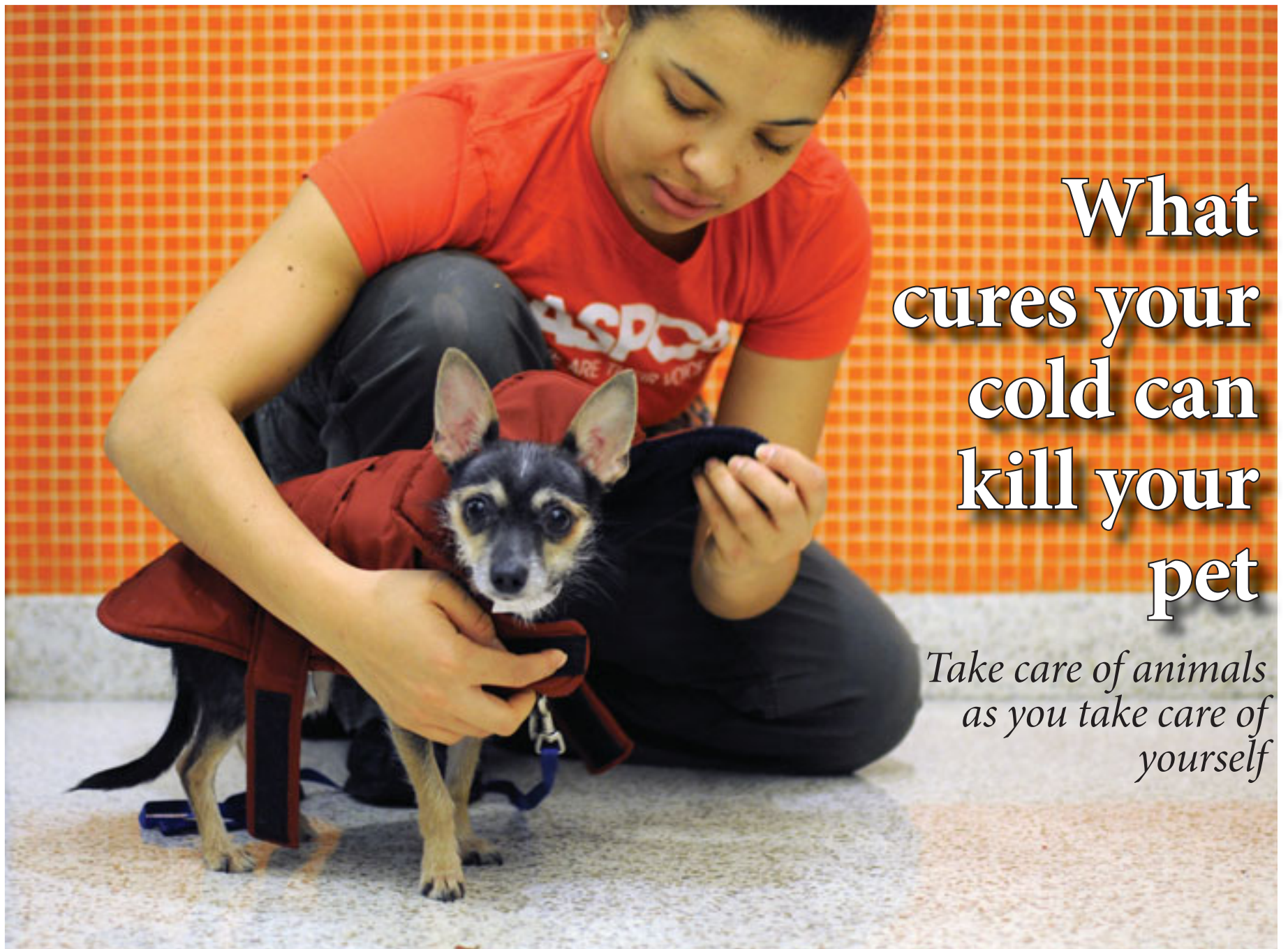


HOUSE CALL

YOUR GUIDE TO HEALTH AND WELLNESS

February 2012



What
cures your
cold can
kill your
pet

*Take care of animals
as you take care of
yourself*

Inside: Make over your diet 2 months at a time

HOUSE CALL

YOUR GUIDE TO HEALTH AND WELLNESS

House Call is a specialty publication
of The Paducah Sun

IN THIS EDITION

If you have questions or suggestions
for upcoming issues,
please call 270-575-8658.

To advertise,
contact one of our sales associates
at 270-575-8750.

LIVING WELL



Page 11:
Trainer to the
president and
first family talks
fitness and the
secret to the
first lady's toned
arms.

On the cover

Associated Press
Jessi Colon, ASPCA behavior coordinator, puts a winter coat on shelter dog Chelsea, a three-year-old Chihuahua-yorkie mix, at the ASPCA Adoption Center in New York. Taking care of your pets in winter can take a little extra effort because some things that are beneficial to people can harm animals.

- 3** **It's Your Body:** Can you spare 15 minutes for exercise three times a week?
- 5** **Cover story:** What cures you could kill your pet.
- 6** **Men's Health:** Scientists find genetic mutation linked to prostate cancer.
- 8** **On & Off the Vine:** Make over your diet in 2012 two months at a time.
- 9** **Living Well:** Dignity therapy lets terminally ill patients recount their lives for posterity.
- 10** **Top of the Chart:** ER saves man with two hearts; stress may shrink the brain; study finds no better odds using 3 embryos in IVF.
- 11** **Women's Health:** How to get back to an exercise routine following childbirth.

House Call is dedicated to providing our readers with helpful health related information. We strive to help answer the questions of current and ongoing concerns. This publication is not intended to take the place of medical experts, but rather inspire our readers to take an active role in their physical and mental well being.

It's Your Body

Can you spare 15 minutes, three times a week?

BY ELLEN WARREN

McClatchy-Tribune News Service

"Maybe you love to eat but hate to exercise," Jim Karas proposes.

For most of us, that about sums it up.

Karas wants to help you get over the exercise part of that equation.

"The biggest hurdle you will ever face in losing weight isn't sticking to a diet or going to the gym every day. It's simply this: getting started," he says.

Can you spare 15 minutes, three times a week? Trainer and author Karas says that's enough to get you off to a good start.

"If you're doing nothing, this is absolutely a step in the right direction," says Karas, who blogs (and sells his fitness products) at jimkaras.com.

Just those 45 minutes weekly will rev up your metabolism, increase your

"If you're doing nothing, this is absolutely a step in the right direction."

Jim Karas

Fitness blogger

energy, and make you look and feel better, he says.

Karas brags that after an appearance years ago on "Good Morning America," he cornered Diane Sawyer and delivered the bad news: She needed to lose 25 pounds. "She was shocked, but I got her attention." (And became her trainer to help her do it.)

For those of us who aren't Diane Sawyer, who have put off starting an

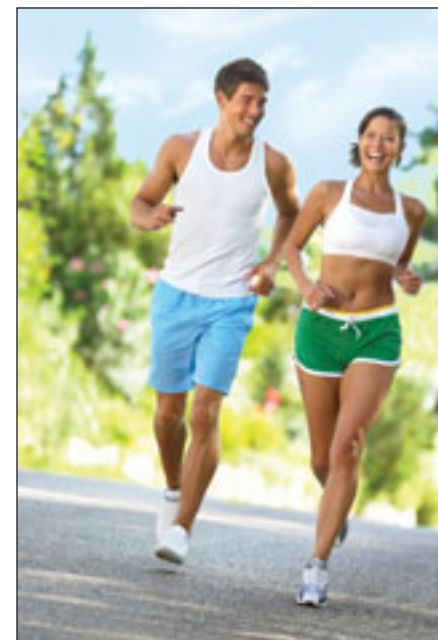
exercise program, he insists that we don't need to spend hours a week on a treadmill.

"You don't have to have equipment. You don't have to go to the gym," he says.

Instead, Karas recommends taking three basic exercises — pushups, Pilates planks, and squats or lunges and doing each until "you're almost out of breath." Then repeat the series "until you fill up 15 minutes" three times weekly. Instructions for all of these are all over the Internet.

And yes, he disagrees with federal guidelines that recommend 75 minutes a week of vigorous aerobic activity.

In most exercise regimens, "the neglected variable is intensity," Karas says. "If you really get in there and get the job done, you optimize results and you save yourself time."



Excercing just 15 minutes a day, three days a week can help speed up your metabolism.

Patient Stories
Watch them at:

MidwestNeuroSurgeons.com

PHOTO



MIDWEST
NEUROSURGEONS, LLC
Caring Staff, Healing Hands

Unsure about dealing with your back pain?

Tingling arms and legs have you worried?

You are not alone.

Hear how other people

Just Like You

now live a pain-free Life.

No Referral Needed

All Insurances Accepted

Call: 573 - 651-1687



20 YEARS OF MAKING LIFE EASIER TO LIVE



Pain Management Centers

PADUCAH, KENTUCKY AND MARION, ILLINOIS THEPAINMD.COM

PADUCAH CENTER, 2831 LONE OAK ROAD, PADUCAH, KENTUCKY | 270-554-8373

MARION CENTER, 108 AIRWAY DRIVE, MARION, ILLINOIS | 618-997-7820



LAXMAIAH
MANCHIKANTI, MD

YOGESH B.
MALLA, MD

LOW BACK & NECK PAIN • HEADACHES • NEUROPATHIES • MYOFACIAL PAIN • CANCER PAIN • OTHER CONDITIONS

MEETING THE HEALTH NEEDS OF PATIENTS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, OR NATIONAL ORIGIN



Ambulatory Surgery Center

2831 LONE OAK ROAD, PADUCAH, KY | 270-554-8373

PRACTICING SURGEONS FROM:

THE PAIN MANAGEMENT CENTER OF PADUCAH

PHYSICIANS: LAXMAIAH MANCHIKANTI, MD AND YOGESH B. MALLA, MD

<http://www.thepainmd.com>

THE ORTHOPAEDIC INSTITUTE OF WESTERN KENTUCKY

PHYSICIANS: STEPHEN H. JACKSON, MD, BURTON N. STODGHILL, MD, CLINT P. HILL, MD, BRIAN S. KERN, MD,
K. BRANDON STRENGE, MD, SHIRAZ K. PATEL, MD, AND THANE DEWEESE, MD

<http://www.orthoinstitutewky.com>

BARBARA BOWERS, MD, PLLC INNOVATIVE OPHTHALMOLOGY

PHYSICIAN: BARBARA BOWERS, MD

<http://www.drbowers.com>

MEETING THE HEALTH NEEDS OF PATIENTS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, OR NATIONAL ORIGIN

Cover Story

What cures your cold can also kill your pet

Take care of pet as you take care of yourself

BY SUE MANNING

Associated Press

If you are too cold to be outside without a coat, your dog probably is, too. If your cat eats just one of your acetaminophen cold or flu pills, it could be fatal.

Those are just a few of the tips experts offer to keep pets safe this winter. Here are some other basic cold-weather precautions with pets from experts and animal welfare organizations.

From the American Society for the Prevention of Cruelty to Animals:

- Keep your dog leashed in the snow and make sure it has an ID tag. Dogs can lose scents in snow and get lost.

- Keep your dog's coat longer for warmth. If you have a short-haired pet, get a coat or sweater with a high collar or turtleneck that covers it from the base of its tail to its belly.

- Don't leave a pet unattended in a car. The vehicle can act like a refrigerator, holding in the cold and freezing your pet to death.

- Puppies may be difficult to housebreak in winter. If weather bothers a puppy, try paper-training indoors.

- Make sure your pet has a warm place to sleep, away from drafts and if possible, off the floor.

- Outdoor cats and wildlife will often sleep under hoods of cars. Bang on the hood before starting the car to give the animal a chance to escape.

From the Colorado State University Veterinary Teaching Hospital:

- Pets, like people, are vulnerable to hypothermia and frostbite. Get your pet to a vet if it is shivering,



disoriented and lethargic or if its hair is puffed out and standing on end. Frostbite can turn skin bright red, pale or black. Skin at the tips of ears and on extremities are particularly at risk.

- Antifreeze can be fatal to a pet, even in small amounts. They will need immediate emergency care. Symptoms of antifreeze poisoning include drunk-like behavior, vomiting, excessive urination, drinking and depression. Pets may appear to recover within a few hours, but the antifreeze continues to poison their systems and is often fatal. Don't ever dump antifreeze on the ground, and store it away from pets. If there is a spill, sop it up immediately.

From the Humane Society of the

United States:

- Dogs kept outdoors should have a dry, draft-free doghouse big enough for the dog to sit and lie down in comfortably but small enough to hold its body heat. The floor should be a few inches off the ground and covered with cedar shavings or straw. The house should face away from wind and the doorway should be covered with waterproof burlap or heavy plastic.

- Use plastic food and water bowls instead of metal because your pet's tongue can stick and freeze to metal.

From the ASPCA's Animal Poison Control Center in Urbana, Ill.:

- Use pet-friendly versions of products that melt ice on steps, driveways and sidewalks. Products like Safe

Associated Press

After walking on salt-treated sidewalks, a dog's paws can become irritated. If the dog licks its paws, its stomach can get upset. Using pet-friendly products can eliminate this problem.

Paw and Safe-T-Pet avoid chemicals that irritate pets' paws (and their stomachs, if they lick their paws). The pet-friendly products are usually colored so you can also see where you've sprinkled them, said Dr. Camille DeClementi, the Animal Poison Control Center's senior toxicologist.

- Keep pets away from medication commonly used during cold and flu season. Two hours after an average cat eats just one tablet containing 500 grams of acetaminophen, it may start having trouble breathing. In addition to gasping, other life-threatening signs of acetaminophen poisoning in cats that require immediate veterinary care include swollen face and paws, lethargy, and discolored gums, DeClementi said.

- Dogs are less sensitive to acetaminophen because they tend to be bigger, but four or five of the pills eaten by a 50-pound dog can cause liver failure, she said. If a dog eats your decongestant and it contains pseudoephedrine, the animal can experience a racing heart, tremors and even seizures.

- Keep pets away from heating pads. They can get a shock from chewing on electric cords and can be poisoned by chewing on iron oxide pads, DeClementi said.

- Watch where you place baits and poison to kill rodents that find their way into homes to get warm in winter, DeClementi said.

From the Society for the Prevention of Cruelty to Animals Los Angeles shelter:

- Brush your dog regularly because heaters dry the air and deplete moisture from your pet's skin and fur.

- Monitor older or sick pets that might be more sensitive to colder weather.

- Never leave a portable heater unattended with pets around.

- Add a blanket to the pet portion of your family's emergency preparedness kit.

Scientists find mutation linked to early prostate cancer

BY JAY PRICE

McClatchy-Tribune News Service

CHAPEL HILL, N.C. — A team of scientists has found a genetic mutation strongly associated with prostate cancers that occur at unusually early ages and among people with a family history of the disease.

Men are often diagnosed with prostate cancer late in life, but it develops so slowly that they often die of something else. Those who get the cancer while relatively young, though, are at significantly higher risk of dying from the disease.

It's the first high-risk genetic mutation found to be associated with the disease, said Ethan Lange, an associate professor of genetics and biostatistics at the University of North Carolina-Chapel Hill and a member of the university's Lineberger Comprehensive Cancer Center.

Nearly a quarter of a million American men are expected to be diagnosed with the disease this year.

If the results are borne out by larger studies, the mutation could become a valuable genetic screening tool, particularly for men with family histories of early-onset prostate cancer, said Lange, a first author of the research paper.

It also could lead to better treatments of cancer tied to the mutation.

Lange cautioned that the links found between the mutation and prostate cancer were strictly statistical. They point to the need for more elaborate studies to determine whether the mutation actually causes prostate cancer and to the need for larger studies to better estimate the chances that a man will be born with the mutation and the probability that a man having it will develop cancer.

Also, no relationship was observed between the severity of the disease and the mutation, he said.

The genetics of prostate cancer have been hard to unravel, said James P. Evans, Bryson Distinguished Professor of Genetics in the UNC School of Medicine and an expert in cancer genetics. He called the new findings welcome progress.

"While fewer than one percent of Caucasian men carry the described mutation in this particular gene, for those men who do carry it, the increased risk for developing prostate cancer is likely greater than for any previous mutation found to date," Evans said. "Larger follow-up studies will be necessary to understand the importance of this finding for prostate cancer, and it remains to be seen whether this mutation is associated with other cancers."

About prostate cancer

Cancer of the prostate typically begins to develop among men over 50 and is common among elderly men. About two-thirds of cases grow slowly, and many men harbor the disease without symptoms or treatment for decades, and die of other causes.

There are fast-growing types, though, that can kill much more quickly, often after spreading to surrounding bone or the lymph system.

The National Cancer Institute estimates that 241,740 men will be diagnosed with prostate cancer in the U.S. this year and 28,170 will die of it. Prostate cancer is one of the most curable cancers, when detected early.



Dr. Shiraz Patel

Nationally Recognized Surgeon

The physicians and staff of The Orthopaedic Institute of Western Kentucky and Lourdes Hospital would like to Congratulate Dr. Shiraz Patel for being nationally recognized for surgical excellence.

The Orthopaedic Institute of Western Kentucky is proud to announce partner Dr. Shiraz Patel was recognized as one of the "70 Outstanding Hip Surgeons and Specialists" in the nation by Becker's Orthopedic & Spine Review. The publication honored Dr. Patel based upon awards he has received from major orthopedic organizations for surgical excellence, leadership in those organizations, work on professional publications and positions of service held at hospitals and practices.

Becker's Orthopedic & Spine Review is a well-known authority of ambulatory surgery centers and hospitals. Dr. Patel's inclusion on this prestigious list of surgeons is representative of the type of excellence The Orthopaedic Institute strives to bring to every patient.



Dr. Shiraz K. Patel ▲

Dr. Shiraz Patel, MD graduated with a medical degree from the University of Minnesota and finished his orthopaedic residency at Washington University in St. Louis. He completed a fellowship in adult joint reconstruction and trauma and is focused on minimally invasive total knee replacement and hip replacement. He is on active staff at Lourdes Hospital and is board certified in orthopaedic surgery.



2605 Kentucky Ave. Ste. 103
Paducah, KY 42003-3800
270.442.9461

3530 Lone Oak Road, Suite A
Paducah, KY 42003-3800
270.554.0505

Orthopedic Insight



Minimally Invasive Anterior Hip Replacement Surgery patient Jane Merry shares her experience with Dr. Shiraz Patel

Within the medical community, the challenges of osteoarthritis and degenerative hip conditions are well documented. In fact, over 10 million Americans reportedly suffer from this problem which can be caused by normal “wear and tear” or family history, and is related to a breakdown of the articular cartilage that provides a smooth connection between the ball and socket joints of the hip. Patients who face this excruciating ailment, typically care less about what causes it, and more about pain-relief and mobility-enhancing solutions.

“Like my mother and great aunts before me, I was succumbing to the effects of arthritis and degenerative bone loss,” said Jane Merry who resides near Paducah, Kentucky. “I was forced to use a wheelchair. But I had lead an active lifestyle in the past and refused to give up – I continued to seek answers.” After her chronic pain made even simply sitting or walking a painful proposition, Jane’s primary physician referred her to Dr. Shiraz Patel of the Orthopaedic Institute of Western Kentucky. Jane was not aware that she was meeting someone who was recently recognized as one of the “70 Outstanding Hip Surgeons and Specialists” in the nation. “All I knew is that he really

paid attention to me and actually listened to my concerns,” said Jane. “I felt an instant confidence and comfort level with Dr. Patel.”

Dr. Patel discovered that Jane’s dual hip conditions were a Stage IV (the most advanced level of arthritis) on the Kellgren system scale. In fact, he described her ball and socket joints as “square pegs in round holes”. Thankfully, Jane discovered that she was eligible for a bilateral hip replacement (which would repair both hips) and was excited to learn that Dr. Patel specializes in minimally invasive anterior approach to this surgery. During this technique, Dr. Patel accesses the hip joint by entering through a small incision in the front of the thigh and navigates between the hip muscles that help hold the hip joint in place. Dr. Patel actually brought this technology to Western Kentucky and the surrounding region. No one else at the time was doing this, and he even had surgeons from Nashville and Louisville travel to Paducah in order to observe and learn this technique. This procedure avoids the often painful and longer recovery periods caused by detaching the muscles around the hip, and helps to speed the healing process post-surgery.

The hip joint’s damaged cartilage and bone are replaced with implants.

The result? After a brief recovery and rehabilitation period, Jane was back to mowing her grass just three days after returning home from the hospital. “Don’t tell Dr. Patel – he would never approve of me doing that so soon after surgery, but I just felt so good, so free,” said Jane. This was quite a transformation for a woman who had to be transported by wheel chair from the parking lot into the hospital on the morning of her surgery. “My hips just had nothing left – now they feel like new and so do I,” she said.

Her advice for anyone with hip problems? “There’s no reason to leave Paducah,” Jane said. “There is world-class treatment right here in our area because of the experience and skills that Dr. Patel and his staff have brought with them.” This active grandmother, who volunteers at her grandchildren’s school, is active in her church, and yes, continues to mow the grass added, “Some call Dr. Patel a world-class surgeon – I prefer to call him a miracle worker. And I am proud to be his latest miracle!”



2605 Kentucky Ave. Ste. 103
Paducah, KY 42003-3800
270.442.9461

3530 Lone Oak Road, Suite A
Paducah, KY 42003-3800
270.554.0505

On & Off

the Vine

Make over your diet 2 months at a time

January/February: Go meatless once a week

The average American eats half a pound of meat per day. Research shows too much animal fat can increase your risk of diabetes and cancer — in addition to your waistline.

“Eating a vegetarian diet lowers your BMI (body mass index) and decreases your blood pressure and risk for many chronic diseases,” said Dee Gabbard a clinical dietitian at Aurora St. Luke’s Medical Center.

According to Meatless Monday, a nonprofit initiative of The Monday Campaigns, in association with the Johns Hopkins’ Bloomberg School of Public Health, going meatless just one day a week is enough to improve your health and the health of the planet.

To get these benefits, replace meat with other forms of protein, such as beans, lentils, tofu or low-fat dairy products at least one day a week.

March/April: Shake your salt habit

Sodium is a necessary evil. Although our bodies need sodium to function properly, too much can cause high blood pressure, a marker for heart disease.

But hiding the salt shaker is only the tip of the iceberg. “More than 80 percent of the sodium we consume comes from restaurants and processed foods,” Gabbard said.

Many people should be getting only 1,500 milligrams of sodium, according to the latest dietary guidelines from the American Dietetic Association.

“The key is reading labels,” said Margaret Allen, registered dietitian at Columbia St. Mary’s.

To reduce sodium, buy fresh fruits and vegetables instead of canned, look for “low sodium” or “no added salt” versions of the foods and season foods with herbs and spices instead of salt.

For more tips, visit Heart.org.

May/June: Think outside the box

Boxed and prepackaged foods have a lot going for them. They last forever (or seem to) and can be transported anywhere.

No, it’s not magic. Preservatives, artificial colors, partially hydrogenated oils, sodium and fillers are the stars in this case. It also goes without saying that potato chips, hot dogs and fruit snacks don’t have much going for them nutritionally, either.

To increase health content, start with easy substitutions. Gabbard suggests buying real cheese instead of processed cheese and fresh chicken, pork or beef instead of prepackaged deli meats.

“Try incorporating more fruits and vegetables,” said Brenda Kalchbrenner, registered dietitian at Wheaton Franciscan Healthcare. “If you are filling up on produce, automatically you’ll be consuming less unhealthy foods.”

July/August: Eat the rainbow

The U.S. Department of Agriculture’s MyPlate guidelines show Americans how to eat a balanced meal. Half the plate should be fruits and vegetables, a quarter lean proteins, another quarter whole grains and a serving of low-fat dairy on the side.

Eating a variety of fruits and vegetables — and a variety of colors — also will provide you with the most nutrients.

“If people could eat three colors a day, that would make a huge impact on their overall health,” said Allen. Your daily goal should be 2 cups of fruit and 2 { cups of vegetables.

To reach that goal, start the day with a fruit-packed smoothie, reach for crunchy vegetables instead of chips for easy snacking or make grilled fruit kebabs for dessert.

For more healthful eating choices, visit www.ChooseMyPlate.gov.

September/October: Seek out superfoods

Simply put, superfoods give you more bang for your nutritional buck.

“These are foods that are packed with vitamins, minerals and phytochemicals — biologically active compounds that protect cells from damage that leads to aging, disease and cancer,” said Gabbard.

Here are some superfoods you can add to your diet:

Fatty fish such as salmon and sardines contain omega-3s.

Green tea.

Blueberries.

Dark, leafy greens such as spinach and kale.

“When it comes to fruits and vegetables, pick vibrant colors,” Kalchbrenner said. “The deeper the color, the more nutrients it contains.”

Find more cancer-fighting foods at AICR.org.

November/December: Know your fats

Most people who grab fat-free versions of the foods they love think they are making healthier choices. Not so, says Kalchbrenner.

“We need some fat in our diet to absorb vitamins and keep us satisfied,” she said. “The key is eating the right kinds.”

Too much saturated and trans fats, like those found in beef, cheese and margarine, can raise your risk of heart disease by increasing cholesterol levels. Instead, substitute these fats for heart-healthy polyunsaturated and monounsaturated fats, such as those found in fish, nuts, seeds and liquid vegetable oils. According to the American Heart Association, making the switch can actually lower cholesterol levels.

“Read the nutrition label,” said Kalchbrenner. “Steer clear of the words ‘hydrogenated’ or ‘partially hydrogenated.’ This is code for trans fats.”

Visit Health.gov for links to eating plans, shopping lists and more.

Dignity therapy lets terminal patients recount lives

BY ALEXIA ELEJALDE-RUIZ

McClatchy-Tribune News Service

CHICAGO — Peyton “Pete” Dralle wasted little time after he learned doctors could do no more to treat his throat cancer. He took spur-of-the-moment trips, got his affairs in order and, when he finally agreed to care at San Diego Hospice, he documented his life story.

Using a technique called dignity therapy, psychologist Lori Montross interviewed Dralle five months before his death about meaningful life moments, lessons he’d learned and those he wished to pass on to loved ones. She transcribed their audio recordings, then read the transcript aloud to Dralle, who edited it to his liking. The resulting 14-page “legacy document” was bundled into a leather binder for him to bequeath to whomever he pleased.

Dralle’s longtime partner, Lisa Amaran, remembers the sense of importance Dralle felt in being able to contribute something in his ailing state, and the relief he felt when it was finished, as though he’d gotten something off his plate.

“He got to tell his own story in his own words, and no one had to tell it for him,” said Amaran, 48, who just marked the first anniversary of Dralle’s death. She keeps the binder, which she decorated with photos, on a bookshelf, and leafs through it when she misses him most.

Dignity therapy, an exercise that aims to give terminally ill patients a sense of meaning, closure and posterity in their final days, has experienced a surge of interest recently thanks to research showing it improves quality of life more effectively than other methods of end-of-life care.

A study published in the journal *Lancet Oncology* found patients who underwent dignity therapy were significantly more likely to report enhanced sense of dignity, better spiritual well-being and feeling more helpful to their families than those

who underwent standard palliative care or client-centered care, which is when clinicians work one-on-one with a patient on current issues.

Earlier studies have shown dignity therapy also provides comfort to grieving families.

Study author Dr. Harvey Chochinov, a Canadian psychiatrist, developed the technique a decade ago. In December he published “Dignity Therapy: Final Words for Final Days,” the first book to lay out a blueprint for his technique.

Although hospices for decades have engaged patients in reflective “life review,” what distinguishes dignity therapy is that it provides training and a framework for helping patients produce a tangible legacy document, and there’s empirical evidence that it’s beneficial, said J. Donald Schumacher, president and CEO of the National Hospice and Palliative Care Organization.

Although published research on the effectiveness of dignity therapy has so far focused on patients with less than six months to live, a forthcoming study on the frail elderly shows similar outcomes, plus benefit to the health care workers who care for them, Chochinov said.

Chochinov, a psychiatry professor at the University of Manitoba, said he was inspired to learn more about the role of dignity in end-of-life care because Dutch studies had found “loss of dignity” to be the most frequently cited reason terminally ill patients pursued euthanasia to hasten death.

A host of factors can undermine dignity as people succumb to illness, including a loss of personhood, a loss of purpose and, prominently, perceiving themselves to not be appreciated by others, Chochinov said. Often there is fear that their lives won’t have a ripple effect.

By asking probing questions — “When did you feel most alive?” “Are there specific things you want your family to know about you?” — trained dignity therapists aim to cap-

ture what really makes a person tick. They also focus on generativity, a psychological term that describes the desire to guide the next generation.

“You can be in conversations with people where they may in essence be speaking to great-great-grandchildren they will never meet,” said Montross, who trained with Chochinov and now is assistant director of the Palliative Care Psychiatry Research Program at the Institute for Palliative Medicine at San Diego Hospice.

Unlike a lot of psychotherapy, which pushes people to confront painful issues of their past, dignity therapy meets people where they are, so they can address the topics they consider most pertinent and write their own stories.

Sometimes the conversations are heartbreaking. Chochinov remembers an elderly patient who said it

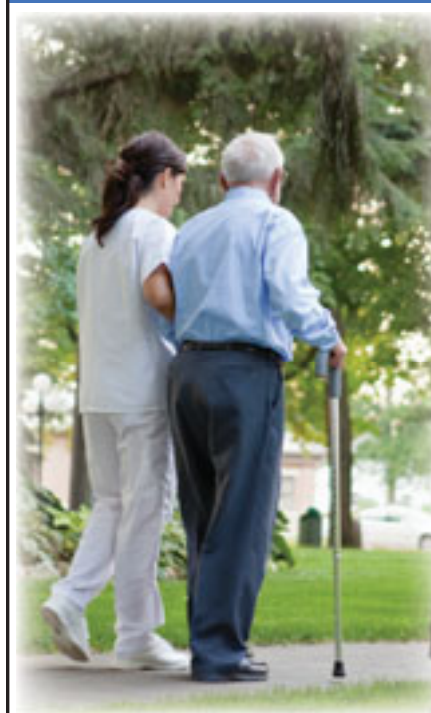
was too late to ask for forgiveness after drinking away his relationships, but he wanted his grandchildren to know who he had been so that they could choose better paths. Another dying man wanted his wife to know it was OK with him if she fell in love with someone new.

Strikingly, the most prominent topic that graces every conversation is love, Montross and colleagues found. Another universal theme was lessons learned in life, the most common being to accept and acknowledge one’s own imperfections, Montross said.

Dralle’s parting thoughts may have left a greater ripple than he realized.

“To be honest,” said Montross, who spent 10 hours interviewing Dralle, “he held more grace in his dying 90-pound frame than men twice his size or half his age.”

Lake Way Nursing and Rehabilitation Center



*Peace of Mind is
Knowing Your Loved
One is Cared For...*

*At Lake Way Nursing and
Rehabilitation we offer:*

24 Hour Comprehensive Nursing Care
IV Therapy • Postoperative Care
Stroke Recovery • Wound Management
Restorative Care • Pain Management
Nutrition Management • Physical Therapy
Speech Therapy • Occupational Therapy
Daily Activity Programs • Respite Care

*For More Information
Contact Alice Day,
Admission Coordinator*

Lake Way Nursing and Rehabilitation Center
2607 Main Street Benton, KY • 42025 • 270-527-3296

Top of the Chart

Wire reports

Defibrillator in the ER saves man with two hearts

LOS ANGELES — A man with two hearts — one his own, one a donor heart — was resuscitated via a defibrillator when both organs developed irregular heart rhythms, a case study reports.

The study, published online recently in the journal *Annals of Emergency Medicine*, chronicles the life-saving measures used in 2010 to save the 71-year-old, who received the donor heart in 2003. He had also received a pacemaker in 2001. The heart was implanted in a heterotopic procedure, which means the patient keeps his heart and receives a donor heart.

The new heart is connected to the original organ to create a double heart, which offers some advantages: It offers the old heart a chance to recover, and if the donor heart is rejected and fails, it can be removed. The procedure, which dates back to the 1970s, is typically done when the original heart is too weak to work by itself or the donor heart is a different size than the patient's original heart. It's done less frequently nowadays, due to new surgical techniques and better immunosuppressive drugs.

Stress may cause brain to shrink, researchers say

If you're stressed out from a divorce, a hard day at work or a fight with your girlfriend it might be causing your brain to shrink.

A study by Yale University researchers found that stressful life events can reduce gray matter in regions of the brain that regulate emotion and important physiological functions in healthy people to brain structure changes associated with psychiatric disorders, such as addiction depression and anxiety.

Past studies have only linked stress.

The effects of stress on the brains of healthy individuals hasn't been clear.

The researchers looked at MRIs of more than 100 healthy people. They found the changes soon after stressful events occurred and said the findings may serve as warning signals of future psychiatric disorders and chronic diseases, such as diabetes or hypertension.

The study, which was published in the journal *Biological Psychiatry*, was funded by the National Institutes of Health.

Researchers find no better odds using 3 embryos in IVF

LONDON — A new study of fertility treatment found that women who get three or more embryos have no better odds of having a baby than those who get just two embryos.

They also have a greater chance of risky multiple births.

"Women who have gone through infertility treatment want the best chance of having a baby, but we need to explain that the data shows transferring more embryos doesn't actually do that," said Dr. Scott Nelson, head of reproductive and maternal medicine at the University of Glasgow, who co-authored the study.

In Western Europe, where some countries pay for in-vitro fertilization, authorities recommend a single embryo transfer for women under 37 and a maximum of two embryos for women 37 to 40. For women over 40, three is often the limit by law.

The American Society for Reproductive Medicine recommends single embryo transfers for women under 35, but there is no enforcement of that. For women 35 to 37, they advise two to three, and three to four embryos for women ages 38 to 40.

Health Care Quiz:

Who decides who is qualified to treat you for a serious medical condition?

A: Medical Schools

B: National Medical Licensing Board

C: Kentucky Politicians

The answer is C. State legislators can actually let someone who has never been to medical school treat serious conditions. As health care costs continue to rise, more people without the proper training or certification may be permitted to lift a scalpel or prescribe potentially harmful medications to you or your family.



MD ID – Know who's treating you.

As health care laws change, politicians are loosening the rules for treating serious conditions. MD ID helps you know whether your health care provider is really a trained and qualified physician.

You have the RIGHT to demand Qualified Care.

When it comes to your family's health, why take risks? Check to make sure your doctor is a licensed physician with an MD (Medical Doctor) or DO (Doctor of Osteopathic Medicine) degree. *It's not just smarter. It's not just safer. It's your Right.*



To learn more, go to mdidky.org, or visit the Kentucky Physician Finder at kydocfinder.org

Living Well

Do your pushups, Mr. President

Trainer to President Obama and the first family talks about fitness, first lady's arms

BY JULIE DEARDORFF

McClatchy-Tribune News Service

As the longtime personal trainer for President Barack Obama and the first family, Cornell McClellan deserves some props for Michelle's famously toned arms. But in addition to working out White House staff and professional athletes, the nation's "first trainer" also spends much of his time trying to get children excited about physical fitness.

Q: How did you meet the Obamas?

A: They worked out at my Chicago wellness and personal training studio, Naturally Fit, which I opened 16 years ago. We nurtured the whole body and definitely focused on nutrition. We feel like that's air and water. You must have them both.

Q: What's a fitness rule you should never break?

A: Work out on a regular basis. Your health is your wealth; it's the most important thing we have. Sometimes we have to get up earlier, but if we understand the importance

— that we have nothing without it — we can live with that. Even before the Obamas were in the White House, they felt this way; they would make time. If the first lady had to come to the gym before the sun came up, the other would come at night.

Q: Who is more motivated: the president or first lady?

A: They both are. He says she is — he will always say she's in better shape. I think their schedules are different, and she might have more time. But he is as focused about the importance as she is. Living in the White House changes life in terms of how they move around. So it's important they do exercise to stay healthy. If you don't have as many steps to take you have to artificially create them and make sure they get complete workouts that are intense.

Q: Have you tried to sneak any fitness into their days? Does the president tighten his abs during meetings?

A: I've tried some of those tricks. He's not up for that. He's serious

about things in business.

Q: How has your approach to fitness changed over the years?

A: I still work people as hard as they can go but with a softer approach. It's very important for a trainer to be empathetic. I don't think you can scream at people to change. You connect with them. In my early 20s it wasn't so much about connecting and empathy and helping people find their own place and own time — it was work hard until you get there. We still work hard, but I believe in being polite.

Q: So how does Michelle get those arms?

A: It's a combination of all those things (mixing it up), but the most important thing is consistency. It would be wonderful if there were one exercise, but so many things come into play. It's more than strength training. Cardiovascular has a role, too. So while keying on the arms, we include strength training, jump-roping, boxing and body weight exercises.



McClatchy-Tribune News Service

President Barack Obama and first lady Michelle Obama welcome South Korean President Lee Myung-bak and his wife, Kim Yoon-ok, at the White House in October. The first lady often favors dresses that show off her toned arms.

Women's Health

How to get back into an exercise routine after childbirth

BY ALISON JOHNSON

McClatchy-Tribune News Service

Women often are eager to shed extra weight after pregnancy, but the first workouts should be gentle and follow medical advice, doctors say. "It's important that the focus of the first two weeks be taking care of the new baby and getting sufficient rest," says Dr. Jeffrey Henke, an obstetrician/gynecologist in Newport News, Va. Some tips:

■ Know the benefits. Exercising

soon after childbirth is primarily good for mental health, not for shedding baby weight. So do what feels good, not anything exhausting. Note: walking after a caesarian also reduces the risk of rare blood clots in the legs.

■ Listen to your body. If you're feeling well, a low-intensity workout such as a 30-minute walk is fine within days of a vaginal or caesarian delivery. But don't try to push through pain caused by tears or scars from childbirth.

■ Don't worry about specific goals. You may get discouraged if you don't hit a certain length or pace right away.

■ Gradually build intensity. About two or three weeks after delivery, workouts that are safe for late in pregnancy generally are fine again: moderate aerobics, light resistance exercises, modified push-ups or whatever your doctor green-lights.

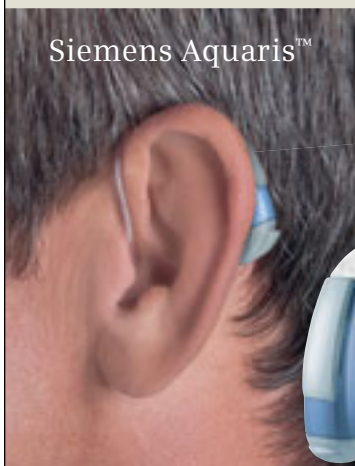
■ Follow post-caesarian rules. For the first six weeks or until cleared by

your doctor, avoid exercises that put direct strain on your incision. That includes sit-ups, stair-steppers or lifting weights heavier than 25 pounds; some doctors recommend lifting nothing heavier than your baby.

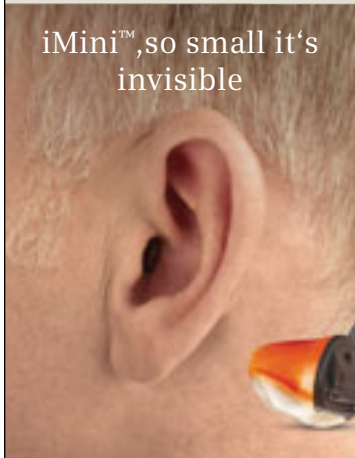
■ Work around breastfeeding. Nursing mothers need more fluids to prevent dehydration, so drink plenty of water before, during and after workouts. To avoid discomfort, try to nurse or pump shortly before exercising — and invest in a good sports bra.



Siemens Motion CIC



Siemens Aquaris™



iMini™, so small it's invisible

Better Hearing and The Rhodes Family would like to introduce Siemens Motion®.



Motion. More Help. Less Hype.

Motion is effortless in more ways than one. It's shaped to be gentle on your ears, yet robust so it's low maintenance. Motion gives you the option of **rechargeable batteries**. Every Motion is equipped with the latest Siemens BestSound™ Technology.

"I couldn't hear or understand what was being said when I was in a noisy place (groups, restaurants, etc.). After leaving you we decided to put them to a test, so we went to Cracker Barrel, which is always noisy. I was amazed that I could hear my wife speak at a normal tone as well as sometimes hear what was said at the tables near us." **Rosiclare, IL**

\$2499 for a pair of Motion 101 hearing instruments

Appointments limited. Call today, so you can hear tomorrow!

Better Hearing (800) 799-4327

Located at the foot of the Paducah - Brookport Bridge

- 45 day trial with only a \$35 deposit
- Huge discounts off suggested retail
- 0% Financing Available
- Complimentary Hearing Evaluation
- Complimentary Hearing Instrument Cleaning
- \$50 in-house repair

Hearing instruments help many people hear better, but cannot solve every hearing problem or restore normal hearing. Features vary by technology.
©2011 Siemens Hearing Instruments, Inc. All rights reserved 11/11. D-6940

Advanced Partner
Siemens Hearing Instruments



David



Caleb



Joshua



Rhodes Family