

Inside this Month: Assistive listening devices offer hearing help

# Healthy Lifestyles

July 9, 2008

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A publication of Southern Dutchess News & Beacon Free Press

# Use these tips to start a vital exercise program

**By Jan Labriola**

People who engage in moderate physical activity, the equivalent of walking 30 minutes a day, five days a week live about 1.3 to 1.5 years longer than those who are less active. Those who exercise more intensely, such as running half an hour a day, five days a week extend their lives by 3.5 to 3.7 years.

According to the Framingham Heart Study, not only does exercise make a difference in how long you live, but also how long you live a healthy life. Physical activity can reduce your risk of chronic disease, improve balance and coordination, help you lose weight, even improve your sleep habits and self-esteem.

Getting started on a fitness program is one of the best things you can do for yourself, but may also seem overwhelming.

Here are a few tips to get you moving.

- Build activity into your daily routine. Finding time to exercise can be a challenge. To make it easier, schedule your exercise time just as you would any other appointment. Start with a program that is doable for you.



Jan Labriola

If you attempt too much, too soon, it can lead to soreness, fatigue, and injuries. Work at your own level. Start slowly and gradually, increasing the duration and level of difficulty as your body progresses.

- Seek support. Finding a fitness partner, coach, or group increases your likelihood of adhering to your program. You keep each other accountable, committed, motivated, and encouraged to stay strong.
- Choose activities that you will enjoy. Experiment with different forms of activity, alternating new

## EXERCISE RULES

activities with old favorites. Join a health club, take a hike, swim, ride a bike, or lift weights. Indoors or out you can find way to mix it up and keep your enthusiasm high.

- Listen to your body. Many people start exercising with frenzied zeal, working out too long and intensely, and then give up when their muscles and joints become sore or injured. Plan time between sessions for your body to rest and recover.

Start cautiously and progress slowly. If you are just beginning to exercise, have an injury or

medical condition, see your doctor. Consult a fitness trainer to help you design a program that gradually improves your range of motion, strength and endurance.

If you lose motivation, start new goals or try a new activity. Beginning a fitness program is an important decision. Plan carefully, pace yourself and you can establish a healthy habit that will last a lifetime.

*Jan Labriola is the General Manager of All Sport Fishkill. She holds certifications in personal training and group exercise.*

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# Oral hygiene provides important indications to body's health issues

**By Rich Flaherty**

**HOPEWELL JUNCTION** – Exercise and diet are important components for maintaining optimum health, but not many individuals realize that maintaining proper oral hygiene is also a vital part of the equation.

“It has been my observation that people who keep their teeth live an average of 10 years longer than people who lose them,” said Dr. Charles Mayo, founder of the renowned Mayo Clinic in Rochester, Minnesota. One of the exciting advances in dentistry has been an increased understanding of the impact of oral health on the rest of the body. Dentistry has entered a new era of protecting and enhancing people's lives.

“The body is truly connected in ways we are just now beginning to understand. There is no question that the key to good health is in understanding the connection and relationships between the mouth and the rest of the body,” said Dr. Paul S. Taxin, DMD of Hopewell Junction. “Things as varied as migraine headaches to colon cancer can be aided by optimal health of the mouth. It is time to stop ignoring the importance of good oral health. Even if none of the systematic implications were there, we would be helping

people to save their teeth.”

Taxin is a graduate of the Las Vegas Institute. He is a member of the Academy of Dental Sleep Medicine, Academy of Laser Dentistry, American Academy of Cosmetic Dentistry, Fellow in the Academy of General Dentistry, Member of Docs (Sleep Dentistry) and a member of the American Dental Association. He also works with a Neuromuscular/Aesthetic study club.

Dr. Taxin is working to “build a bridge between the medical and dental communities” for the benefit of patients. The emerging “Oral-Systematic Connection” helps doctors to avoid the problems associated with the failure to diagnose and treat important medical diseases related to the presence of chronic oral infections.

The mouth is the gateway to the body and we rely on it daily for nutrition, life support and communication. Veterinarians will look first into the mouth of a horse to assess the overall health of the animal. A tooth infection or abscess can affect other parts of the body. Those with heart conditions, or who are about to have heart surgery are treated first with antibiotics before any dentistry is done, so that the bacteria from the mouth does not travel through the bloodstream to



**Dental hygienist Mary Jane Hernandez works with a patient to alleviate gum disease.**

*photo by Curtis Schmidt*

damage the heart. The bloodstream is a two-way street, a new factor emerging significant to total health.

Richard G. Samaha, MD, describes how the mouth and body are inter-related. “Because it is part of the digestive system and the gateway to the body, the mouth is filled with over 500 different micro-organisms, more than any other part of the body except for the intestine.”

Most are useful, but some, especially the anaerobic bacteria that avoid air and live in deep crevices, can cause harm if allowed to penetrate the gums and enter the bloodstream. “That little bit of bleeding that comes

with brushing your teeth and bad breath in the morning, can be a sign that you are under attack by harmful bacteria.” While pink gums are a sign of good health, red puffy gums are a sign of inflammation, linked to a host of serious diseases. Often, periodontal disease is present even when the gums appear healthy on the outside. Professional dental evaluation is necessary to determine the presence or absence of periodontal disease.

Dr. Taxin practices an aggressive state-of-the-art approach in the region's only Center for Dental Medicine,

Continued on pg 6



**A dental hygienist performs a finger stick to screen for diabetes.**

## Shoulder pain: Preventable injuries and simple solutions

By Catherine Bolton, LMT, CPT

Many people suffer daily aches and pains. These can range from being slightly frustrating

annoyances to chronic debilitating problems. Although aches and pains limit one's quality of life, they can easily be prevented through education and simple lifestyle



Catherine Bolton

adjustments.

Can tight shoulder muscles cause headaches, neck and arm pain or tennis and golfer's elbow?

Yes!

During my years of practicing as a Licensed Massage Therapist and also as a personal trainer, I've found tight shoulder muscles to be the leading cause of upper body pain for most individuals.

My goal is to provide a basic understanding of how the shoulder joint works and how weak or injured shoulder muscles can lead to various problems such as: rotator cuff tears/surgeries, headaches, frozen shoulder, nerve impingement, tennis and golfer's elbow, tendinitis, thoracic outlet syndrome, neck pain, carpal tunnel, bulged/herniated discs, painful trigger points, bone spurs, bursitis, limited range of motion and "unexplained" pains,

The arm is connected to the body by over 13 different muscles attached around the shoulder joint. Each muscle has an individual job of pulling the arm in the specific direction that the brain signals. During any arm movement, these muscles need enough strength to hold the arm securely in the joint, while also counter balancing the opposing force created by other contracting muscles. Therefore, all shoulder muscles need to work together to pull on the arm evenly. This

## FIT FOR LIFE

prevents uneven wear and tear, joint dislocation, nerve impingements and shoulder pain.

Although any of the shoulder muscles can cause discomfort, as a Shoulder Specialist, I've found some specific issues to be common among many of my clients: knotted muscles, lack of strength and trigger points in the four rotator cuff muscles are the leading cause of shoulder problems. By understanding how the arm moves, it's easy to see how quickly weak muscles create an uneven pulling force, which not only causes pain at the shoulder, but also radiates to the head, neck, arms and hands. This can especially occur from repetitive activities in occupations that require your arm to be held up for long periods of time. Some of these include painters, construction workers, hair dressers, jobs requiring several hours of computer work, bus drivers, dentists, musicians, massage therapists, surgeons or athletes (particularly baseball players).

So, how can pain be taken away....and if there's no pain.... how can tight muscles and limited range of motion be improved?

It's simple. Prevent problems by acknowledging your body's daily warning signs. Your brain informs you when some (or all four) of the shoulder's rotator cuff muscles are lacking strength and being overworked. It does this by sending basic signals: fatigue, aches and pains, headaches, numbness, swelling, tight/sore muscles, tingling, or even pain-free, limited range of motion.

When these signs are ignored,

the brain activates trigger points in the muscle. These hypersensitive, knotted areas will continue to cause discomfort until these sore spots are resolved. A multi-faceted approach is best used to eliminate the pain that's then caused. Trigger Point Therapy first deactivates these painful areas, Therapeutic Massage works the knots out of the rotator cuff muscles and proper exercise instruction helps replenish the strength in the shoulder. Combined, these therapies "reprogram" the brain to stop sending pain signals. Without care, continuous overuse/strain predisposes the muscles to any of the injuries listed earlier and an overall decreased comfort level and quality of life.

Maintaining the muscular system can easily be accomplished through the simple solutions available to us all: regular exercise, eating right, getting massages, having regular health check-ups, seeing a Chiropractor, Yoga and getting plenty of rest.... essentially, creating a healthy balance between all aspects of your life.

Our lives can become very busy and taking proper care of ourselves can be a continuous challenge. But remember: "It's not the amount of time you spend taking care of yourself, it's what you do with the time you have that matters most!"

*Catherine Bolton is a licensed massage therapist and personal trainer. She works at Sport and Wellness in Hopewell Junction. Contact her at Catherinebolton@frontiernet.net.*

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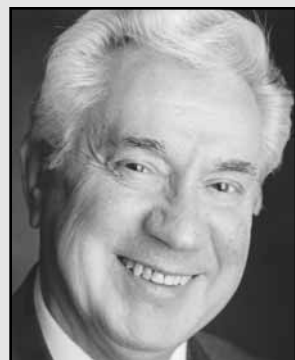
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# Assistive listening devices work with or without hearing aids

**By Dr. Lori Biasotti**

Assistive listening devices are devices, other than hearing aids, that are used to help a person with hearing loss to hear better.



**Dr. Lori Biasotti**

They can be used sometimes instead of hearing aids and sometimes in combination

with hearing aid aids. Here are some of the most useful assistive listening devices.

### TV Ears

For TV, a head set that is used with an infrared transmitter works well. TV Ears is one example. It is used without hearing aids.

You may also bring your headset to the movies or a theater that has an infrared set up. The headset is wireless and sound is transmitted by infrared from a box that is plugged into the TV. The headset has a volume control and stays on the charger when not in use. Many patients

like this product very much. Also take advantage of closed captioning on TV.. Even if you hear "most" of the words having the words there will allow you to fill in when you miss something. Closed captioning makes watching TV more relaxing and enjoyable.

### Phone amplifiers/amplified phones/captel

There are many good amplifiers out there that attach to your existing phone. You can also purchase a phone, cordless or not that has different levels of amplifiers built into the phone, with a volume control. Since the signal is amplified, it will also amplify the signal needed for the telephone setting on some hearing aids. This is what hearing aid compatible means. Another great product is the CapTel phone.

In N.Y. state there is a free service that when combined with this phone allows you to see the conversation (typed words) on the screen of this phone. It even has a built in amplifier. It works very

## HEARING HELP

well for outgoing calls (calls you make). For incoming it gets a little tricky where the person calling you needs to call the CapTel 800 number first. The CapTel service also now works with your own phone and a computer. It is free. You just need to register with Hamilton CapTel.

### Doorbell, fire alarm, phone alert systems

Doorbells, phone ringers and fire alarms can be made louder or can provide a visual (light) alert. Sometimes they have there own light source or they can be attached to a lamp. A pillow vibrator can also be hooked up to a clock alarm or a smoke detector.

### FM Systems

F.M. systems are used in noisy places or when you want to hear a lecture and cannot sit right near the lecturer. They are usually used in combination with hearing aids. A microphone/transmitter is placed near the person speaking,

with the receiver attached to the hearing aid. This allows for a better signal to noise ratio, thus making it easier to hear in adverse listening environments. Children with hearing loss often use F.M. systems in the classroom.

Some types of assistive listening devices can be ordered online or from Radio Shack. Consult with your audiologist and she will assist you with ordering the appropriate assistive listening device for you. Having a hearing evaluation by an audiologist will help her to determine what device(s) would be helpful.

*Lori Biasotti, Au.D., Audiologist, has a private practice audiology/hearing aid dispensing office called Family Hearing Center in the Hudson Valley Towne Center (near Charlie Brown's) at 18 Westage Business Center Drive in Fishkill. Call (845) 897-3059, or visit the website at [www.familyhearing.org](http://www.familyhearing.org).*

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## Taxin Dental checks chronic oral inflammatory diseases

Continued from page 3

treating chronic oral inflammatory diseases known to increase risk factors for medical problems. He has created strong alliances and works closely with many physicians in the regional medical community to help them elevate their care of patients.

The current medical/legal, standards of care have shifted to mandate multi-disciplinary management of compromising medical conditions. "Given the impact of the systemic changes tied to the mouth, we are actually able to save lives," he said.

Dr. Taxin said there are many recent studies that show "the links between gum disease and problems with your body, including high blood pressure, stroke and diabetes." Some types of cancer have also been linked to gum problems in the mouth. "If there's inflammation in your mouth, then there's probably inflammation in your body."

Dr. Taxin said Dr. Mayo "was way before his time" in commenting about the connection between oral health and longevity, about 80 years before medical and dental studies were released on the subject. "We do diabetes screening in this office." He will send patients for additional testing, if needed. His office conducts bacterial testing on a patient's gums "every so often if we have a resistant gum infection and to get it under control."

He said there have been many studies completed that show if your gums are healthier and you're a diabetic, it's a lot easier to keep one's sugar under control. There are also studies involving pregnant women and the link with pre-term low birthweight babies and gum disease. "Medical companies have started to pay for extra cleanings for pregnant women." He emphasized, "that's not dental insurance, that's medical insurance" paying for the extra teeth cleanings. Medical insurance is also starting to pay for extra oral cleanings for diabetics, including Aetna and Cigna.

Dr. Taxin said, "when they (insurance companies) start



**Dr. Paul Taxin reviews pharyngometer results, which indicate the amount of airway space.**

going that way, other carriers will start to follow, because they recognize that it's better to keep a patient healthy, which ultimately keeps their costs down."

Keeping the teeth clean and reducing bacteria "can make a huge difference." He also said it's important to be screened for oral cancer, which can be life-threatening.

Dr. Taxin said his dental practice informs his patients' doctors if there is a serious form of gum disease. "We will stay in touch with people's physicians" to alert them. He said there aren't that many dental practices that do this type of referral.

Previously, periodontal disease was considered to be an oral problem only, but in the last few years research has shown that it increases the risk for a number of serious diseases including heart attack, stroke, diabetes and negative pregnancy outcomes.

Some of the signs and symptoms include: pain in your mouth, gums bleed when you

brush your teeth or eat hard food, spaces developing between your teeth, gums feel swollen or tender, gums are receding or your teeth appear longer than before, persistent bad breath, pus between your teeth and gums, change in the way your teeth fit together when you bite

and sores that develop in your mouth.

The goal is to keep people healthy and to communicate warning signs. "It's not that we would treat high blood pressure on our own," said Dr. Taxin. "We would refer that to the physician. We can be very helpful for people



**Dr. Paul Taxin displays a Somnomed sleep apnea appliance.**

to live a longer, healthier life. It's more than just teeth."

Dr. John Reed, a family physician with New Windsor Family Medicine said his office has a referral on an average of once a month. "We certainly get referrals from dentists. The diagnosis can be something other than oral." Sometimes it could be thrush in the mouth, caused by a fungus with the formation of milky-white lesions on the mouth, lips and throat. There could be a possible yeast infection, a deficient immune system, or maybe diabetes."

In some cases, a person with bulimia may develop oral complications and then would be referred to a primary care physician. Acid reflux can cause odor or dental problems as well.

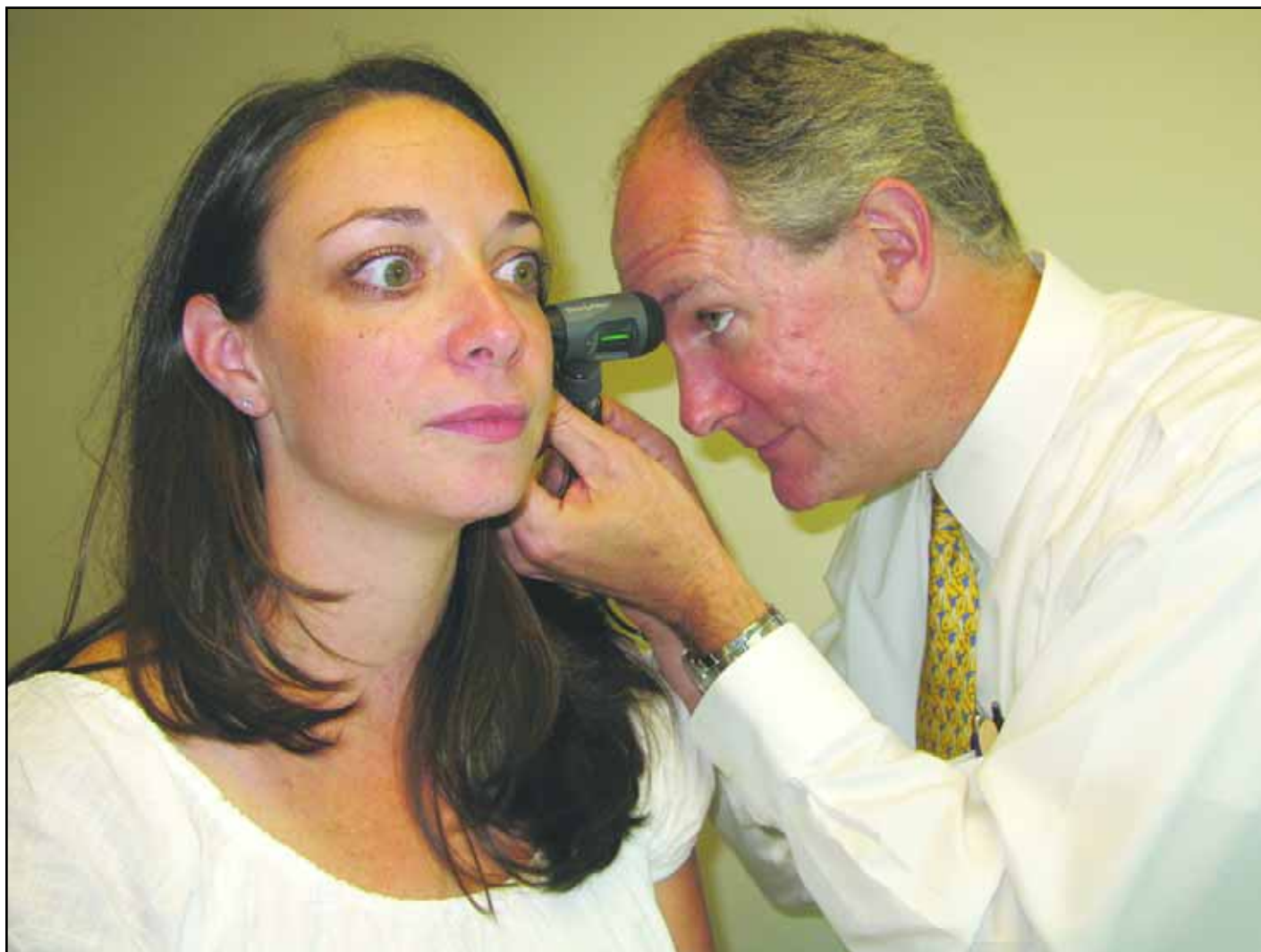
Dr. Reed said there have been occasions when "a patient complains of a tooth ache in the upper part of the mouth and the pain turns out to be a sinus infection." That patient would be referred to a physician.

He said some routine patient medical exams have revealed "terrible dental hygiene, which can lead to infections throughout the body." Dr. Reed said don't ignore symptoms. "When in doubt, check it out."

Dr. Taxin said the general feeling is that people think that their teeth are just their teeth. "They're really not connected to the rest of their body." But he emphasized the importance of dental and medical professionals working together to deliver quality health care. "Not only to help people smile and feel better about themselves, but to help people feel better and live a longer quality of life."

As a member of the Academy of Dental Sleep Medicine, Taxin is also versed in Obstructive Sleep apnea (OSA), a potentially life threatening condition that is more common than generally recognized. Over 20 million Americans suffer from OSA and don't even know it.

An apnea is when breathing stops for 10 seconds or more while you are sleeping. Coughing or choking sensations, which force you to wake up or "get elbowed" by your sleeping partner, are common signs of OSA.

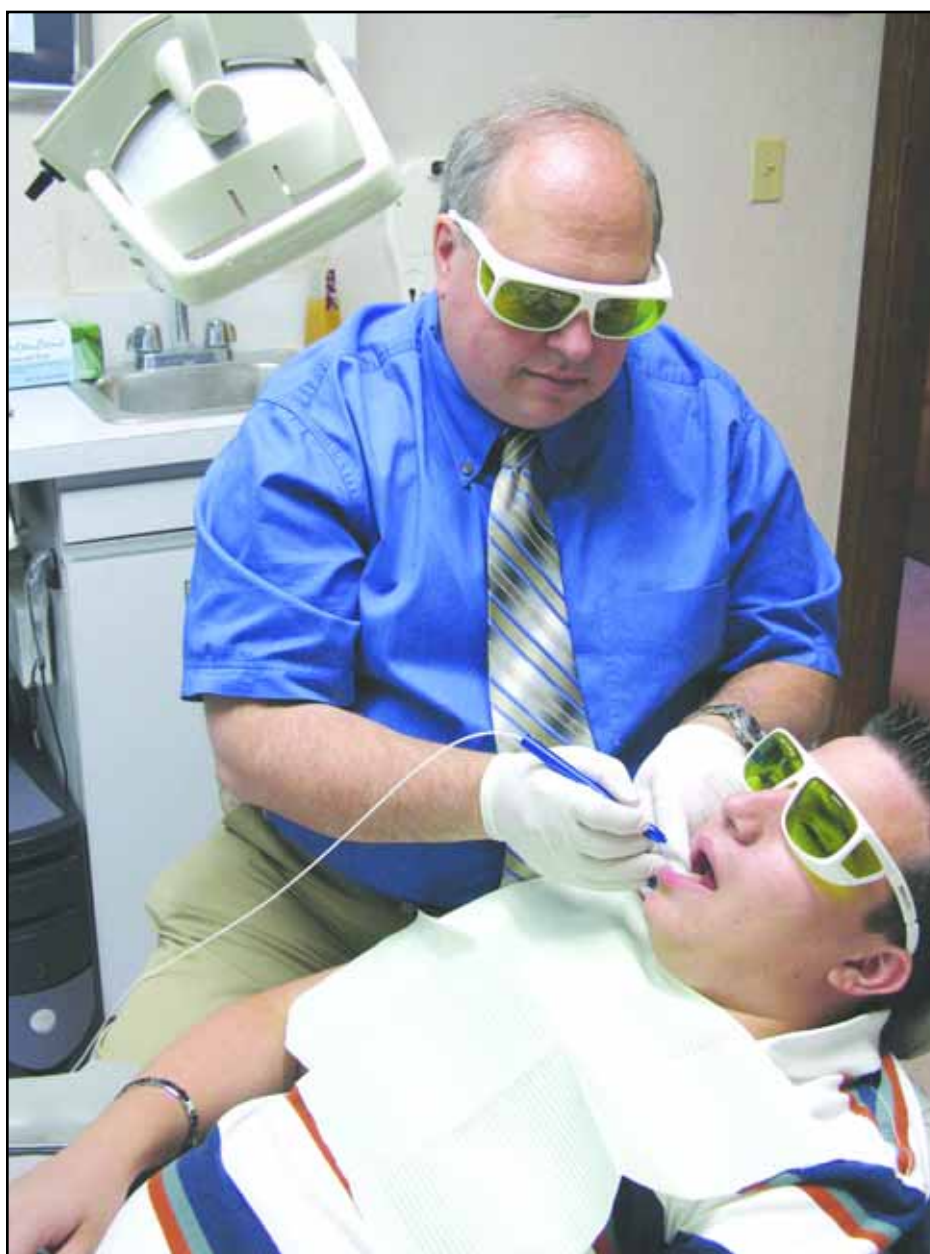


**Dr. John C. Reed of New Windsor examines a patient in his office.**

These abrupt disturbances during sleep place significant strain on your heart and cardiovascular system. Snoring is often associated with OSA, although not everyone who snores has this condition. OSA prevents air from reaching the lungs even though your body continues its effort to breathe. This condition is associated with higher risk for heart attacks and strokes.

Untreated sleep apnea can cause or worsen: high blood pressure and other cardiovascular disease, risk for heart attack, risk for stroke, pulmonary hypertension, weight gain, migraine headaches, memory problems, motor vehicle crashes, impotency and sexual dysfunction, depression, anxiety and job impairment. Treatment options include oral appliances therapy, a CPAP medical device that delivers air pressure through a facemask or nasal tube attached to a pump, or surgery.

For more information about dental or sleep apnea concerns, contact Dr. Paul S. Taxin, DMD, Hopewell Professional Building, 2 Jay Lane, Hopewell Junction, N.Y. 12533, 845-226-1376.



**Dr. Paul Taxin performs laser therapy on a patient in his office.**

# List of potential benefits grows for statin drugs

**By John Tighe, M.D.**

If you're one of the 12 million Americans now taking a cholesterol-lowering statin drug, you know the benefits. Your



**John Tighe, M.D.**

cholesterol has undoubtedly dropped, as has your risk of dying from a heart attack or stroke.

There's no question that the best method of improving

cholesterol and thereby lowering the risk of heart disease is through diet, exercise and not smoking. Yet, the fact remains that for the majority of Americans the most effective way to get their cholesterol to a healthy level is by combining these healthy habits with a cholesterol-lowering medication.

Studies have found that, depending on the drug and the dosage prescribed, statins lower LDL cholesterol by 10 to 60 percent. The landmark Scandinavian Simvastatin

Survival Study (1994), found a 42 percent decrease in deaths from heart disease among heart disease patients who took the statin drug Zocor.

About 10 percent of American adults are now taking a statin, and deaths from heart disease have fallen by 36 percent over the past decade. The case for statins has been made, but if you read the newspapers, you may have some questions regarding potential risks and benefits. While one headline shouts: "Statin: The New Wonder Drug," another asks: "Have the Benefits of Statins Been Oversold?"

On one issue, the evidence is clear. Nearly all doctors agree that for high-risk patients – particularly those who have had a heart attack – statins are an effective way to prevent a recurrence. Most doctors also prescribe them for other persons considered to be high risk – those with very high cholesterol or blood pressure, diabetes or those with family history of heart disease.

Even for persons considered at low risk of a heart attack, some

## DOCTOR IN THE HOUSE

studies show a 30 percent decreased risk associated with statin use. But since the number of heart attacks in this group is low anyway, the value of that benefit has to be questioned.

Results from the ongoing West of Scotland Coronary Prevention Study found that men taking pravastatin had a reduced risk of having a heart attack or dying from a heart-related cause for at least 10 years after they stopped taking the drug. This was probably because the drugs have benefits beyond merely lowering LDL cholesterol.

Studies have shown that the effect of statins on plaque deposits is small compared to their effect on LDL cholesterol. Yet statins start to work within a matter of weeks.

Doctors now believe that, in addition to lowering LDL cholesterol, these drugs may work by reducing inflammation and oxidation, improving the healthy dilation and contraction of blood vessels and preventing the breakdown of existing plaque deposits that often leads to the formation of blood clots. These actions may explain some of the unexpected benefits of statins.

Subjects in the West of Scotland study who took pravastatin had a reduced incidence of diabetes compared to those taking placebo. Those with organ transplants had a reduced rate of rejection. And women taking statins had greater bone density than other subjects.

A study of nearly 25,000 heart


failure patients found that those who took statins over a two-and-one-half year period were 43 percent less likely to die than patients not taking statins. In another study, patients with a dangerous heart arrhythmia taking statins were 78 percent less likely to die compared to those not taking statins.

With a growing list of potential benefits, some observers have begun to talk of statins as miracle drugs and to recommend widespread use. You may have heard similar claims in the past for substances such as vitamin E or ginkgo biloba. In fact, all drugs come with a risk of adverse, as well as beneficial, effects.

For statins, adverse effects include muscle pain and weakness and, in rare cases, a severe breakdown of muscle tissue that leads to kidney failure. The drugs can cause severe liver damage, and some recent reports have linked the use of one statin to neurological and memory problems. The most serious effects, of course, are rare.

While you should not be scared away from taking statins because of these potential problems, neither should you take lightly long-term use of any drug. Before prescribing a statin—or any drug—your doctor will look carefully at the risk-benefit profile of the drug being considered as it relates to your continued good health.

*Dr. John Tighe, cardiologist, is Medical Director of St. Luke's Cornwall Hospital's Cardiac Catheterization Lab.*



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# Ask questions and take control of your dental environment

**By Dr. Edward Prus, DDS**

When you go to a restaurant, you normally review the menu, then choose your meal, unless you know exactly what you want and simply order it. When you buy a car, you normally spend time discussing (if you're married) or reading up on what you want, then go to the appropriate location to narrow the selection. You likely ask lots of questions, if there are things you don't know, that you have previously determined are important to you.

If you were buying expensive clothing, you might browse and allow a salesperson to select an item for you. If the clothing were expensive (for you), you likely would resort to the questioning approach again.

What do you do when you go to the dentist? If you are getting something basic off the menu that you have had before, the answer

is simple. You know what you want and you get it (a prophylaxis and checkup, for instance). If you up the ante and are in the market for more expensive dentistry, how do you handle that situation? At what point do you start to ask questions? And, more significantly, what kind of questions will you ask?

Many times I have heard patients say, after they got dentistry they did not really ask for or expect to receive, that they did not know what to say or ask. Sometimes they assumed that what they had in their mind would be what the doctor was going to give them. Unfortunately, that is often not the case. These misconceptions can lead to frustration and aggravation on the patient's part. It does not have to be that way.

The most important fact to realize is that you have a right to know what is happening or going to happen in your mouth. You have a right to ask questions and have them fully explained. It is inherent in the doctor-patient relationship contract along with

## DENTAL HEALTH

other rights and obligations.

A lot of the fears associated with dentistry revolve around the "unknown." If there is going to be some pain, you may not know for how long and that makes it more stressful, hence, more fearful. If you are to receive a procedure, you may not understand it or its necessity; you may not know what the out-of-pocket cost will be. These fears may lie inside you, quietly creating apprehension, or they may flare up and directly keep you from addressing a dental problem. These are real and common concerns and need to be addressed by patients.

The best solution is to gain control of your environment by supplying yourself with knowledge. If you do not feel secure with your "purchase," don't automatically buy the product being offered. You would not buy a car that way, would you? Most dentists welcome smart questions from their patients, so ask them.

When you get your appropriate answers you will trust your judgment, feel secure with your treatment and learn to respect and enjoy your relationship with your doctor. And your doctor will learn to respect you more also.

This concept of gaining knowledge and, thus, control of your dental environment is at the core of all good and healthy doctor-patient relations. Take a big step to improve yours...ask questions. You will be a better dental consumer when you do.

*Dr. Edward Prus has had a Manhattan practice in cosmetic and rehabilitative dentistry for over 25 years and is now working in Hopewell Junction. His treatment strongly focuses on preventive therapies to maximize dental health. This Dental Health column explores a wide range of topics of consumer interest to help you make positive dental choices. Email him at [info@drprusdds.com](mailto:info@drprusdds.com).*



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# Risk factors contribute to sudden cardiac death

**By Dr. Craig Van Roekens**

As an emergency physician, one is privileged to see many miracles, some small and some great. Every day we and our team of techs, nurses, physician assistants, nurse practitioners and the entire nursing, and medical staff of our hospital can make a difference and help someone.

The tragedy is also our burden. We can not save everyone, we can not always predict illness, and we certainly can not always prevent disaster. The recent deaths in the media, as well as local events in our region, and in our communities remind us all of how quickly life can change, and of the fragile existence we all have.

Death from sudden arrhythmias can occur in normal patients, but more often there will be some indication of risk factors. Aside from genetic risk factors, the major modifiable risk factors have not changed for over 50

years, smoking, cholesterol, diabetes, and hypertension. The related risk factors of obesity and stress are well known.

Tim Russert's recent death, despite normal stress tests, despite good close medical regiment and follow up, despite being active, illustrates that the first symptom of a heart attack can be sudden death.

In his case, it resulted from a non-critical clot or plaque rupture. This happens to over 300,000 persons a year in the United States. The survival from sudden cardiac death ranges from less than one percent to upwards of 70 percent, depending upon the availability and timing of rapid defibrillation, as well as bystander CPR.

Defibrillator units cost just over \$1,000 are relatively simple to operate, and are becoming ubiquitous. Many states, including New York, have legislation about mandating defibrillators in schools and in some states, in public places, but even this alone is not the full answer.

Mr. Russert had CPR, and was defibrillated at least three times

## EMERGENCY ANSWERS

on his way to the hospital, but still could not be brought back to life.

George Carlin's death also had some elements of risk modification and lifestyle choices if not the same fatality and tragedy of Mr. Russert. Smoking is a choice. We have made it a more difficult choice by taxation and legislation, but it is still a choice.

More upsetting and tragic is when the young fall victim to sudden death due to activities of exertion. Usually, there is some congenital cardiac disease or silent heart conduction abnormalities. Prior to exercise, particularly aerobic or endurance events, it is important to see your doctor. Even then, there is no certain infallible manner to screen out all chance of sudden death.

Every day we make choices about diet, exercise, about following up with the doctor, and most importantly about how we choose to live our lives.

Please make the right choices


for yourself and for your family.


I will take my own advice, I am going home early to be with my family. And after that, I will make an appointment with my doctor for an annual preventive exam.

*Dr. Craig van Roekens is the emergency medical director of Vassar Brothers Medical Center, the busiest ED in Hudson Valley. A board certified emergency physician with over 50,000 patient encounters, and active regionally and at the state level in EMS and ED care, he cares about your health.*



Dr. Craig van Roekens






**by Ken Balasiano, R.Ph.**  
GETTING YOUR ASTHMA UNDER CONTROL

Asthma is a complex condition that requires frequent assessment and monitoring. As it now stands, effective control of this condition requires two steps. The first involves the daily use of an inhaled corticosteroid, such as beclomethasone (QVAR), fluticasone (Flovent HFA), or triamcinolone (Azmacort), to reduce underlying inflammation and prevent attacks. Secondly, a short-acting beta-agonist, such as albuterol (Proventil, Ventolin, and generic) or metaproterenol (Alupent and generic), is used in emergencies. According to the first-ever guidelines from the National Asthma Education and Prevention Program for managing asthma, medications should be stepped down when symptoms improve. If their asthma has been under control for at least three months, patients should ask their doctors about trying a lower dose.

This informative column is of special concern to asthmatics. If, after discussing it with your doctor, you still have questions, our pharmacist will gladly address any of your concerns. We're conveniently located at 8 Church St., Fishkill, 845-897-0636, and are ready to provide you with all your medications, health aids, and home health equipment and supplies. We're open M-F 9-6, Sat. 9-3. *We'll Always Make Time for You.* We offer a 24-hour prescription drop box and free local delivery. Ask about a senior citizen discount on prescriptions. Convenient parking is always available.

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HINT: The National Asthma Education and Prevention Program's new guidelines recommend stepping up medications when asthma symptoms worsen.



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# Symptoms are your body's 'check engine' light; A proactive approach to health keeps the light off

**By Dr. Jeff Saffir**

I recently read an article online that said over 50 percent of all insured Americans are on



Dr. Jeff Saffir

medication for chronic illness. This includes almost two-thirds of women 20 and older, one in four children and teenagers, 52 percent of adult men, and three out of four people 65 and older.

Among seniors, 28 percent of women and nearly 22 percent of men take five or more medicines regularly. When I first read these statistics I had two reactions - sadness and anger. This study should be a wake-up call to the public as a whole, yet life goes on with barely even an eyebrow raised. As long as we continue to think that "health" means a lack of symptoms, and by treating the symptoms we will be "healthy," we are in for more of the same.

Let's say you are driving down the road and your "check engine" light goes on. What are you going to think? Are you going to be concerned and bring your car in to have it checked? What is

the reason the light is going off? Would you even consider just covering up the light with black tape and going on your way?

Let's say the light goes off after a few days all by itself. What will you think then? Would you think that there must not be a problem because the light doesn't stay on? What if it comes back on eventually? Would you dismiss it because it happens intermittently? Maybe you know a lot of people that have their "check engine" lights on so you are not concerned because it must be "normal."

If when you were born you were given one car and one car only for the rest of your life, no matter what happened to it, would you take care of it? Unfortunately, most people in this country take better care of their cars than they do of their bodies.

Your body doesn't have a "check engine" light to alert you to problems. Your body has symptoms. Symptoms are your body's way of telling you that something is wrong and needs to be checked. There is no such thing as a normal symptom. If you are living with headaches, pain or stiffness, sleep problems, digestive problems, asthma, high blood pressure, etc., your body is

## SPINE OF THE TIMES

trying to tell you that something is causing it to act that way. The question is - are you going to listen to it?

A relative of mine recently had quite a scare with her health. She has had high blood pressure for many years and has been taking medication to control it. She doesn't fit the profile of high blood pressure as far as being overweight, smoking, or leading an unhealthy lifestyle. Instead of looking for a cause of her symptoms, she was put on medication. Turns out many years later she wound up having a tumor on the adrenal gland that had to be removed. Once removed, her blood pressure normalized. Did it really need to get to this point? By treating her symptom she almost wound up in a life-threatening situation

If we want to change our health stats, we have to change our thinking and approach. The U.S. is 13th in life expectancy compared to other industrialized countries. We have so much, yet we are so sick. By becoming proactive instead of reactive, and making better choices for a healthy lifestyle, we have the power to a very large extent to change the course of our health and life.

*Dr. Jeff Saffir has more than 12 years of experience in chiropractic and wellness care. He owns and operates Advanced Chiropractic in Poughkeepsie. For questions, call him at 485-5656 or send an email to [jswellnessdoc@excite.com](mailto:jswellnessdoc@excite.com).*

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