

Body & More



NEWSPAPER
NAME HERE
2010 Issue No. 1



Put a Lid
On It

The Pink Page

Confront
Your Back

Pork &
Cider Stew

JUMP FOR JOY

Red rover, red rover, send
fun – and fitness – right over

Suck It Out, Not Up

'Emotional Liposuction'
goes deeper than
cosmetic change

...Then Comes Baby

Here's what to expect
when you're ready
to be expecting

Paging Dr. Supermarket

How to safely utilize
medical services in grocery
stores and pharmacies



FEATURES

FIT GIRLS (AND BOYS) JUST WANNA HAVE FUN

One peek at the latest fitness crazes proves that even the fitness buffs among us are in need of some childlike abandon. Here's a look at 7 of the trendiest, most fun workouts

EMO LIPO

Forget your thighs and post-baby belly fat. The latest, greatest place to get liposuction is in your brain

IS THERE A DOCTOR IN THE STORE?

Grocery stores and pharmacies are evolving into a one-stop shop for all of your food - and medical - needs. Here's what you need to know to make sure you're getting the same care you deserve

BACK IN ACTION

Most Americans suffer from back pain, but is there such a thing as relief?

YES YOU CAN

With the rise in super-couponing, local foods, farmer's markets and buying in-season and in bulk, canning is coming back - here's how to get started

READY, SET, CONCEPTION: 9 STEPS TO PREPARE YOUR BODY FOR BABY

Whether getting pregnant turns out to be a breeze or a challenge, here are 9 ways you can up your chances of conceiving - and getting your pregnancy off on the right foot

BRIEFS

Sausage Jambalaya • Pork & Cider Stew •
The Pink Page

1/2 PAGE VERTICAL AD

FULL PAGE AD

Born on the Bayou

Cajun style delivers jumbo flavor for low cost

By BEV BENNETT

CTW FEATURES

Take meal inspiration from a region where the locals feast well but frugally.

Louisiana's famed Cajun dishes are flavorful, colorful and bountiful. Cajun cooking, born from Southern and French cuisines, calls for a generous hand with herbs and spices, well-cooked vegetables, abundant rice and a respect for seasonal ingredients.

"Cajun food has always been very economical," says Donald Link, chef-owner of Herbsaint and Cochon restaurants in New Orleans.

Link recalls his grandfather, who often cooked for family and friends, stretching a meal of collard greens and pigs' feet to serve 20.

"You can still pick up pigs' feet for nothing," says Link, author of "Real Cajun" (Clarkson Potter/Publishers, 2009).

Resourcefulness is a hallmark of Cajun cooks, according to the chef.

Taking a cheap cut of meat, whether it's pork or chicken, and transforming it into a stellar dish is a source of pride. Pork shoulder is one of Link's favorites.

"Talk about a cheap way to feed a lot of people," he says.

Pork is also the base for sausage, which Link uses in jambalaya and gumbo.

Leftovers never go to waste.

"When you cook all the time you use leftovers. When you have roast chicken you take the scraps, put them back into the pot and make a stock immediately. You have a flavor base and proteins for another dish," says Link.

The following recipe for Sausage Jambalaya is adapted from Link's book. It's a delightful blend of spicy sausage, vegetables and the all-essential rice.

"You don't go into the kitchen without turning on the rice cooker. It doesn't happen in Louisiana," Link says.

Sausage Jambalaya

1 tablespoon canola oil
1 medium green bell pepper, cored, seeded and chopped
1 celery rib, trimmed and chopped
1 or 2 garlic cloves, minced
1 small red onion, chopped
1 (9-ounce) package (cooked) andouille sausage links, sliced 1/2-inch thick
1/2 teaspoon salt or to taste
1/2 teaspoon crushed, dried oregano
1/4 teaspoon crushed, dried thyme
1/4 teaspoon pepper
1 bay leaf
1 1/2 cups chicken broth
3/4 cup long-grain rice

Heat oil in very large skillet.

Add bell pepper, celery, garlic and onion. Cook over medium heat for 10 minutes, stirring frequently. Add sausage and cook for 2 minutes, stirring frequently or until sausage is lightly browned. Stir in salt, oregano, thyme, pepper and bay leaf. Add broth, stirring up browned bits in bottom of skillet. Bring broth to a boil. Stir in rice. Reduce heat to low. Cover and simmer for 20 minutes or until rice is tender. Remove from heat and set aside for 5 minutes for flavors to blend. Remove bay leaf before serving. Makes 4 servings.

© CTW Features



Sausage Jambalaya
Jim Frost for CTW Features

1/2 PAGE VERTICAL AD

FULL PAGE AD

Baby, It's Cold Outside ... What's For Dinner?

Get ready for a long winter's night the easy way. Break out your slow cooker and get ready for a hearty meal made easy

Pork & Cider Stew

2 medium sweet potatoes (1-1/4 lb), peeled and cut in 3/4-inch pieces

3 small parsnips or carrots, peeled and cut in 1/2-inch slices

1 cup chopped onion

2-lb boneless pork shoulder, cut in 1-inch pieces

1 large Granny Smith apple, peeled, cored and coarsely chopped

1/4 cup all-purpose flour

3/4 tsp salt

1/2 tsp dried sage

1/2 tsp dried thyme

1/4 tsp pepper

1 cup apple cider

Layer sweet potatoes, parsnips/carrots, onion, pork and apple in a 3-1/2-quart or larger slow cooker. Stir flour, salt, sage, thyme and pepper in a small bowl to mix. Add cider, stir until smooth. Pour over meat and vegetables. Cover and cook on low 7-9 hours until pork and sweet potatoes are tender when pierced.

Nutritional Info (Per Serving): 631 calories, 34g protein, 47g carbohydrates, 6g fiber, 33g fat (11g saturated), 129mg cholesterol, 485mg sodium. Serves 5.

"Woman's Day Thursday Night is Hearty Meat" (Filipacchi, 2009)



1/2 PAGE VERTICAL AD



LIFTING CONFIDENCE

Weightlifting can boost breast cancer survivors' self-esteem, body image and emotional health

By CHRISTOPHER ADAMSON
CTW FEATURES

Working out can do a world of good for anyone. But, as one new study shows, breast cancer survivors can reap amazing emotional benefits from the habit - regardless of how much strength they gain. The study, from the University of Pennsylvania School of Medicine, found that survivors who lift weights regularly, at least twice a week, have better body images and more satisfactory sex-lives than those who don't.

"The results suggest that the act of spending time with your body was the thing that was important," says Kathryn Schmitz, a senior author of the study and professor at U Penn, "not the physical results of strength."

By the end of the trial, weightlifting survivors said they felt more proud of their bodies, more comfortable in their own skin and more physically powerful, not to mention sexier.

Besides these emotional benefits, the yearlong study also found that the survivors' lifting made their lymphedema, an incurable arm-swelling side effect of breast surgery, flare-ups happen less fre-

quently. This, too, was found nearly across the board, regardless of how much strength the patient gained.

Unlike other similar studies, Schmitz designed a quality-of-life questionnaire to use in her study that is specifically made by and for breast cancer survivors. It addresses needs and problems that survivors face, and is designed to illuminate ways in which these problems can be overcome.

"[Survivors] told us the basic quality-of-life questionnaire didn't cover what was important to them," Schmitz says. "There has been an aching need for this assessment tool, not just here, but internationally. These are the issues that women have reported that they cared about for a long time but nobody was ever asking them the question."

The questionnaire has been translated into five different languages and is underway to becoming standard in clinical practice. This is good news for breast cancer survivors everywhere, as more targeted research will lead to better findings on how they can improve their quality of life. Until this happens, though, it's time to hit the gym.

© CTW Features

Post-surgical Problems Breast cancer surgery may lead to persistent pain for many women years after treatment

By CHRISTOPHER ADAMSON
CTW FEATURES

Breast cancer treatment, while effective, isn't without its long-term challenges. A new study published recently in the Journal of the American Medical Association found that nearly half of women who have undergone breast cancer treatment report pain symptoms two to three years after treatment. These symptoms ranged anywhere from numbness or burning sensations to severe chronic pain.

The pain can stem from several different causes, including nerve damage from different types of surgery. Most women reported experiencing the pain around their arm and underarm, the side of the body or the breast area.

While post-surgical pain was the most common, women who had undergone supplemental therapy like chemotherapy or radiotherapy also reported pain. Age also played an important factor: The findings show that younger women, aged 18 to 39, who had undergone breast-conserving surgery were at higher risk.

If post-operative patients are experiencing severe pain, Loretta Loftus, M.D., of the H. Lee Moffitt Cancer Center in Tampa, Fla., recommends that they report it to their physician. "It may not all be related to the surgery," she says. "There are treatments and therapies available, anything from medication to interventional procedures, like nerve blocks."

Since the study found that the majority of patients didn't have severe pain, and there isn't a completely sure way of preventing this kind of long-term pain before the treatment, Loftus recommends dealing with the pain as needed.

"I did run across an article that indicated that patients who had higher anxiety levels prior to surgery may be at higher risk to have post-operative pain, although that was more immediate," she adds. "It's possible that there may be possible psychological factors that may affect sensory disturbances in these long term chronic patients. I think further study would be necessary."

Loftus is confident, however, that these recent findings will be helpful in establishing better ways to relieve post-surgical pain in the future.

© CTW Features

READY, SET, CONCEPTION

By ANNA SACHSE
CTW FEATURES



Whether getting pregnant turns out to be a challenge or a cinch, here are nine ways you can both up your chances of conceiving, and get your pregnancy off on the right foot.

GET A TUNE-UP

The very first thing a wannabe mom should do is make a pre-conception visit to her healthcare provider, says Elizabeth M. Ward, MS, RD, spokesperson for the American Dietetic Association (ADA) and author of the ADA's prenatal nutrition book "Expect the Best: Your Guide to Healthy Eating Before, During, and After Pregnancy" (Wiley, 2009). In addition to getting a full physical, you should discuss any underlying health concerns, such as anemia, hypertension, hyperthyroidism, diabetes, depression and clinically treated acne - pregnancy may exacerbate these conditions and the standard medications may be dangerous for a fetus.

You can also use this visit to start establishing a more personal relationship with the health professional who will be treating you throughout your future pregnancy. "If you don't feel comfortable, feel free to shop around," says Eileen Ehudin Beard, CNM, FNP, MS, senior practice advisor for the American College of Nurse-Midwives, Silver Spring, Md. "Having a baby is too important to not have a good experience."

9 STEPS TO PREPARE YOUR BODY FOR BABY

1/4 PAGE AD

1/8 PAGE AD

1/8 PAGE AD

LOSE CONTROL

It doesn't take a medical genius to know your chances of conceiving will increase if you stop using birth control.

The amount of time it takes for the hormone-based methods to leave a woman's system depends on both the person and the product. According to Paula Amato, MD, associate professor of obstetrics & gynecology at Oregon Health & Science University, Portland, Ore., ovulation usually occurs within a few weeks of stopping the oral contraceptive pill; but it may take from 12 weeks up to 18 months for a woman to resume ovulating after her last Depo-Provera injection.

Regardless, Amato recommends that mom-wannabes wait for a couple of regular menstrual cycles before seriously attempting to conceive, as this allows doctors to more accurately date the pregnancy. "Use barrier contraception or other non-hormonal methods during this time." However, doctors are also able to use ultrasounds for this information so waiting isn't imperative.

BRING ON A BETTER BMI

Studies show that women tend to experience fewer fertility problems when they are in their normal weight range – a body mass index of approximately 18.5 to 24.9, according to the National Institutes of Health (NIH).

"When a woman is underweight or overweight, she disrupts the balance of hormones like estrogen and progesterone that are necessary for pregnancy," says Ward.



Women who are too thin often experience irregular cycles; however, most ovulatory disorders are related to excess body fat, Ward says. Approximately 10 percent of American women have a condition called polycystic ovarian syndrome (PCOS), which can cause infrequent or lack of ovulation. The majority of these women are overweight. If you have trouble ovulating due to PCOS, your doctor may prescribe an ovulation-inducing medication such as Clomid, hormone-therapy or a surgery called laparoscopic ovarian drilling. But the cheapest and most comfortable solution is to shed the extra pounds. Keep in mind that excess weight during pregnancy increases the risk of complications such as preeclampsia and gestational diabetes.

GET DAD IN ON IT

It's a lot easier to make before-baby lifestyle changes when you and your partner are on the same page, says Beard. This advice applies to everything from diet to quitting smoking and getting enough sleep. In addition, although it is still a very preliminary field of study, research has shown that overweight men have a harder time fathering children, says Ward. For example, a recent Danish study of nearly 1,600 overweight men, found that those with a BMI above the normal 18.5 to 24.9 range not only produced less sperm, they also produced a higher percentage of abnormal sperm.

WORK IT OUT

Eating a healthy diet that's heavy on the vegetables, fruit, whole grains, lean protein and healthy fat is the best way for women (and men) to maintain a healthy weight. However, it's also important that mom-wannabes get moving.

1/8 PAGE AD

1/8 PAGE AD

1/4 PAGE AD



“It can help you lose weight, of course,” says Ward, “but it’s also good for lung function, circulation, your bones and your brain, and it can help reduce stress.”

She advises getting 30 to 60 minutes of moderate to vigorous activity while trying to conceive, and then, after you are pregnant, gauging what you can do by how you feel and what your doctor recommends. The Centers for Disease Control state that healthy pregnant women should get at least two-and-a-half hours per week of moderate-intensity exercise like brisk walking. Although there are some activities that are best to avoid, such as skydiving, scuba diving and horseback riding, women who are used to vigorous-intensity aerobic activity, such as running, or large amounts of activity can generally continue to do so throughout their pregnancy.

CLEAN IT UP

If you’re thinking about getting pregnant, there was never a better time to be a purist. Avoid toxic substances and pollutants such as secondary smoke, cleaning solvents, lead, mercury, some insecticides and paint fumes. And because medical experts “aren’t sure how much alcohol is damaging

in the early weeks of pregnancy, it’s better to have none,” says Beard.

You should also limit your caffeine consumption, adds Ward, as there is some evidence that drinking it in excess might be associated with miscarriage. The March of Dimes recommends that women who are trying to become pregnant drink no more than 200 milligrams a day, equal to about one 12-ounce cup of coffee.

BE A SAVVY SUPPLEMENT-ER

Although it’s possible to get most of the vitamins you need from a balanced diet, some women might benefit from calcium and iron supplementation (especially those who are lactose intolerant or vegetarian), as well as vitamin D if they have limited sun exposure. However, Amato recommends that most women take at least 400 micrograms of folic acid (vitamin B9) at least three months before they start trying to conceive in order to reduce the risk of neural tube defects (NTDs) such as spina bifida.

For the same reasons you may also need to supplement with choline, says Ward. This little-known essential nutrient helps to reduce the risk of NTDs that can form before a woman even knows she’s pregnant, but most prenatal and multivitamins

1/4 PAGE AD

1/4 PAGE AD

lack sufficient amounts. As with all vitamins, supplements and herbs, talk to your doctor or midwife to determine proper dosages.

STRESS LESS

Although telling yourself to stop stressing out (especially if you're having difficulty getting pregnant) is easier said than done, taking care of yourself is the best thing you can do for both your emotional and physical well-being - multiple studies have shown that chronic stress can interfere with ovulation, fertilization and implantation. Ward suggests going to bed an hour earlier to ensure adequate sleep, as well as exercising and eating nutritious foods. But you should also make time for doing things you enjoy and simply relaxing, whether that means taking a bath, reading, talking with a close friend or meditating.

THINK BIG PICTURE

If you're around the age of 30 and have never been pregnant before, it can easily take a year or so to conceive, says Beard. Instead of obsessing over ovulation kits and fertility charts, she recommends focusing your energy on getting "your house in order." Go see the dentist for a cleaning and make sure all your vaccinations are up-to-date. Organize your finances and verify that your health insurance will cover your preferred provider (doctor or midwife) and birth location (hospital, birth center or home). Try to do special things together, like travel to an exotic country, which will likely be more complicated and expensive when you have children.

"Babies are wonderful," says Beard, "but your life is never the same after they arrive." Her easy-to-appreciate advice to couples trying to conceive? Just make love and enjoy it.

©CTW Features

1/4 PAGE AD

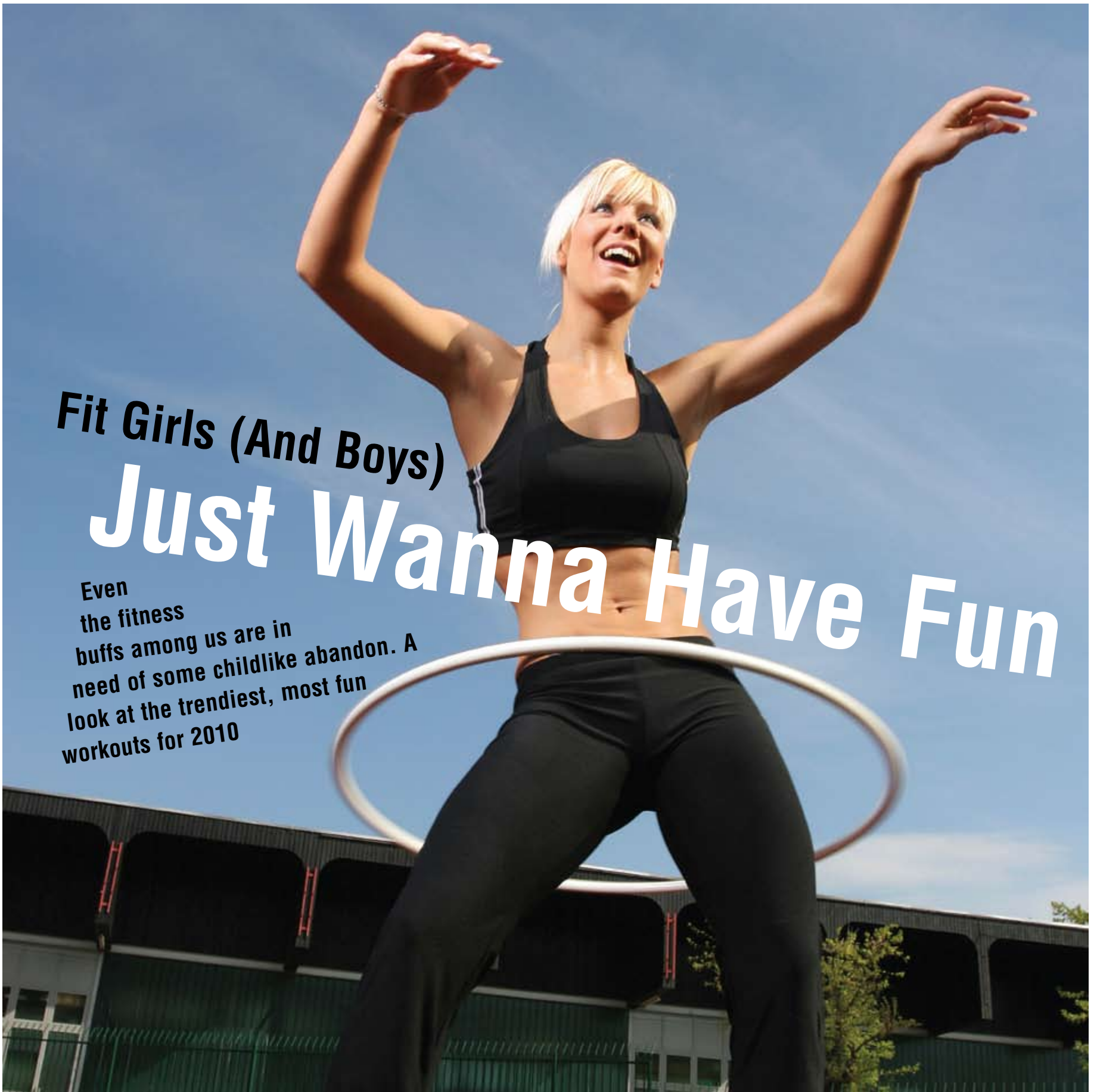
1/4 PAGE AD

1/4 PAGE AD

Fit Girls (And Boys)

Just Wanna Have Fun

Even the fitness buffs among us are in need of some childlike abandon. A look at the trendiest, most fun workouts for 2010



By **DARCI SMITH**
CTW FEATURES

Three years ago, Joe Katz noticed his clothes were too tight. He dreaded starting the familiar cycle of joining a gym and sticking with it for a couple of months before losing interest.

"I never really enjoyed working out, and it was hard to maintain going," says Katz, 44, of Brooklyn, N.Y. Then he remembered that a friend had given him a card for a Punk Rope class and he decided to give it a try.

Punk Rope, a gym class for grownups involving lots of jump roping along with "creative calisthenics," is among the new workouts designed to bring a little childhood fun back into adult fitness. Also part of the "fun fitness" trend: hula hooping, rock wall and boulder climbing, Urban Rebounding on a specially designed trampoline and Parkour, which involves scaling everyday objects using only one's body strength.

All offer an escape from what can become repetitive and boring workouts on treadmills and weight machines, says Pete McCall, exercise physiologist at the American Council on Exercise, San Diego, Calif. "It's a way to recapture the freedom of youth before it became bogged down by all this adult stuff," he says.

Classes are typically fast-paced, with participants moving muscles dynamically and in so many directions that they have hardly a chance to think about the fact that they're working out, McCall says. "They enjoy the challenge of doing different things."

After injuries put a blip on his fitness radar, personal trainer and Punk Rope creator Tim Haft found himself back at the gym. He soon realized that very few of the classes he took were much fun, partly because he felt isolated.

"I never left with a big smile on my face," Haft says. "I set out to create my own class that, if nothing else, at least I thought was fun."

Play is central to Punk Rope classes, which are one-third jump roping and two-thirds simple exercises that follow a story line or theme. Haft notes that a recent World Series-themed session featured participants "sitting in bleacher seats" (performing deep squats) and then being called out onto the field to play "first base" (doing lunges), "catcher" (more deep squats) and "short



stop" (shuffling side-to-side, getting low to pick up an imaginary ball and throwing it to first).

Haft points out that jump roping is integral because it's far safer than other high impact sports and offers many health benefits, such as improving heart and lung capacity, increasing bone density and burning calories.

Each class is social and features a "raise the roof," energetic playlist that complements the theme of the day, he adds. All activities take place during intervals that are each the length of one song.

"The fact that you know that everything lasts one song and then it's over helps you get through the tough part," Haft says.

Never mind the students. Kristen Tucker has a blast teaching hula hoop classes in Houston.

"I always marvel after class at how the time flies," says Tucker, a certified Hoopnotica Hoopdance instructor. "It's impossible to leave a hoop class in a bad mood."

The 45-minute to hour-long classes begin with a warm up with and without the hoop followed by a review of previously learned skills and the introduction of new skills. Tucker ends her classes with 5 to 10 minutes of freestyle time so students can work on whatever they like or get individual instruction.

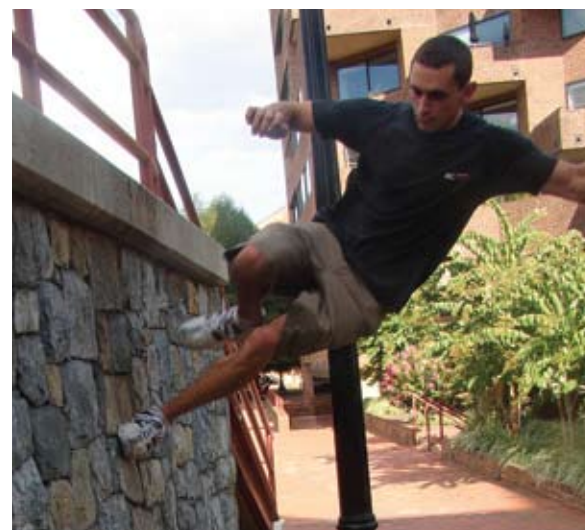
"Classes work the body from head to toe and give a great cardio workout," says Tucker, noting that hooping at the waist can burn up to 300 calories in an hour, and dancing with the hoop can add another 300. "Hooping builds core strength, provides an incredible cardiovascular workout, strengthens and tones the entire body, develops balance and coordination and reduces stress."

The atmosphere "buzzes," she adds. The room fills with upbeat music, laughter and "woo-hoos" for those who achieve new heights in hooping.

Parkour offers fun in and out of the gym. Originally created to train French Foreign Legion search and rescue teams to traverse any environment quickly and efficiently, it's now an increasingly popular fitness discipline.

Fitness trainer Sean Hannah began practicing Parkour a few years ago, not realizing for months that what he was doing had a name. When he realized other trainers taught Parkour he took classes to master the fundamentals and pick up pointers on how to do it safely and injury-free.

Two years later, Hannah now teaches Parkour twice weekly at The Sports Club/L.A.'s Washington, D.C., location. A 90-minute weekend class is held inside the club, divided between conditioning and learning specific skills, such as



landing and rolling, precision jumping, climbing and lifting. He takes weekend class participants outside where they can put those skills to use by moving around a local park Parkour-style.

"There's not a lot of new things in Parkour," Hannah says, so participants need only develop strength and learn how to string together a handful of movements. "You can get good pretty quickly."

Hannah loves that students tell him that they now stare at things in their environment that they may have looked past before to try and figure out a way to go past or over it. "The get the Parkour vision," he says.

It's a vision Hannah knows too well. "It's kind of taken over my life," he adds. "When I get a chance to train, I go to the park and I play."

Katz has been going to Haft's Punk Rope classes regularly for three years - far longer than he's ever managed to maintain a workout regime before.

"As my fitness level improved, I felt more confident and started gradually doing other workouts and athletic activities," he says. "I can say now that at age 44 I'm in the best shape of my life. It feels great."

© CTW Features





Is There a Doctor In the Store?

Grocery stores and pharmacies are evolving into one-stop shops for a remarkable range of food and medical needs. Here's how to get the care you deserve

By **DAWN KLINGENSMITH**
CTW FEATURES

Milk, eggs, butter, health care. So goes the shopping list for a growing number of consumers who are turning to in-store health clinics to avoid the expense and long waits at doctors' offices and hospitals.

Drugstores and supermarkets such as Wal-Mart, Walgreens, CVS, Target, Rite Aid and Kroger are applying the retail principles of convenience and savings to basic health care. Consumers are buying into the concept.

Visits to retail clinics doubled between 2007 and April 2009 to 14 percent of the U.S. population from 7 percent, according to the Convenient Care Association, New York City.

"Word is getting around. Most people who go to retail clinics are satisfied with the service they get," says Dr. Richard L. Reece, author of "Innovation-driven Health Care" (Jones & Bartlett Publishers, 2007). "In my mind, the rise of retail clinics is one of the most radical innovations in controlling costs and expanding access to health care."

It's no wonder the clinics are popular with con-

1/4 PAGE AD

1/4 PAGE AD

sumers. They are open evenings and weekends, no appointment is needed and patients generally don't wait long to be seen. Most clinics take insurance. And because clinics usually are housed with pharmacies, patients can fill prescriptions under the same roof.

Patients usually are seen by a nurse practitioner authorized to write prescriptions. Services vary by clinic operator, state and store location but typically include treatment for a narrow scope of urgent yet routine ailments such as ear aches, rashes and strep throat and routine preventive care like cholesterol screenings and immunizations.

Retail clinics charge substantially less than doctors' offices, urgent care centers and emergency departments, according to the Rand Corporation, Santa Monica, Calif., a nonprofit research organization. A patient seeking treatment for an ear infection, for example, would pay an average of \$110 at a retail clinic compared with \$166 at the doctor's office, \$156 at an urgent care facility and \$570 for emergency-room service.

Retail clinics "are providing less expensive care in a less expensive setting," Andrew says.

He adds that one of the goals of government health care reform is to "find ways to expand access and save

money in the delivery system," and retail clinics may play a role.

This concerns some physicians associations, who see the potential for overprescribing and misdiagnoses. However, a Rand study published in the September issue of the *Annals of Internal Medicine* found that the quality of care provided at retail clinics was on par with care at physicians' offices and urgent care centers and slightly better than that of hospital emergency rooms.

Other Rand studies found no evidence that retail clinics overprescribed medication or disrupted patients' relationships with primary care physicians familiar with their medical histories.

In fact, a study published in the September/October 2009 issue of the professional journal *Health Affairs* found that just 39 percent of retail clinic patients polled by Rand had a primary care physician, compared with 80 percent of the population as a whole. For many of these patients, there is no relationship to disrupt.

While serving as a safety net for the uninsured and people who don't have a personal doctor, retail clinics may lessen demand for costly emergency room services and primary care physicians, who are in short supply, says Reece, who was not involved in the Rand studies.

Dr. Ted Epperly, president of the American Academy of Family Physicians, Leawood, Kansas, issued a prepared statement pointing out the narrow scope of the Rand's quality-of-care study, which looked at 2,100 patient visits for three common conditions – ear aches, sore throats and urinary tract infections – and included only insured patients in Minnesota who were treated at CVS's Minute Clinic outlets. "Patients are at risk when they seek services from a health care provider who is not familiar with their medical history, health risks and other vital information," Epperly says.

The American Academy of Family Physicians and the American Medical Association take the stance that retail health clinics should complement, not replace, the work of physicians "who coordinate care over a spectrum of conditions with other health care professionals, and can perform much more sophisticated testing, diagnosis, treatment and procedures when appropriate," Epperly says.

Patients need to realize that the scope of services provided in retail clinics is narrow for safety's sake. Severe symptoms such as chest pain, bleeding, breathing difficulties and signs of stroke including sudden numbness, dizziness and trouble speaking, call for a trip to the emergency room. ©CTW Features

1/4 PAGE AD

1/4 PAGE AD

Many Americans suffer from back pain, but is there such a thing as relief?



BACK IN ACTION

By **PERRY GATTEGNO**
CTW FEATURES

Even when speaking to her for the first time, Beth McDonald sounds like a new woman.

In 1989, McDonald, a competitive gymnast, suffered a fall and tore the sympathetic trunk nerve in her left ankle. Her condition quickly worsened and traveled to her spine, leaving her in constant debilitating pain and requiring a surgical procedure called a lumbar sympathectomy. The pain persisted, fiery sensations racing up and down her legs.

"I felt like the skin was melting off my legs," she says.

Next came a series of operations and medications – nerve blocks, 25 pills a day, a constant thirst for morphine – until 1993, by which time the Orlando resident's spine situation had grown so painful she requested doctors amputate her left leg. The pain persisted.

By 2006, McDonald was nearly out of options. She had undergone 33 surgeries, seen more than 120 doctors and her pain still had a staunch grip on her life and everything in it. Her condition ruined a marriage, made her first pregnancy extremely difficult and prevented her from participating in even the most basic activities.

"I looked like a pretzel," she says. "I was all hunched

over in my wheelchair. I was looking at the floor."

Yet another trip to another doctor, Dr. G. Grady McBride, a spine surgeon at the Orlando Regional Medical Center, presented what he calls a "quasi-salvage procedure," one that he had performed a number of times with varying degrees of success: an implantable device called a neurostimulator.

"When I first met her," Dr. McBride recalls, "she was a proverbial train wreck from a medical standpoint." Dr. McBride felt McDonald was a candidate for the neurostimulator due to her pain source in her legs, and after a quick trial he went ahead and fitted McDonald with one, which, similar to how a pacemaker regulates a heartbeat, intercepts pain signals on their way to the brain and modifies them into a "pleasant buzzing" sensation, Dr. McBride says.

The results were as swift as they were dramatic.

"Within a month, she was off all narcotic rugs," Dr. McBride says. "That's the real test. When she came back in, she was like a whole new person. When she came back in, I almost didn't recognize her.

"With somebody like that, any success you can get you just thank God for because you just never really know," he continues. "It had to be one of the most rewarding and incredible results from doing this procedure."

"I'm really happy and I'm not crying all the time," McDonald says. "I can spend time with my family now. I can do what they do. I got to walk up the White House. I'll never be able to participate in gymnastics again, but I can watch my children do it."

Fortunately, most people who suffer from back pain do not experience as extreme symptoms as McDonald did, nor do they require surgical procedures. After all, studies estimate as much as 80 percent of America's population has suffered from back pain at some point in their lives.

"More people have back pain than don't have back pain," says Dr. John Ratliff, an associate professor of neurological surgery at Thomas Jefferson University Medical College, Philadelphia, and a member of the American Association of Neurological Surgery.

Because the back and spine are a complicated system of bones, nerves, joints, muscles and jelly-like support structures called discs, it is extremely difficult to pin down exactly what causes a person's back pain. Doctors will often examine patients in order to eliminate possibilities rather than pinpointing the specific pain generator.

"You can see the anatomy. The problem is you can't see pain," says Dr. Louis Jenis, a neurosurgeon at the Boston Spine Group and Tufts School of Medicine. "That's why there's so much research into diagnosis rather than just treatment at this point."

Most back pain that occurs when sitting is a result of a disc condition; pain from stretching or activity is often a muscular issue; pain caused by extending the back usually is symptomatic of a problem with the facet joints, which rest between vertebrae in the spine.

Patients should not expect a definite answer from their doctor on the first visit, Dr. Jenis said, a thought Dr. Ratliff corroborates.

"One size does not fit all," he says. "There's not one solution for back pain." Generally, a doctor will analyze a patient's location of pain, injury and illness history, and any movements or body positions that relieve or exacerbate the pain in order to determine possible causes and treatments. For most people, Dr. Ratliff says, back pain can be relieved through core body strengthening and light physical therapy. He often advises patients to take no more than a day or two of rest to allow any acute irritation or injuries to wear off and then to resume physical activity. Staying in bed for extended periods is a bad idea, he says, since inactivity leads to a loss of conditioning and weight gain, two factors in causing back pain.

"The whole global picture of not participating in daily activities leads to a nasty cycle," Dr. Ratliff says. In order to maintain the benefits of such conditioning, patients must stick to a consistent plan.

BODY & MORE ISSUE NO. 1 2010

“As you work that, you get some relief from your back pain, Dr. Ratliff says. “It’s not a magic bullet. It’s not like you’re 15 years old again. If you stop training, all those gains you’ve accrued will be lost.”

Sometimes beginning activity again may cause some more pain, but Dr. Jenis says that’s the price you pay to get back in shape.

“Back pain does not mean that they are hurting themselves,” he says. “Back pain does not mean they are at risk at developing chronic symptoms. The best way to deal with back pain is to keep using it.”

Before resorting to surgery but after exercise has failed to relieve symptoms after a couple months, Dr. Ratliff and Dr. Jenis recommend seeking a second opinion from a specialist such as a physiatrist or sports medicine doctor, engaging in aquatic physical therapy, receiving injections into a pain source to see if a temporary cure is all that’s necessary, or receiving ablation therapy, a treatment, Dr. Jenis says, that uses “high radio frequency waves in an area such as the facet joint to de-energize the area.”

Acupuncture is effective for some patients; Dr. Ratliff says he has patients who put off surgery for years using the treatment. Ultimately, at least 90 percent of those with back pain do not need surgery.

Only after at least two months of chronic symptoms would Dr. Ratliff even consider surgery for a patient, unless other warning signs such as loss of bowel control or severe neuropathic leg pain like McDonald’s manifest, the very pain that suggested to Dr. McBride that a neurostimulator could be the key to her relief.

“Surgery is always your last resort,” Dr. Ratliff says.

For McDonald, the pain based in her spine required 34 last resorts. But sheer perseverance got her through her plight, and now she has a boyfriend, a new baby, a prosthetic device that allows her to walk and a fresh start.

“I spent 17 years with a very hard life and a lot of pain, but you never give up,” she says. It sounds like a movie, and it may be one eventually. Paramount Pictures is currently negotiating for the rights to McDonald’s story.

“My boyfriend keeps telling me we should look at Sissy Spacek [to play me], but I was 22. I don’t know if they can use that much makeup,” she laughs.

McDonald’s best advice for others dealing with pain like hers is that narcotics are a permanent answer, and that the marvels of modern technology can provide one provided they keep searching.

“No matter what you go through in life,” she says, “there’s always sunshine on the other side if you stay strong and stay positive.”

© CTW Features



1/2 PAGE VERTICAL AD



Yes You Can

With the rise in super-coupons, local foods, farmer's markets and buying in-season and in bulk, canning is coming back – here's how to get started

1/4 PAGE AD

1/4 PAGE AD

By **BEV BENNETT**
CTW FEATURES

Productive therapy is how Amy Grisak refers to home canning.

“There’s nothing more pleasant when it’s 20 degrees than to have the kitchen warm and you’re making jam,” says Grisak, a garden writer and food lover who lives in Great Falls, Mont.

Although Grisak has been putting food by since she was a preteen, many adults are returning to this craft after some years or trying it for the first time.

However, the motivation is different from the past when many fruits, vegetables and condiments weren’t available year round unless you preserved them, says Brenda Schmidt, brand manager at Jarden Home Brands, marketer of Ball fresh preserving products.

Consumers are embracing food preserving as local, green, healthy and adventurous, according to Schmidt, who uses the phrase “fresh-preserving” instead of canning.

It might not be a benefit that comes to mind, but canning also allows you to have convenient ingredients for meals.

“We’re seeing a lot of consumers who are interested in a local, sustainable lifestyle, eating local produce. Fresh preserving allows them to follow this lifestyle,” says Schmidt, of Daleville, Ind.

Parents like Grisak, who are concerned about what they’re feeding their families, also are fresh-preserving food.

Grisak cites the box of apples sitting in her garage, waiting to be turned into jars of applesauce for her two young children.

“I want to know what’s in the applesauce. When I make it I have control over what my household is eating,” says Grisak, who also makes no-salt tomato sauce to promote

her family’s well-being.

Despite the image of food bubbling away on a stovetop, adding to the electric or gas bill, the eventual energy savings are worth it, according to Grisak (visit her at www.amygrisak.com).

“The initial outlay is the hot-water bath or the pressure canner (see sidebar). But then you don’t have the expense of a freezer,” she says.

Having the ingredients for dinner lined up in an attractive display on the shelf and not in a freezer, is especially appealing to Grisak’s family because they experience frequent power outages.

“That’s a big reason for canning today. You have the chance of a severe winter storm knocking out power and you lose everything,” she says.

Having dinner ready with the flip of the wrist is a selling point as well.

If you forget to thaw food from the freezer, the meal will be late to the table. If you have a jar of homemade spaghetti sauce in the cupboard, you’re good to go.

With all the advantages described, you may be tempted to try home canning.

Think about whether you’ll want to do it for several years before you spend your money, says Rita Ussatis, an extension agent with North Dakota State University, Fargo.

You’ll be investing in jars and lids specifically designed for safe food preservation, along with large cookware for either water-bath or pressure canning, according to Ussatis.

You’re less likely to lose your enthusiasm if you start with easier projects your family enjoys.

Tomatoes, pickles, jams and jellies are the top choices for fresh preserving among Ball consumers, according to Schmidt.

Learn the basic fresh preserving terms (below) then check reliable resources for information on safe canning in your part of the country. © **CTW Features**

1/2 PAGE AD

Can-ipedia: A Look Inside the Jar

By BEV BENNETT
CTW FEATURES

Canning (or fresh-preserving) jars: Jars and lids that create a seal during processing to prevent oxygen from seeping into the food. Ball and Kerr brands are the two you're most likely to find in supermarkets, hardware and mass-merchandise stores.

High-acid: Foods, such as pickles contain enough acid (a pH of 4.6 or lower) to prevent the growth of Clostridium botulinum bacteria, which could cause serious illness. You may use water-bath methods to fresh-preserve high-acid foods.

Experts used to put tomatoes in the high-acid col-



umn but are finding that new sweet varieties may not qualify. Check with your local cooperative extension service for recommendations.

Low-acid: Foods that don't naturally contain enough acid to prevent the growth of dangerous bacteria. Vegetables as well as, meat, poultry, dairy and many mixed foods are low-acid. Again, check with your cooperative extension service for advice.

Pressure canners: Large kettles deep enough to hold quart-size jars. The kettles, which are designed to process food under pressure, often feature turn-on lids with gaskets and dial gauges for indi-

cating pressure. Pressure canners should include removable racks, an automatic vent, a vent port (for steam) and a safety fuse. Buy a new model, not a relic from a garage sale.

You'll find a good step-by-step description of pressure canning at:

www.uga.edu/nchfp/publications/uga/using_press_canners.html

Water-bath or boiling-water canner: Large pots with fitted lids and removable racks so you can easily insert and lift out jars. The canner has to be deep enough that the jars are covered with an inch of boiling water during processing.

You'll find a good step-by-step description of boiling-water canning at: http://www.uga.edu/nchfp/publications/uga/using_bw_canners.html ©CTW Features

Canning Cautions

Your grandmother's pickles bring a flood of wonderful memories.

However, that doesn't mean you should follow her recipe.

"People need to use current research-tested recipes," says Rita Ussatis, a food and nutrition expert with the Cass County extension office in Fargo, N.D.

You can play around with ingredient proportions when you're making a soup or stew, but stick with the recipe when you're preserving food, Ussatis says.

If you alter a recipe, you could reduce its acidity, allowing bacteria to grow.

And if you're preserving produce, check with local extension experts, even if

you're not a novice. The acid levels in fruits may change depending on the soil, weather and other conditions. You'll have to make adjustments to your recipe. Altitude also influences canning procedures. The directions from your cousin in New Orleans wouldn't be appropriate if you're living in the high altitude of Denver.

For example, cooks in Ussatis' area are advised to add two tablespoons lemon juice to every quart of tomatoes they preserve. The formula may be different elsewhere.

Don't assume that home-canned foods have a longer shelf life than commercial products.

Enjoy your efforts within a year, Ussatis says.

1/4 PAGE AD

1/4 PAGE AD

1/4 PAGE AD

1/4 PAGE AD

1/4 PAGE AD

1/4 PAGE AD



EMO LIPO

FORGET YOUR THIGHS AND POST-BABY BELLY FAT. THE LATEST, GREATEST PLACE TO GET LIPOSUCTION IS IN YOUR BRAIN

By **JEFF SCHNAUFER**
CTW FEATURES

The scream, Gary J. Clyman recalls, sent a chill through everyone in the room.

Clyman was holding a personal power training workshop in Portland, Ore., in the late 1980s when

a Vietnam veteran volunteered for a treatment Clyman would later dub “emotional liposuction.” Lying on a table, the veteran allowed Clyman to touch various spots on his body. Using his energy, or jing, to reach out to the man’s stored emotions, Clyman touched an area right by the hip, even with his pubic bone.

“I put pressure. It wasn’t a lot of pressure. But he was able to pop,” Clyman recalls. “He was a captain who lost his entire platoon and blamed himself for their deaths. He let out one guilt screech. It shot a chill through everybody in the room. He felt different on the spot.”

During the past 20 years, Clyman has perfected this art of “emotional liposuction” out of his Chicago offices, extracting emotions of rage, anger, bitterness, grief, sorrow and others from thousands of patients from all walks of life. His clients have included children, grandmothers, stock brokers, geniuses, rape victims and drug smugglers. Some have come from as far away as Europe for his help.

“The most common treatment is anger or rage. One hundred percent of our population has anger or rage,” Clyman says. “Next is abandonment at 50 percent. Next is bitterness at 25 percent. Guilt and sorrow is 10 percent.”

Clyman’s “emotional liposuction” technique uses chi kung combined with a knowledge of several

spots in our body that store emotional pain. Using his jing, or internal power to create healing vibrations, Clyman says he can suck out the emotional cause of illness, disease, pain, depression and other ailments into his arms, which he then washes off with cold water.

“My chi kung practice creates an internal vacuum,” Clyman says. “When I touch somebody, the emotional point is activated and then I suck it out until it’s empty and does not hurt anymore.”

Before he met Clyman, Chicago developer Terry Harb was suffering from sciatic back pain so intense that three different doctors recommended surgery.

“I had a back brace when I came into his office,” Harb, 42, recalls. “Gary touched a bunch of points on my body. Each one of those points he touched where I felt severe pain, he said it was an issue point. The points held anger, rage, abandonment. He told me it was all related to stress. The stress was related to my developing business going under. Each point that he touched that was painful, he would jab at it and I would make a different type of scream or yell until the pain went away.”

And the result?

“I kid you not, when I stood up, I was able to kick over my head, which I was not able to do in more than a year and a half,” Harb says. “I put the back brace in the back of the car and never used it again. I asked him about a follow-up and he laughed at me. He said I did not have to come back.”

While Clyman discovered his own brand of “emotional liposuction” on his own, energy healing and touch therapy have been around for centuries, if not millennia.

“It has its roots in chinese shamanism, as well. You can read old books where they suck emotions out of people and they put it into rocks,” says

William Goit, a licensed acupuncturist in Laguna Hills, Calif., who learned emotional liposuction from Clyman. “To be able to change or affect the emotions is common in chinese medicine. Internal organs are thought to store emotions. The liver is anger. The heart is joy. Abandonment is right over the heart, in the sternum. Bitterness is in the pit of the gut. People talk about feeling bitterness in the gut all the time. But on the other hand, nobody else is doing this but Gary. He’s repackaged it and made it accessible to Western minds. Emotional liposuction is his baby.”

At first, Goit says, he could not envision himself performing emotional liposuction.

“It’s a seemingly brutal procedure,” he says. “The release of this internal emotional turmoil, it hurts. They are hanging onto their pain. You’re overpowering the patient’s will to hold onto the past, their negative emotions, and free them to go into the present. You project your jing or vitality into the body, activating and exciting that latent emotion, and sucking it out.”

“It’s not the most comfortable procedure,” agrees Stephanie, 39, of Orange County, Calif., who received emotional liposuction from Goit for depression, insomnia and grief over the loss of her mother. “It’s painful. It’s like someone giving you a super deep tissue pressure in your abdomen and ribs. My eyes were tearing.”

Despite the pain, Stephanie says she felt “a sense of relief or letting go” during her emotional liposuction. Combined with acupuncture, chinese herbs, the treatment allowed her to stop taking antidepressants and sleeping pills. “It’s not like I walked out and I was a new person,” she says. “But I think it helped.”

“It’s like having a truck rolling off of them,” Goit

says. “It’s an amazing treatment.”

Although Goit has only treated some 200 patients with emotional liposuction, compared to the thousands treated by Clyman, he has seen some amazing changes, including a visit from a male nurse from El Salvador, who was gay.

“I was removing his sorrow, located just to the left of the nipple, below the armpit,” Goit recalls. “I asked if he had a tough relationship with his father. He really broke down. He got real quiet and he suddenly was in the place where he told his parents he was gay. His parents reacted badly. But he’s way more comfortable with being gay now. That was very gratifying.”

While Goit says emotional liposuction is potentially for every one who can handle the pain, he is careful not to call it a permanent solution.

“It’s like getting your teeth cleaned. It’s not like you never have to brush your teeth again,” Goit says. “In many ways it’s a starting point, not an ending point. Then they learn how to be without those feelings from the past. Not to bring them back. I can tell you people whose lives have changed dramatically. On the other hand, I’ve treated people who did not change at all. It’s like that with every therapy.”

Goit also notes that he does not have as much experience in emotional liposuction as Clyman, who touts single treatments of emotional liposuction.

“They feel better and it lasts a long, long, long, long time,” Clyman says.

For her part, one dose of emotional liposuction was enough, Stephanie says.

“I think you only have to do it once,” she says. “It’s not like you’re going to suffer forever.” Then she laughs and adds: “It’s not like chiropractic work.”

© CTW Features

“I put pressure. It wasn’t a lot of pressure. But he was able to pop. He was a captain who lost his entire platoon and blamed himself for their deaths. He let out one guilt screech. It shot a chill through everybody in the room. He felt different on the spot.”

—Gary J. Clyman



FULL PAGE AD