



# “THE MESSAGE”

## Health & Fitness Newsletter

APRIL 2004

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### WHAT’S NEW WITH FIT FOR YOU?

- **The Conference for Wellness through Natural Living** will be held Saturday, May 22, 2004 from 8am to 6pm at Harrisburg Area Community College, in the C. Ted Lick Wildwood Conference Center, One HACC Drive – across from the Farm Show complex in Harrisburg, PA. – There will be 32 exciting and informative workshops to choose from. Joe Green will be presenting his dynamic info-packed workshop “**The Ultimate Solution to Health & Wellness, In-home Holistic Fitness**” at 2:00pm and again at 4:40pm. You may register on-line at [www.hacc.edu](http://www.hacc.edu).
- **Dr. Steven Morganstein D.O.** of PRISM joins the list of physicians and health care providers who refer their patients to Joe Green of Fit For You for home-based exercise programs. Welcome and thank you for your confidence in the referrals you have made and will continue to make in the future
- **Do you have an email address?** Get “**THE MESSAGE**” electronically and do your part to help conserve our environment. Contact Joe through his website at [www.phyt4u.com](http://www.phyt4u.com) for more information.

Information contained within this newsletter and any other related information is intended to help educate those afflicted by movement disorders such as Parkinson’s, etc. and their caregivers about their conditions, and to allow them to access useful information about movement disorders on the “Information Highway”. It is not intended to provide treatment or replace appropriate medical care by a licensed, qualified physician. If you intend to act on any information found, this should only be done after consultation with your physician.

For more information about  
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## **WARNING! – SIGNS OF IMPENDING STROKE**

By: Joe Green, CPFT

Strokes can occur at any age and are caused by a sudden impairment of cerebral circulation. The majority of strokes (80 %) are caused by blood clots blocking one or more arteries of the brain, with the rest caused by bleeding. Stroke (cerebral vascular accident) kills nearly a quarter of those who suffer from one and cause disability for most. Quickly diagnosing the cause of the stroke is problematic for doctors and often leads to delays in treatment. Early intervention is the key to saving a life and preventing disability. Stroke however, is difficult to diagnose because of a wide variety of symptoms patients may present to the emergency room with. These symptoms can also be caused by other conditions not related to stroke.

The early signs of an impending stroke are the acute or sudden onset of the following warning signs:

- Impaired cognitive skills (confusion)
- Blurred vision, dimness or loss of vision especially in one eye
- Dizziness or an unexplained fall
- Slurring or other speech difficulties
- Severe headache
- Numbness or tingling in face or an extremity (no matter how minor)
- Loss of movement or weakness in the face or extremity.

Nutrition plays an important role as usual. Changing eating habits may be life-sustaining especially if the stroke was the result of clogging in arteries. Excessive weight on the joints gives way to great risk for injury or long-term arthritic changes and strains the cardiovascular system.

After a stroke and with the doctors clearance and/or discharge from therapy an exercise program designed to meet the challenges a stroke victim faces is very important and beneficial towards a satisfying recovery. If you know of someone who has had a stroke and is no longer taking a proactive approach in their ultimate health care share this article with them.

## **RECIPE OF THE MONTH KILLER HI-PROTEIN PASTA**

1 12 oz. bag, High Protein Rotini (Rummo brand)  
1 26 oz. jar, Newman's Own Sockarooni spaghetti dressing  
1/2 12 oz. package, vegetarian Ground Round  
1/4 cup, chopped fresh basil leaves  
1/2 tsp., red pepper

Boil pasta in salted water, cook sauce with basil and red pepper. Heat meat separately and add meat to sauce at last possible moment. Spoon sauce over rotini.

Serving Size: 4 - Carb: 73g, Prot: 25g, Fat: 4g, Cal: 422

## **30 FANTASTIC HEALTH BENEFITS FOR CHRONIC ILLNESS SUFFERERS**

Exercise is definitely for special populations needs people as well, in fact it is every bit as important if not more so. In just a minute I am going to reveal 25 of the top benefits that many sufferers from chronic disease have enjoyed and still today strive for. I think they're worthwhile and I like to call them motivators! So with that in mind take a look at my motivational shopping...

Before we review the list keep in mind that exercise is not a tough as it sounds. It's defined so rigidly and regarded as regiment requiring countless hours, special clothes, a gym membership and the ah, ... the list goes on. Fact is, exercise is really not so complicated. Exercise is really the act or art of repetitive movement over a certain period of time for a set number or repetitions. The body does not distinguish and evaluate what it feels is exercise and what is not. The body knows one thing – stress! It is

*Continued on page 3*

our mind that determines and defines what exercise is and if was good, easy or whatever the case may be. Simply put, this means that repetitive movement no matter how simple and easy it is, is still exercise. So with that in mind, you needn't exercise for hours at a time, wear special workout gear much less buy a gym membership. There's nothing wrong with the gym, but you would be surprised at what you can do at home with little or no equipment at all. Trust me, I have several clients who will attest to that fact.

So now that we understand that exercise can be made as simple as standing up and sitting down repetitively from a chair with polished technique, let's check out that motivational list I spoke of earlier that is chock full of benefits:

### 30 Top Benefits For Chronic Illness Sufferers as a Result of Exercise!

1. Prevent falls
2. Improves balance
3. Improves posture and body alignment
4. Relieves stress
5. Increases muscle strength
6. Increases flexibility
7. Prevents contractures
8. Reduces stiffness/muscle tightness
9. Maintains or improves transfer skills
10. Manages healthy body weight
11. Increases/maintains functional range of motion for all joints
12. Maintain/improve independence in activities of daily living
13. Elevates mood and disposition
14. Reduces effects of inactivity (use it or lose it)
15. Increases safety/endurance pertaining movement/ambulation
16. Improves general functional status
17. Reduces depression and feelings of anxiety
18. Increases relaxation
19. Improves overall endurance and energy
20. Boosts self image and self esteem
21. Increases confidence/feelings of control
22. Reduces feelings of isolation
23. Increases self sufficiency
24. Improves psychological adjustment to a chronic illness
25. Increases activity and involvement in lifestyle

26. Increases cardiorespiratory endurance (conditioning)
27. Improves heart health
28. Increases healthy circulation
29. Prevents muscle atrophy
30. Provides sense of achievement and pride

An exercise program should be designed to meet each individual's needs, abilities, strength and goals. A good exercise program is adaptive when necessary and is comprised of exercises specific for their condition. Regular exercise is one of the most important self-help strategies that one can use. Be proactive and don't let your illness happen to you, you take control and get in the drivers seat!

*"There are no passengers in the game of life."  
- Joe Green*

### SUPPLEMENTS TO AVOID!

Joe Cannon, MS, CSCS

According to this Months Consumer Reports, here are the some of the worst supplements to use.

Among the natural and synthetic supplements cited, and the magazine's comments:

- **Aristolochia**, an herb "conclusively" linked to kidney failure and cancer.
- **Yohimbe**, a sexual stimulant linked to heart and respiratory problems.
- **Bitter orange**, an herb that mimics the dangerous stimulant affects of the now-banned diet supplement ephedra.
- **Chaparral, comfrey, germander, scullcap, and kava**, all known or likely causes of liver failure.
- **Lobella**, which could damage the heart.
- **Pennyroyal oil**, which could damage the liver, kidneys, and nervous system.
- **Androstenedione**, often called andro, a synthetic bodybuilding supplement.
- **Organ/glandular extracts** from cows and other bovines that may increase a person's risk of mad-cow disease.

# BODY LANGUAGE | HIS RESPONSE TO PARKINSON'S EQUALS HIKING THE PLANET

By Art Carey  
Philadelphia Inquirer Columnist

When Rich Kosiorek noticed the tremor in his hands, pressures at work were mounting. The doctor he consulted blamed it on stress.

But a year later, when the tremor persisted and his right hand began curling into a claw and he began losing his balance, Kosiorek, then 56, sought another opinion. Diagnosis: Parkinson's disease.

"I was shocked," Kosiorek says. "Since I was very active physically, I was worried about being able to continue at the same fitness level."

He visited a top local expert, Matthew Stern, a neurologist and director of the Parkinson's Disease and Movement Disorders Center at Pennsylvania Hospital. Stern confirmed the diagnosis - and allayed Kosiorek's worries about exercise.

"Keep doing whatever you're doing, but do more of it," he advised. Exercise may soften the symptoms and slow the progression of the disease.

Kosiorek (pronounced ka-SHOR-ek) has followed that advice, and then some. Every day, he walks at least five miles. He has always walked and hiked, but he does so now with new resolve and purpose.

"I'm very goal-oriented," he says. "And I knew having a goal would help."

Kosiorek's goal: to walk the equivalent of around the world, 25,000 miles, by his 70th birthday.

The other day, I biked to Kosiorek's house in Devon. Until recently, he was my equal in lunacy. He thought nothing of biking to his doctor at Penn.

Biking is now out. But Kosiorek, 60, can still walk, and does so with singular zeal.

Naturally, we took a hike. I nearly had to jog to keep up. When I walk, I tend to saunter. Kosiorek



*Richard Kosiorek, age 60, intends to walk 25,000 miles, the equivalent of going around the world, by his 70th birthday. He has walked 9900 miles since he began this quest, after he was diagnosed with Parkinson's disease in 1999, averaging 6 miles a day. Here he hikes through his neighborhood in Devon*

SCOTT HAMRICK / Inquirer

drives ahead with a determined stride, rarely deviating from pace. His head down, his shoulders hunched, his body leaning forward, he moves like a man with only one gear - overdrive.

At one point, I grabbed him from behind by the shoulders.

"Slow down. Straighten your back, stick out your chest like a manly man," I admonished. "Suck some air into those lungs. Now look up. Lift your eyes. Enjoy the sky and the trees."

"Yes, sir," Kosiorek said.

There's a method to his madness. He doesn't wear a pedometer. He keeps track of his mileage by time. His standard pace is a reliable 3.6 m.p.h., or 0.06 of a mile each minute. (Kosiorek has this all figured out; he was a math major at Boston College.) Bottom line: If he walks for an hour and a half, he will meet his daily quota of five miles.

He began his effort to hike the Earth's circumference in January 2000. When we met the other day, his tally stood at 9,896 miles. By the time we were done perambulating the byways of Greater Devon, past stone manor houses and fast-rising

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McMansions, we'd pushed the total past 9,900.

Kosiorek doesn't confine himself to the neighborhood. Valley Forge National Historical Park is a short hike away. And after his Parkinson's was diagnosed, Kosiorek went on long-term disability (he was in charge of Cigna's property and casualty planning) and joined the Chester County Trail Club.

He's a regular at the club's Tuesday morning 5-mile fitness hikes at Ridley Creek State Park. And he often shows up for scheduled hikes on Wednesdays and weekends. He has hiked with the club in Switzerland, along the Appalachian Trail, at Shenandoah National Park in Virginia, and at Antietam Battlefield in Maryland.

"I've come to know and love a great group of people," Kosiorek says, "some of the most caring and thoughtful people I've ever met."

Because of Parkinson's, Kosiorek has lost some muscle control. For added stability, he carries a high-tech walking stick. Nevertheless, over the years, he's had some nasty falls. In 2001, he stumbled descending a hill and opened a gash that required 27 stitches. He dubbed himself "Crash Kosiorek."

On hikes, his fellow club members look after him. They hold his backpack, help him up hills, watch as he makes his way down rough terrain. With the club, hiking is a team sport.

Kosiorek has always been physically active. Growing up in Erie, he walked back and forth to school. In college, he played tennis, danced and often walked from Chestnut Hill, Mass., along the Charles River to downtown Boston - 12 miles. At Dartmouth, where he got his MBA, he did plenty of skiing.

When he worked at Cigna, he was a faithful user of the company fitness center and always walked to the train station. He biked to accomplish errands. For recreation, he hiked the Grand Canyon and the White Mountains and climbed Mount Washington six times.

Today, nearly every morning, he walks to Mass at St. Monica Church. Sometimes, when Parkinson's wakes him up in the middle of the night, he walks to St. Isaac Jogues, where the Eucharist is on display 24/7. He says a prayer of gratitude.

For his wife, family and friends. For life itself. And yes, for Parkinson's.

It freed him from a high-stress job, after all, and gave him time to explore a world of wonders through walking.

"I now view it as a blessing," he says.

"Body Language" appears Mondays in The Inquirer. Contact staff writer Art Carey at 215-854-4588 or [acarey@phillynews.com](mailto:acarey@phillynews.com).

The Walk for Parkinson's, organized by Kosciorek to raise money for research for a cure, begins Saturday at 9 a.m. at Lower Perkiomen Valley Park. For information and directions, call 215-576-1399.

## RESEARCH & REPORT CORNER

### IRRITABLE BOWEL SYNDROME (IBS)

This month is IBS – Month, (Irritable Bowel Syndrome). Diagnosing this condition is much easier than it has been in the past. Doctors are paying more attention to the symptoms presented than ruling out other possibilities through various tests, which has led to a quicker diagnosis and treatment plan. It is estimated that approximately two thirds of those who have IBS fail to see a physician about this problem. Many fear that the signs are linked to a probable diagnosis of cancer or they're simply too embarrassed to discuss it.

Classic symptoms include abdominal pain or discomfort. This differs from diarrhea or even functional constipation in that the abdominal pain is the chief symptom and complaint. So how do you know if have signs of having IBS?

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Symptoms to look for include weight loss, anemia, elevated white blood cell count, elevated sedimentation rate, suggesting inflammation or infection. If you have a family history of colon cancer, or inflammatory bowel disease, such as Crohn's disease or ulcerative colitis. Interestingly enough, those with classic IBS have nocturnal symptoms. When they go to sleep their gut goes to sleep too and the symptoms generally do not appear during the night.

In some cases, a stool exam may reveal such things as improper digestion, imbalance of beneficial bacteria or the presence of certain types of intestinal parasites that are not considered pathogenic but may present symptoms, suggesting an underlying cause of IBS. Food choices may also play a role in the cause of IBS. Anyone experiencing the cardinal symptoms of irritable bowel syndrome--abdominal pain, diarrhea and/or constipation, and uncomfortable distention after eating--should get a thorough physical exam and laboratory testing. Riskier diseases such as diverticulitis, regional enteritis, colitis, ulcers and cancer can begin with symptoms similar to those of IBS.

In many IBS patients, headache, nausea, heartburn, belching, gas, mucous stools, frequent urination and fatigue accompany the condition. Women with IBS often also suffer painful menstrual periods, prompting researchers to consider a hormonal connection.<sup>1</sup> In fact, women are three times more likely than men to contract IBS. Other daunting statistics indicate that 20 percent of Americans have suffered from IBS. It accounts for about half of all gastrointestinal complaints at medical facilities and 50 percent of referrals to gastrointestinal specialists.<sup>2</sup>

Not every IBS patient has the same set of symptoms, and onset of the condition and pain triggers vary from patient to patient. However, what seems to be consistent about IBS is that, left untreated, each individual's symptom pattern stays consistent from month-to-month and year-to-year. Significant changes in this pattern indicate a need for physician evaluation.

For decades naturopathic physicians have successfully treated IBS by using an individualized, cause-oriented approach. In many cases the cause can be found and then corrected, making symptom

treatment unnecessary. Dana Keaton, N.D., adjunct professor of nutrition and oncology at Southwest College of Naturopathic Medicine and Health Sciences in Tempe, Ariz., says IBS patients should work with a physician who is willing to look beyond the IBS diagnosis. "Gastroenterologists," she says, "do a good job of diagnosing IBS and ruling out bowel pathology. But from there, patients need to go further. They need to understand what is causing the functional problem and take care of it."

One way she and other naturopathic physicians address the problem is through diet. Diets low in fiber, high in sugar and fats, and including known bowel irritants such as coffee and alcohol, are certain antagonists for IBS. In simple poor-diet-induced IBS, a change to whole, fresh foods may lead to a complete cure. But a healthy, high-fiber diet clearly does not resolve all cases of IBS. That's because other digestive factors may play a significant role.

Food sensitivities have long been understood to contribute to IBS. Common well-known offenders are wheat and dairy. Anyone treating IBS patients should also consider the possible irritant effects of citrus, coffee, corn, eggs, garlic, soy, tea, and a variety of grains and fruits.<sup>2</sup>

Once a food sensitivity has been determined, eliminating the offending food can significantly improve IBS.<sup>5</sup> Knowing their food sensitivities can help people with IBS select useful fiber sources. Given the high incidence of wheat sensitivity, they may find that psyllium seed is a more readily tolerated bulking agent than wheat bran. Ispaghula (*Plantago ovata*), also called Indian flea seed, has even greater bulking properties. It stimulates intestinal motility and water retention. In a study of 80 patients with IBS, 82 percent generally improved following ispaghula treatment compared to 53 percent on placebo. Constipation significantly improved in the ispaghula group and was unchanged in the placebo group.<sup>6</sup> Many IBS patients with grain sensitivities also do well with pectin-based fiber found in citrus fruits, apples, and many other fruits and vegetables. Animal studies on pectin indicate that it is a good bulking agent, and it also improves colon structure and function.<sup>7</sup>

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The digestive process also plays a role in IBS. People with IBS can have abnormal bowel flora, inadequate digestive enzyme production, or a deficiency in short chain fatty acids (SCFAs), which are formed by fiber breakdown within the intestines. Certain specialty laboratories analyze stool for these markers, which can help doctors better understand a patient's intestinal function and craft an individualized treatment program.

Among the therapeutic agents used for IBS patients are probiotics such as *Lactobacillus acidophilus* and *Bifidobacterium bifidum*, digestive enzymes and fiber. Fibers such as apple and citrus pectins, guar gum and legumes are usually recommended for patients with SCFA deficiency, because they produce more SCFAs than insoluble grain-based fibers. Conventional research on these specific treatments of IBS is limited, but interest is increasing and will undoubtedly lead to further study.<sup>8-10</sup>

The single most prominent botanical used for IBS is peppermint (*Mentha piperita*) oil, the effectiveness of which has been known since the early 1900s. Its primary ingredient is menthol, which relaxes the muscles in the small intestine by reducing calcium influx.<sup>12</sup> The July 1998 *American Journal of Gastroenterology* contained a critical review of eight randomized, controlled trials of peppermint oil for IBS. Most studies use 0.2 mL (1 capsule) three times daily between meals. These studies collectively indicated that peppermint oil could provide symptomatic relief of IBS. Nonetheless, the study authors concluded that due to "methodological flaws" in each of the studies, the usefulness of peppermint oil has not been established "beyond a reasonable doubt," and more studies are needed.

For IBS patients wanting to try peppermint oil before all reasonable doubt has been eliminated, enteric-coated capsules seem to be the most useful. The enteric coating prohibits the absorption of antispasmodic menthol into the stomach, allowing it instead to be delivered directly to the large intestine.<sup>13</sup> Excess intake can cause nausea, appetite loss and other nervous system problems.

Two other spasmolytic herbs, chamomile (*Matricaria chamomilla*) and cramp bark

(*Viburnum opulus*), are used to reduce the cramping pain associated with IBS. Sedative herbs such as valerian (*Valeriana officinalis*) and scullcap (*Scutellaria lateriflora*) have both relaxing and antispasmodic properties, and therefore are indicated for IBS patients who also suffer with insomnia and/or anxiety.<sup>14</sup>

Perhaps more than most physical illnesses, IBS is an idiosyncratic medical condition. The symptoms vary from person to person, and what works for one person may not be at all useful for another. It is a condition that can teach all of us what holistic medicine truly means.

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## *PEP TALK*

*“Watch your thoughts, they become your words. Watch your words, they become your actions. Watch your actions they become your habits, watch your habits they become your character. Watch your character, it becomes your destiny.”*

*- Unknown*

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