your Breath Away

March 2007

STEM CELLS REGENERATE LUNG TISSUE

For the first time, researchers have demonstrated that adult human stem cell transplantation results in spontaneous cell regeneration in damaged lung tissue. Published in the August 1 issue of the American Journal of Respiratory and Critical Care Medicine, the study further supports an existing body of research that suggests blood- and marrow-derived stem cells have the capacity to become many different human tissues. The authors write, "Many of the body's tissues once thought to be only locally regenerative may, in fact, be actively replaced by circulating stem cells after hematopoietic or blood-forming stem cell transplantation. This finding is of note not only for its novelty as a regenerative mechanism of the lung, but also for its vast therapeutic implications for any number of lung diseases.

According to the researchers, the study's findings indicate that circulating stem cells are going into organ tissue and repairing damage, which could have a huge impact on the treatment of such devastating lung diseases as emphysema or cystic fibrosis.

Source: Indegene News Desk



SHORT OF BREATH? IT MAY BE COPD

Chronic obstructive pulmonary disease (COPD) is a growing epidemic, affecting 1 in 4 Americans over the age of 45. A serious lung disease that often goes undiagnosed, COPD is the 4th leading cause of death and 2nd leading cause of disability in the U.S.

Although COPD has readily recognizable symptoms, about 12 million Americans may have COPD but not realize it. Proper diagnosis and treatment can enhance and prolong life. That's why NIH's National Heart, Lung, and Blood Institute is working to get the word out about COPD, especially among those who are at greatest risk for the disease.

COPD sometimes goes by other names, like emphysema or chronic bronchitis. It arises when airways in the lungs become partly blocked, making it harder to breathe. Symptoms include constant coughing that produces lots of mucus, wheezing and shortness of breath. When COPD is severe, breathing difficulties can get in the way of even the most basic activities, like doing housework, taking a walk and even bathing and getting dressed.

Smoking is the most common cause of COPD, although as many as 1 in 6 people with the disease have never smoked. If you've had long-term exposure to lung-irritating chemicals or

secondhand smoke, you may also be at risk. Even without such exposure, some people may develop COPD if they've inherited certain genes.

A quick and easy test in your doctor's office can determine if you have COPD, even before symptoms become severe. The test, called spirometry, measures the amount of air you can blow out of your lungs, and how fast you can blow it. If you're at risk for COPD and have even mild symptoms, talk to your doctor about getting tested.

Several treatments—ranging from inhaled medications to physical activity—can reduce COPD symptoms. By working with your doctor, you can take steps to make breathing easier and live a longer, more active life. Source: SpiritIndia.com



REACH OUT AND CALM SOMEONE

When you see a look of panic cross a loved one's face, offer something that will have an immediate impact: your hand.

Perhaps it's instinct to do that anyway. But now there's hand-holding data to back it up. In a recent study, the touch of a loved one had real power in times of crisis. Brain scans of people under duress revealed that threat-related brain activity diminished when a loved one held their hands



DRUG CONTROLS HIGH-ALTITUDE ILLNESS

Acetazolamide, a drug used to manage fluid retention in heart failure, controlled the serious effects of pulmonary edema, the accumulation of fluid in lung tissue from high altitude, as well as improved brain oxygenation, during a randomized, double-blind and placebo-controlled study.

The results appear in the first issue for February 2007 of the American Journal of Respiratory and Critical Care Medicine. Marc J. Poulin, Ph.D., D.Phil., of the Departments of Physiology, Biophysics and Clinical Neuroscience at the University of Calgary in Canada and seven associates showed that acetazolamide had complex effects on ventilation, pulmonary vascular resistance and cerebral blood flow in optimizing brain oxygenation during simulated high-altitude tests on nine subjects. The researchers concluded that the drug could be a valuable means of preventing or treating high-altitude pulmonary edema.

"Acute mountain sickness is one of three major high-altitude-related diseases seen in people who rapidly ascend to altitudes higher than 3,000 meters or 9,843 feet," said Dr. Poulin. "The other two diseases are high-altitude pulmonary

edema and high-altitude cerebral edema. Worldwide, an increasing number of sea-level residents--altogether several million a year--visit areas higher than 2,500 meters. Many of them develop symptoms of acute mountain sickness. Among these symptoms are insomnia, headache, lightheadedness, fatigue, breathlessness, lack of appetite and nausea. Acute mountain sickness can precede the more serious problem of high-altitude pulmonary edema."

The authors found that among those susceptible to high-altitude pulmonary edema, acetazolamide decreases lung edema, facilitates the diffusion of oxygen and improves the ventilation/perfusion ratio in the lung. They also noted that those with the lowest mountain sickness scores after being exposed to a simulated altitude of slightly over 16,000 feet showed the lowest rate of fluid retention. By directly acting on smooth muscle cells, acetazolamide appears to cause dilation (enlargement) of vessels involved in cerebral blood flow.

"Acetazolamide has been shown to prevent high-altitude pulmonary edema in rats and the agent could prove to be an efficient therapeutic means in the prevention of the disease," said Dr. Poulin. "It could be an alternative to calcium channel blockers, phosphodiesterase inhibitors or inhaled nitric oxide."

Study participants took either 250 milligrams of acetazolamide or a placebo every eight hours for three days. On the fourth test day, the researchers measured the subjects' responses to ventilation, pulmonary vascular resistance and cerebral blood flow during simulated high-altitude tests. Each treatment period was separated by a 10-day washout to overcome any potential crossover effects from acetazolamide. In the test group were six men and three women who were slightly over age 28. All were non-smokers with no history of cardio-respiratory disease. They were told to abstain from caffeine, alcohol or strenuous exercise throughout the test period.

Source: Science Daily



IF YOU ARE A SMOKER, LETS TALK!

If you answered yes to this question, let me tell you something about yourself.

In at least 13 states if you smoke around your children, you can lose custody of them because this is consider child abuse. You can also be stopped by the police if you are smoking with a child in the car for the same reason.

You begin smoking as a social behavior. You thought it made you look older and more grown up. You wanted to be part of the "IN" crowd and now you have become one of the "OUTSIDE" crowd. You are escorted away from the better seats in a restaurant, asked to go outside if you choose to smoke. Your insurance rate is higher. Your coworkers frown every time you leave the work area for a smoke. You will weather the freezing cold to go out side for a drag off a cancer stick.. You are very determined to exercise your right to smoke.

You have difficulty waiting for the things you want in life. You are impulsive. You want instant gratification and you enjoy any sensational activity. You are rebellious, weak and lack any commitment to high standing social goals. You have not lived up to your parents' expectations. You say you really

don't care what others think You have low self esteem. You are anxious, depressed and have less education then most people your age. You are in a lower income bracket .You feel sorry for yourself. You say smoking helps settle your nerves, If you smoke a pack a day that means 20 times a day you can't handle the things everyone else deals with, so you retreat outside like a baby and suck on your pacifier. Your cigarette has become your pacifier.

If you are working, you are between the ages of 20 and 44. If you are older you have already started showing signs of asthma, Chronic Obstructive Respiratory Disease (COPD), and will probably be on disability before you reach retirement age. You won't have much money for retirement because of the lost wages caused by your poor health.

If you and your spouse both smoke, your children have respiratory problems, probably asthma, bronchitis attacks and more frequent colds. The government will pay more then 8 billion dollars a year for your children's health care then for the children of the non-nonsmokers not including what the private insurance companies pay. You have a greater chance of having a baby die of Sudden Infant Death Syndrome. You may have fertility problems and if you mange to get pregnant and not have a miscarriage, you will probably have complications in pregnancy. Your children are most likely to have birth defects, behavior, developmental problems and have learning disabilities Your doctor may not tell you this because he feels like you don't need any more guilt. Your child is at a disadvantage before its born because of your habit.

You are 3 times more likely to die in the next 12 months then the non-smoker of the same age . You will probably die of cancer of the lungs, esophagus, pancreatic bladder, mouth, and larynx. 20 to 25% of lung cancers is Oat Cell or Small Cell Lung Cancer The beginning symptoms are cough, shortness of breath and blood in the sputum which exist a few weeks before the average patient sees a doctor. In early stages its frequently mistaken for the smokers cough, a stubborn cold or chronic bronchitis. It is very aggressive cancer and spreads quickly to other parts of the body. Once it's diagnosed it is usually too late. The survival rate is less the a year . Two years if you are lucky and less than 20% will make the 5 year survival rate. 90% of its victims are smokers or are exposed to second hand smoke.

Young women who smoke have a greater of cervical cancer. There is no vaccine for these cancers. Most women with abnormal pap smears are smokers or their partner is a smoker.

Your risk of dying of a heart attack or having a stroke is at least 3 times greater. Your skin will wrinkle more quickly, Your hair will be dingy and your fingers discolored form the nicotine. Your teeth are discolored and usually show a little brown circle left by the nicotine from sucking on your cigarette. There is no such thing as a beautiful smoker. No one has written a love song or a poem about a smoker.

Your clothes, hair, car and home will stink. The most expensive perfume will just smell like perfume over stale tobacco, and you will probably have early menopause than most women your age. You will probably break a hip or some other bone because of osteoporosis

The average smoker smokes 10 or more cigarettes a day. There is no safe level for cigarette smoking. As little as 1-4 a day maintains the damage to the body. A smoker harms everyone who comes into his home and his car. Every cell in your body is affected by the chemicals in your cigarettes. Your body is being altered and pulled closer to the grave.

A young person with a bright future is very wise not to choose a smoker as a husband or wife. It's obvious these individuals care very little for themselves and that's a good indication they will care even less for anyone else. The next cigarette is the most important thing in their life. They will bring a lot of pain and hardship to any long standing relations. It makes no sense to invite such pain into your life.

The only good thing about smoking is the profits for the tobacco companies. People who started smoking before the early 70's didn't have the information that's available now. Anyone who started smoking after that had a steady flow of information and stated smoking basically with informed consent. They have chosen their early death. The bad thing is they continue to come to their doctor and show up in the Emergency Room gasping for every breath and will disconnect their intravenous medications to go out and smoke another cigarette. They are really dying for a cigarette. The cigarette will gladly grant their wish.

If this has made you angry, get the pacifier out of your mouth and act like an adult instead of an infant that has to have something in his mouth. If you are reading this then you should be past the "oral stage" of your development unless of course you are mentally ill and in an institution. Or a prisoner. There again you have already met all the things I've listed above.

If you've had enough, be reassured it's not too late to fix some of these problems. Some improvements begin to take place in a matter of a few days. Most health risks are reduced in one year and after 10-15 years your body acts as if you never smoked. Do something about it before it's too late. Think about your family and friends do you really want to leave them behind?

Make up your mind you are going to quit, set a day and just do it. Talk to your doctor. Believe me he will do everything he can to help you stop. There are gum, patches and medication that work well to help you with the withdrawal. As long as you are determined to quit there is a lot of support out there for you.

Everyone respects someone who quits smoking. It takes intestinal fortitude and a lot of will power. It takes a strong person to put this demon behind you. Everyone in your family benefits from your success. Other than being healthier think of the money you will save. If you are smoking a pack a day, in one year you will have saved enough for a cruise. Thousands succeed every year. You should be one of them. If you have average intelligence and any gumption at all there's no reason why you can't quit.

Source: www.patientlinx.com



REGULAR PHYSICAL ACTIVITY MODIFIES SMOKING-RELATED LUNG FUNCTION DECLINE AND

REDUCES RISK OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE

A Population-based Cohort Study

Rationale: We have previously reported that regular physical activity reduces risk of chronic obstructive pulmonary disease (COPD) exacerbation. We hypothesized that higher levels of regular physical activity could reduce the risk of COPD by modifying smoking-related lung function decline.

Objective: To estimate the longitudinal association between regular physical activity and FEV1 and FVC decline and COPD risk.

Methods: A population-based sample (n = 6,790) was recruited and assessed with respect to physical activity, smoking, lung function, and other covariates, in Copenhagen in 1981–1983, and followed until 1991–1994. Mean level of physical activity between baseline and follow-up was classified into "low," "moderate," and "high." FEV1 and FVC decline rates were expressed as milliliters per year. COPD was defined as FEV1/FVC < 70%. Adjusted associations between physical activity and FEV1 and FVC decline, and COPD incidence, were obtained using linear and logistic regression, respectively.

Results: Active smokers with moderate and high physical activity had a reduced FEV1 and FVC decline compared with those with low physical activity (relative change of +2.6 and +4.8 ml/yr of FEV1, P-for-trend = 0.006, and +2.6 and +7.7 ml/yr of FVC, P-for-trend < 0.0001, for the moderate and high physical activity group, respectively), after adjusting for all potential confounders and risk factors of lung function decline. Active smokers with moderate to high physical activity had a reduced risk of developing COPD as compared with the low physical activity group (odds ratio, 0.77; p = 0.027).

Conclusions: This prospective study shows that moderate to high levels of regular physical activity are associated with reduced lung function decline and COPD risk among smokers.

Source: American Thoracic Society



SPUTUM INDUCTION (SI) IS CONSIDERED to be a safe tool for assessing airway inflammation in stable patients with COPD, but little is known about its safety during exacerbations. We therefore assessed the safety of SI during COPD exacerbations. SI data from 44 COPD patients were assessed both in the stable phase and during exacerbation. The median FEV1 for the stable phase and exacerbation were 61% predicted (interquartile range [IQR], 49 to 74% predicted) and 51% predicted (IQR, 45 to 60% predicted), respectively. The median decrease in FEV1 with SI during an exacerbation was 0.27 L (IQR, 0.17 to 0.40 L) vs 0.28 L (IQR, 0.22 to 0.44 L) during the stable phase (p = 0.03). The patients experienced the associated dyspnea well; no other adverse events occurred. All FEV1 values returned to within 90% of their initial value within 30 min. A larger decrease in FEV1 due to SI during an exacerbation was associated with the following parameters in the stable phase of disease: lower total sputum cell count (r = -0.37; p = 0.01); higher percentage of eosinophils (r = 0.33; p = 0.04); and a larger decrease in FEV1 after SI (r = 0.39; p = 0.03). In a multivariate analysis, the only independent association was with

the larger decrease in FEV1 in the stable phase. We concluded that SI can be safely carried out in patients with mild-to-moderate COPD who experience an exacerbation, and this occurs with no greater risk than in stable patients with COPD.

Source: Am Col Chest Phys



SUPPORT GROUP MAKES LIVING WITH COPD EASIER

In the spring of 2005, Judy Scribner of Sheboygan was diagnosed with Chronic Obstructive Pulmonary Disease, a degenerative lung disease that is a combination of chronic bronchitis and emphysema. Up to that point, Scribner, 59, was able to lead a normal life—holding a job and walking regularly with her dog, Buddy. When she was diagnosed with the disease, which forced her to be dependent on oxygen, Scribner felt scared and alone. But, she was able to find comfort in a local support group, Living Better with COPD.

"It's hard living with this," Scribner said. "At first when I got on this I thought, 'Oh my gosh, I'm tethered to a machine.' It was really scary. But when I come here, I'm not alone."

Wayne Behnke of Plymouth, who was diagnosed with COPD in 2000, founded the support group in Sheboygan in the fall of 2005. Behnke, 69, said while he was able to find support and help understanding the disease on the Web, he knew others didn't have access to that information and needed a local place they could go to get answers. "The purpose of these meetings is to bring the people together to share our experiences and our knowledge so we can help everybody live their life better," Behnke said. "COPD is not a death sentence. It makes you revise your life because you have to slow things down. We're breathless, not helpless." Behnke said it's hard for people when they find out they have COPD, especially when their doctors tell them there is no cure. "You hear it from the doctor who diagnoses you and they say it's 'end stage,'" Behnke said. "That's just like a deer staring into headlights."

The group meets the last Wednesday of every month in the basement of Lutheran Church of Our Redeemer, 3027 Wilgus Ave. Participants discuss their conditions, talk about oxygen treatments and pass along information on where to find assistance. Behnke said while there is no cure, good information and a positive outlook can vastly improve a COPD patient's life, which is why he tries to keep the mood at meetings upbeat. Behnke started the January meeting with what sounded like a heartfelt story. "I told my wife I never wanted to live in a vegetative state and depend on machines and fluids by the bottle, and things like that," Behnke told the group in a sullen tone. "So, she sat there for a minute, and then she got up and she pulled the plug on the TV and took my beer away."

Like many people with COPD, Albert Alen, 75, of Sheboygan, walks around with a portable oxygen tank. He said he enjoys the Living Better meetings, because it's like visiting a group of friends. "It's a good fellowship," Alen said. "If they got a problem, they share it with me, and if I got a problem, I share it with them. We're all alike. We've got something in common."

Victor Schill, 65, of Glenbeulah, started coming to meetings about a year and a half ago to get more information about COPD and what he could do to combat his own lung affliction. Schill suffered from a virus that collapsed one of his lungs. Schill had surgery to re-inflate his lung and no longer suffers from the ailment, but he still attends meetings regularly to keep updated on treatment options. "I learned a lot from coming," Schill said. "I feel someday I might be where these people are, and (the virus) might come back more active."

Schill's wife, Kay, who continues to attend meetings with her husband, said the group brought her comfort during a time of uncertainty. "I thought I was alone facing this with him," said Kay Schill, 63. "It was nice to talk with the other spouses who are dealing with this." Bev Behnke, Wayne's wife and co-founder of the group, said spouses need information too, because they go through everything their partner experiences. "There are a lot of things to learn about," said Bev Behnke, 68. "It's just a whole change of life. We can all tell one another what makes this easier."

Wayne Behnke said while the group has several dozen active members, he feels there are still many people out there who don't know about the group who may be looking for answers.

Scribner said she's glad she found the group, and her life is better for it. "It helps," Scribner said. "It really helps."

Source: sheboygan-press.com



1 IN 5 WOMEN WITH LUNG CANCER NEVER SMOKED *More evidence that females are extra susceptible to secondhand smoke*

Up to 20 percent of women who develop lung cancer have never smoked, U.S. researchers found in a study that suggests secondhand smoke may be to blame.

A survey of a million people in the United States and Sweden shows that just 8 percent of men who get lung cancer are nonsmokers.

"I have a lot of patients who have never smoked," said Dr. Heather Wakelee of Stanford University in California, who led the study. "And because of the stigma, people are embarrassed to speak out about their disease. They feel like as soon as they say they have lung cancer, everyone judges them." She said it is not clear why women may be more likely to get lung cancer even if they have never smoked. "There is a lot of controversy over whether women are more susceptible to smoking at all, whether direct or secondhand smoke," Wakelee said in a telephone interview.

More women exposed to secondhand smoke

Writing in the *Journal of Clinical Oncology*, Wakelee and epidemiologist Ellen Chang said they tracked the incidence of lung cancer in more than 1 million people aged 40 to 79. All had taken part in various studies of diet, lifestyle and disease, some going back into the early 1970s.

Some groups were mostly white women, such as an ongoing nurse's study, while others included ethnically diverse groups, Wakelee said. Among women who never smoked, the lung cancer incidence rate ranged from 14.4 per 100,000 women per year to 20.8 cases per 100,000. In men, it ranged from 4.8 to

13.7 per 100,000. Rates were about 10 to 30 times higher in smokers than the benefits increase as you get older. Engaging in

This would translate to about 20 percent of female lung cancer patients having been nonsmokers and 8 percent of males, they said. That compares with American Cancer Society estimates of about 10 percent to 15 percent for all lung cancer patients. "That estimate has been thrown about without any hard data to support it. This data sort of supports it," Wakelee said.

Chang said that because more men smoke than women, women may be more likely to be exposed to secondhand smoke, even when they are classified as never-smokers. "We know that secondhand smoke does increase the risk of lung cancer so it's likely that a lot of these cases we observe are attributable to that," she said in a statement.

Smoking is by far the leading cause of lung cancer, but radon, asbestos, chromium and arsenic are also associated with lung cancer. The American Cancer Society projects that lung cancer will be diagnosed in 213,000 Americans in 2007 and kill 160,000.

Weill Cornell Medical College last week said it was starting a lung cancer study of 5,000 people working in industries with a high degree of secondhand smoke exposure, such as flight attendants, restaurant workers and entertainers.

Source: msnbc.msn.com



ARE YOU EXERCISING FOR YOUR AGE?

Just as your skin changes with age, your muscles, tendons, and joints change, too. Muscle fibers decrease, tendons become stiffer, and joint cartilage breaks down. Isn't it great to know that a little exercise can help change all that? Regular exercise slows the aging process, so you lose less muscle and your joints stay flexible and strong. Regular exercise also helps strengthen your heart, lower your blood pressure, control your blood sugar. Creaking joints? Find out if it might be osteoarthritis with this quiz.

Exercise for Your Age

The three main types of exercise are flexibility exercise, aerobic or cardiovascular training, and strength training. The average person should have a 2-1-1 ratio of flexibility exercise to cardio training to strength training. But to do the best workout possible for your body, you'll have to adjust the ratio of these exercises for your special needs -- and those needs can change with age.

Cardiovascular

The benefits of cardiovascular exercise persist throughout the years, but they are greatest when you are younger. Burning between 2,000 and 3,500 calories per week with cardiovascular exercise makes your RealAge as much as: 1.9 years younger at age 35; 1.7 years younger at age 55; 1 year younger at age 70

So as you get older, it's okay to devote a larger percentage of your workout to other types of exercise, such as strength training or flexibility exercise. Walking on a smooth surface is a great cardio exercise for older adults.

Strength

Because people often lose muscle as they age, the older you get, the more important strength training becomes. And

strength-building exercise for more than 30 minutes per week can make your RealAge as much as: 1.5 years younger at age 35; 1.8 years younger at age 55; 1.9 years younger at age 70

Flexibility

As people age, balance and flexibility exercises become increasingly important because they can help reduce frailty and the risk of falls. They also help with routine activities such as rising out of a chair, as well as more complex activities such as lifting and reaching when gardening or playing golf.

Keep It Safe

Whatever your daily workout holds for you, be sure to start with a brief warm-up to help your muscles and joints ease into exercise; and stay well hydrated throughout your workout. Exercise must be safe for it to truly do your body good.

Source: realage.com



EXERCISE!

"To exercise or not to exercise" that is the question, to paraphrase Hamlet. The answer is yes! We need to exercise. It's good for us. We'll feel better afterwards. "We never regret having exercised," as someone has said. So why don't we do it? The effort, pain and time involved are given as reasons—or excuses? We need to be more motivated. We need a push. So here are some reasons we should exercise or exercise more.

- It really is good for our health. It helps the heart, the circulatory system, the muscles, just about everything benefits from exercise. Regular physical activity also improves alertness and energy.
- It's good for our mental health, that is, the brain. Exercise increases endorphins in the brain. This is a mood elevating chemical. It makes us happier, more positive, gives us a better mental attitude. "The effects are most obvious immediately after a workout and can last for several hours," says psychologist Thomas Plante at Santa Clara University.
- Exercise increases our intake of oxygen, which is good for our physical well-being and good for our brain, we think better and clearer. In studies at New York City's Baruch College, exercise psychologist Joan Gondola found that college students who ran regularly or took aerobic dance classes scored significantly higher on a standard psychological test of creativity than students who hadn't exercised. Exercise also triggers the release of several key neurotransmitters, including epinephrine and norepinephrine, that are known to boost alertness.
- It's necessary to exercise to lose weight, at least, to do so in a healthy way. Aerobic exercise burns up calories. Anerobic exercise such as weightlifting increases the amount of muscle we have and muscle burns up more calories than non-muscle. Also, exercise really increases our metabolic rate, which is the rate of burning calories.
- Exercise simply makes us feel better. It invigorates us. It gives us a health-conscious attitude. A person who exercises daily tends to eat in a more healthy, nutritious way. That must be why after I exercise I think of orange juice!

- Exercise relieves tension, stress and mild forms of depression. This is especially so if done outside on a fine day. It somehow brings us "out-of-ourselves" and we see problems in a different light.
- In the Winter, in cold climates, exercise increases our circulation thereby making us warmer. The temperature of the average jogger rises to over 100 degrees.
- Exercise makes us fit thereby helping us to resist disease, sleep better and it even gives us a HEALTHY appetite. (Contrary to popular belief obese people do not have good appetites but rather eat because of a feeling of weakness and tiredness.)
- When done with others exercise is a great way to be with friends, family and do something constructive together.
- Exercise is fun! It really is. "Keep in mind that the days you feel least energetic and eager to exercise are exactly when you need it the most," says exercise specialist, Bonnie Berger of the University of Wyoming.

So with these ten "pushes" in mind, get up, get out and get going! Exercise! I just wanted to get you motivated! Perhaps you'd like to get a book or video at the library on aerobic exercises. There are many videos available. Videos not only are instructional but give you a companion to motivate you along. Or perhaps you have a family member or friend with whom you could exercise, thereby motivating each other.

With exercise, Positive Thinking works. "You can if you think you can!" Source: monksofadoration.org



BELIEF IN EXERCISE BOOSTS THE BENEFITS

People who think of activities as exercise gain more benefits

People who think they're getting a good workout obtain more benefits than those who perform the exact same activities, but don't think what they are doing is exercise, according to the findings of a study by Harvard researchers. These results support the idea that the benefits of exercise may involve a placebo effect.

Hotel cleaners who were told that their work of cleaning roughly 15 rooms each day was enough physical activity to maintain a healthy lifestyle were more trim and fit four weeks later than their peers who weren't given this message, Dr. Ellen Langer and her student Alia J. Crum report in the February issue of Psychological Science.

While the placebo effect of fake pills is widely accepted, Crum and Langer note, no one has yet studied whether the belief that exercise is maintaining fitness might exert a kind of placebo effect as well.

To investigate, the researchers recruited at 84 female housekeepers working at seven different hotels. Workers in four of the hotels were told that the exercise they got on the job met or exceeded the Surgeon General's activity recommendations for a healthy lifestyle, while those in the three other hotels were not told anything. Several measures of participants' fitness and health were taken at the beginning of the study and four weeks later.

Before the study started, about two-thirds of all participants said they didn't exercise regularly, while one third said they didn't exercise at all. After four weeks, 79.7 percent of the women in the informed group said they exercised regularly. They also lost 2 pounds, on average; lowered their blood pressure by 10 percent; and showed reductions in percentage of body fat, body mass index, and the size of their waists in relation to their hips.

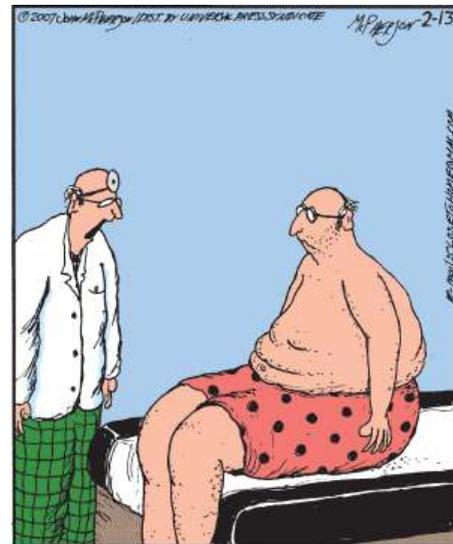
All of these changes were significantly greater than those seen in the group who weren't told that their work was good exercise.

One possible explanation could have been that women in the informed group became more active and ate more healthily, the researchers note, but they found that this was not the case, making it unlikely that the fitness improvements were due to changes in behavior.

"These results support the hypothesis that exercise affects health in part or in whole via the placebo effect," Crum and Langer write. "Whether the change in physiological health was brought about directly or indirectly, it is clear that health is significantly affected by mind-set."

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Source: msnbc.com



"I'm prescribing a flesh-eating virus for you."

TWO INHALERS ARE BETTER THAN ONE FOR COMMON LUNG DISEASE

A publicly funded cross-Canada clinical trial has revealed that combining the inhalers Spiriva(TM) (tiotropium) and Advair(TM) (fluticasone/salmeterol) results in improved quality of life, improved lung function, and fewer hospitalizations among people with severe Chronic Obstructive Pulmonary Disease (COPD). More than five per cent of Canadians over the age of 55 have been diagnosed with COPD, an incurable disease also referred to as emphysema and chronic bronchitis.

"We knew that many doctors were prescribing multiple different inhalers to patients, but this is the first study to evaluate the safety and efficacy of this practice," said lead author Dr. Shawn Aaron, a Senior Scientist at the Ottawa Health Research

Institute, Associate Professor of Medicine at the University of Ottawa, and Respiriologist at The Ottawa Hospital.

The randomized double-blind study followed 449 patients for one year in 27 hospitals and medical centres across Canada. Patients who received Spiriva (TM) and Advair(TM) scored twice as high in a quality of life assessment compared to patients taking Spiriva(TM) and placebo. The combination therapy also decreased the number of hospitalizations for COPD by 47 per cent and increased lung function by five per cent, compared to Spiriva(TM) and placebo.

"Although a five per cent increase in lung function may not sound like a lot, you have to remember that these people may only have 25 per cent of normal lung function to begin with," said Dr. Aaron. "This could allow some people to walk around the block for the first time in years."

The study also evaluated disease exacerbations and serious adverse effects. No significant differences were observed. A third arm of the study looked at patients taking Spiriva(TM) plus salmeterol (one component of Advair(TM)). This combination was not as beneficial as Spiriva(TM) plus Advair (TM).

Although Spiriva(TM) and Advair(TM) are made by pharmaceutical companies, the study was conceived, designed, and conducted by independent academic researchers funded by public agencies (\$1.5 million from the Canadian Institutes of Health Research (CIHR) and \$50,000 from the Ontario Thoracic Society).

"Because these two drugs are made by different companies, it is unlikely that either company would be inclined to initiate this sort of clinical trial," said Dr. Aaron. "But as independent clinicians, we can do research without restrictions to determine the best approaches for improving health."

"Given that the number of individuals with COPD is likely to increase with our aging population, the results of this study should help improve the quality of life for patients affected with COPD and benefit their families and the health care system," said Dr. Peter Liu, Scientific Director of the CIHR Institute of Circulatory and Respiratory Health.

The study will be published in the online version of *Annals of Internal Medicine*, established by the American College of Physicians. It will appear in the print edition on April 17, 2007.

Source: CIHR



DAYTIME NAPS CAN HELP THE HEART *Daytime snooze cuts risk of fatal heart attack by 37 percent, study finds*

Office nappers now have the perfect excuse: New research shows that a little midday snooze seems to reduce the risk of fatal heart problems, especially among men.

In the largest study to date on the health effects of napping, researchers tracked 23,681 healthy Greek adults for an average of about six



years. Those who napped for about half an hour at least three times weekly had a 37 percent lower risk of dying from heart attacks or other heart problems than those who did not nap.

Most participants were in their 50s, and the strongest evidence was in working men, according to the study, which appears in Monday's issue of *Archives of Internal Medicine*. The researchers said naps might benefit the heart by reducing stress, and jobs are a common source of stress.

It's likely that women reap similar benefits from napping, but not enough of them died during the study to be sure, said Dr. Dimitrios Trichopoulos, the study's senior author and a researcher at Harvard University and the University of Athens Medical School. Heart problems killed 48 women who were studied, six of them working women, compared with 85 men, including 28 working men.

A daytime siesta has long been part of many cultures, especially those in warmer climates. Mediterranean-style eating habits featuring fruits, vegetables, beans and olive oil have been credited with contributing to relatively low rates of heart disease in those countries, but the researchers wanted to see if napping also plays a role. "My advice is if you can (nap), do it. If you have a sofa in your office, if you can relax, do it," Trichopoulos said.

Exactly how stress is related to heart disease is uncertain. Some researchers think it might be directly involved, through unhealthy effects of stress hormones, or indirectly by causing people to exercise less, overeat or smoke. The researchers in the latest study factored in diet, exercise, smoking and other habits that affect the heart but still found napping seemed to help. Too stressed for a siesta

Previous studies have had conflicting results. Some suggested napping might increase risk of death, but those mostly involved elderly people whose daytime sleepiness reflected poor health, Trichopoulos said. His research team studied a broader range of people, ages 20 to 86, who were generally healthy when the study began. Still, it's possible that study participants who napped "are just people who take better care of themselves," which could also benefit the heart, said Dr. Marvin Wooten, a sleep specialist at Columbia St. Mary's Hospital in Milwaukee.

"The guy ... who doesn't take time out for a siesta in their culture is probably the guy who is extremely driven and under a lot of pressure," which could increase heart risks, he said. Siestas aren't ingrained in U.S. culture, and napping usually is equated with laziness in the high-charging corporate world, said Bill Anthony, a Boston University psychologist and co-author of "The Art of Napping at Work." Still, some offices allow on-the-job naps, and many workers say it makes them more, not less, productive.

Energizing snooze

Yarde Metals, a metals distributing firm, built a nap room at its Southington, Conn., headquarters as part of an employee wellness program. With two leather sofas, fluffy pillows, soft lighting and an alarm clock, it's the perfect place for a quick snooze, engineer Mark Ekenbarger said. Ekenbarger, 56, has an enlarged heart artery and said he frequently takes

half-hour naps on the advice of his doctor to reduce stress. "It really does energize me for the rest of the day," Ekenbarger said. "It would be really encouraging if employers across the country really embraced that philosophy that napping is a good thing. It makes a big difference in my life."

Source: .msnbc.msn.com



CHOOSE COLD AND FLU MEDICATIONS WISELY

If you're one of the 65 million Americans who have high blood pressure, you may unknowingly be putting yourself at risk every time you reach into your medicine cabinet for an over-the-counter (OTC) cold or flu medication. That's because most OTC cold and flu products contain decongestants, which can raise your blood pressure.

In fact, the American Heart Association recognizes that decongestants have been reported to increase blood pressure and even interfere with blood pressure medications.

If you have high blood pressure, consult your doctor before taking any over-the-counter medications. And be certain to read the label on all OTC medications to make sure that they don't contain ingredients that may further raise blood pressure or interfere with its treatment.

Source: AHA



LUNG NUTRITIONAL SUPPORT

What doctors don't tell you

Low intakes of certain vitamins/minerals, such as zinc, vitamin C, manganese and magnesium, can make people as much as five times more likely to develop asthma (Thorax, 1997; 52: 166-70). While general levels of nutrition need to be good to keep asthma at bay, supplementing with certain nutrients is considered crucial.

- Magnesium levels are chronically low in asthmatics, and supplementation (400-800 mg/day) can help relax the bronchial tubes and oesophagus (Magnesium Res, 1995; 8: 403-5).
- Vitamins B6 and B12, which asthmatics are most likely to be deficient in (J Nutr Med, 1990; 1: 277- 82). Many asthmatics are also sensitive to sulphite preservatives in foods such as potato chips, fish, fruit juices and jellies; B12 can reduce sulphite sensitivity (Res Inst Scripps Clin Sci Rep, 1982; 39: 57-8). Take 25-50 mg/day as part of a B-complex.
- Vitamin A and beta-carotene (4000 IU of both), vitamin C (1000-3000 mg) and vitamin E (400- 600 IU), which are antioxidants, aid lung functioning (Am J Epidemiol, 2002; 155: 463-71). Vitamin C is a potent antihistamine with no side-effects and should be taken with bioflavonoids such as quercetin, which has been found to inhibit the release of inflammatory compounds (J Allergy Clin Immunol, 1984; 73: 819-23). Take 500 mg twice a day.
- Glutathione (500-1000 mg) and other sulphur-containing nutrients, N-acetylcysteine, or NAC (500-800 mg),

methyl-sulphonyl-methane, or MSM (500-1000 mg) and lipoic acid (200-500 mg) are also antioxidants and may be helpful. NAC, for instance, can increase glutathione levels and thin bronchial mucus (Chest, 1997; 112: 164-72).

Source: What Doctors Don't Tell You



SCRUMPTIOUS MEAT LOAF

Servings: 6 (1-1/4-inch) thick slices

Ingredients

1 lb ground beef, extra lean
 1/2 cup tomato paste (4 oz)
 1/4 cup onion, chopped
 1/4 cup green peppers
 1/4 cup red peppers
 1 cup tomatoes, fresh, blanched, chopped
 1/2 tsp mustard, low sodium
 1/4 tsp ground black pepper
 1/2 tsp hot pepper, chopped
 2 cloves garlic, chopped
 2 stalks scallion, chopped
 1/2 tsp ginger, ground
 1/8 tsp nutmeg, ground
 1 tsp orange rind, grated
 1/2 tsp thyme, crushed
 1/4 cup bread crumbs, finely grated

Directions

1. Mix all ingredients together.
2. Place in 1-pound loaf pan (preferably a pan with a drip rack) and bake covered at 350° F for 50 minutes.
3. Uncover pan and continue baking for 12 minutes.

Nutrition Per Serving

Serving size: 1 (1-1/4-inch) thick slices

Calories--193; Fat--9 g; Saturated fat--3 g; Cholesterol--45 m;

Sodium--91 mg

Source: NHLBI

MARINATED EDAMAME SALAD

Recipe Summary:

Preparation Time: 1 hour, 20 minutes

Number of Servings: 8

Cups of Fruits and Vegetables Per Person: 2

Ingredients:

2 cups, cooked green beans, cut into bite-sized pieces with ends trimmed
 2 cups, cooked and shelled edamame
 1/4 cup, diced green onion
 1/2 cup, chopped red bell pepper
 1/2 cup, diced celery
 1/2 cup, chopped cucumber
 2 cups, romaine lettuce, washed
 1 cup, chopped carrots

2 Tbsp, parsley, minced
 3/4 cup, dried cranberries
 2 Tbsp, olive oil
 1 Tbsp, honey
 2 Tbsp, water
 1/4 cup, Dijon mustard
 1/4 cup, lemon juice
 2 cloves garlic, minced
 1/4 cup, white wine vinegar
 1/4 tsp, each basil, marjoram, rosemary, thyme, black pepper,
 and grated lemon peel

Directions

1. Whisk together the dressing ingredients; adjust seasonings to taste. Set aside.
2. In a salad bowl, toss together all of the salad ingredients, except the lettuce. Whisk dressing again, pour over salad mixture and toss. Cover and refrigerate at least one hour.
3. When ready to serve, arrange lettuce on salad plates and top with marinated bean mixture. Note: dressing is included in the nutritional analysis below.

Nutrition Per Serving Serving Size 1/8 salad Calories 150
 Total Fat 5g; Saturated Fat 0g; Cholesterol 0mg; Sodium 70mg
 Total Carbohydrate 21g; Dietary Fiber 5g; Sugars 12g;
 Protein 5g;

Diabetic Exchange

Fruit: 0
 Vegetables: 1
 Meat: 0
 Milk: 0
 Fat: 1
 Carbs: 0
 Other: 0

Source: 5 A Day.gov



3 WAYS TO DRESS YOUR VEGGIES

Your veggies don't like to be naked. And what couture do they prefer? Try a little healthful-fat finery. A bit of unsaturated fat can help your body better absorb the fat-soluble nutrients in your vegetables. Here are three different looks to try:

- Skip the fat-free ranch dressing. Instead, toss your greens with an olive-oil-based dressing like balsamic vinaigrette.
- Make your fat crunchy. Season peppers, corn, carrots, or squash with salt, pepper, and lemon juice, and then top with slivered almonds or toasted sesame seeds. Go Thai. Create a Spicy Peanut Sauce for dipping lightly steamed broccoli and cauliflower

In a recent study, people who tossed their salads with a dressing that had some fat in it absorbed more carotenoids from the vegetables than the people who used a nonfat dressing.

Carotenoids are potent antioxidants found in brightly hued produce -- think red, orange, and yellow. But the small intestine needs a little fat to absorb these power nutrients. So do several other fat-soluble vitamins, including:

- Vitamin E (found in spinach and broccoli)
- Vitamin K (found in cabbage, cauliflower, and turnip greens)
- Vitamin D (found in some fish and in fortified dairy)

When you're dressing your veggies, remember the Brylcreem jingle: "A little dab'll do ya." You can nearly undo all the good in veggies by turning them into high-calorie, high-fat side dishes. So don't drown them in sauces and oils. Think lightweight summer ensembles -- a little dribble of olive oil on a sliced tomato or a smattering of chopped walnuts on your spinach salad. Or a bit of Thai peanut sauce on your steamed broccoli. Check out this spicy peanut sauce recipe below.

SPICY PEANUT SAUCE

2 tablespoons smooth natural peanut butter
 2 tablespoons "lite" coconut milk
 1 tablespoon lime juice
 2 teaspoons reduced-sodium soy sauce
 1 teaspoon brown sugar
 1/2 teaspoon crushed red pepper, or to taste

Whisk together peanut butter, coconut milk, lime juice, soy sauce, sugar, and crushed red pepper in a small bowl until smooth.

Per tablespoon: 50 calories; 4 g fat (1 g sat, 0 g mono); 0 mg cholesterol; 0 g carbohydrate; 2 g protein; 0 g fiber; 97 mg sodium.



**Don't forget
 Daylight Saving Time
 begins in March
 this year and ends
 in November!**

**Spring ahead: March 11
 Fall Behind: November 4**



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