



# “THE MESSAGE”

## Health & Fitness Newsletter

FEBRUARY 2004

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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 Fit For You contact:  
Joe Green  
CFPT, CSNC, MFBPC  
Fit For You  
Personal Training & Nutrition

[www.phyt4u.com](http://www.phyt4u.com)

Phone: (717) 579-8257  
Fax: (717) 545-2595

### WHAT’S NEW WITH FIT FOR YOU?

- The Fit For You website at [www.phyt4u.com](http://www.phyt4u.com) is currently undergoing some major renovations. The website will be designed to be more informative and will eventually offer everything from special reports to a library of articles, recipes, health and fitness products that you can purchase and much more. Stayed tuned and visit the site frequently.
- We are carefully selecting affiliates to establish links on the Fit For You website. These will be businesses that are highly regarded and recommended by Joe. Feel free to check out our website when it’s complete and visit our affiliates for an even greater resource of information.
- **FREE SESSIONS!!!** You can earn (2) Free Sessions every time you refer a friend, co-worker or family member and they mention your name when they actually sign on for any of the services offered by Fit For You.
- **Gift Certificates** are available again this month. Great for birthdays, anniversaries and for anyone you know of who could benefit from the gift of health. You can call direct at 717 579-8257 or send an email by visiting the Fit For You website at [www.phyt4u.com](http://www.phyt4u.com) to send an email of inquiry. Prices and several different packages are available.

# CHOLESTEROL – IT REALLY COUNTS

By Joe Green

Cholesterol is a soft, waxy substance present in the blood lipids (fats) and all body cells. The liver manufactures it and too much circulating cholesterol is a major risk factor for stroke and coronary heart disease, the number one killer in America today. In fact it is estimated by the American Heart Association that 102.3 million American adults have total blood cholesterol levels greater than 200 mg/dL and that amount is considered borderline high. Those who have a total cholesterol above 240 mg/dL have the twice the risk of a heart attack as those with a level of 200 mg/dL.

There is a “good” cholesterol (HDL) High-density lipoprotein. Keeping HDL levels high (above 60 mg/dL) reduces the risk of heart attack. On the other hand (LDL) is the “bad” cholesterol and it’s best to keep these levels low (below 90 100 mg/dL). Too much of this bad fat can clog arteries, increase heart attack and risk of stroke. It is also recommended to keep triglycerides, another type of blood fat below 150 mg/dL.

The importance of monitoring your cholesterol levels with routine checkups is a great preventative measure. Usually plaque builds up slowly in arteries and if not checked and regulated can result in a heart attack, stroke or angina. High cholesterol is normally caused by poor unhealthy dietary habits however this is not the only cause. High cholesterol can also result because of low thyroid function.

In the article I reviewed on this subject (Healthsmart today magazine; Winter 2004 Issue) natural alternatives were discussed with understanding that the supplements discussed would have to be reviewed and discussed with your healthcare provider before deciding whether or not try any of them. That advice should always be adhered to without exception. With that in mind the supplements mentioned were; *policosanol*, which has been shown to lower LDL levels, *Red yeast rice* shown to lower cholesterol, *Gugulipid* an Ayurvedic medicinal shown to lower cholesterol and triglyceride levels, *Garlic* shown to help

improve cholesterol levels, *Green Tea Extract* has shown that on a low fat diet you may be able to reduce LDL and increase HDL, *Niacin* shown to lower LDL, triglyceride and lipoprotein (a) levels while raising HDL levels.

Diet, lifestyle and genetics all contribute to a person’s chance of having cholesterol-control issues. Below are tips to help increase the good cholesterol (HDL):

- Improve diet
- Exercise
- Maintain healthy weight and body fat percentage
- Avoid or eliminate smoking
- Minimize saturated fats, trans fats by reducing consumption of animal products
- Increase fiber-rich fruits and vegetables
- Increase whole grain consumption

High cholesterol levels are very common today. This is a very important health risk that should be taken seriously and monitored especially since this condition can affect anyone regardless of age or gender. A natural and effective recipe to combat this condition starts with a healthy supportive diet and lifestyle changes wherever necessary.

**Joe Only Recommends the Best - To Meet Your Home Fitness Equipment & Cycling Needs...**



**Holmes Cycling and Fitness**

2139 Market Street  
Camp Hill, PA 17011  
Phone: 717-737-3461  
Fax: 717-737-2478  
Email: [allen@holmescycling.com](mailto:allen@holmescycling.com)  
Web: <http://holmescycling.com/>

## Strength Training Among Adults Aged Over 65 Years

January 23, 2004

ATLANTA (CDC) -- Few older adults aged 65 are engaging in sufficient levels of strength training.

Adults are encouraged to engage in strength training, also referred to as resistance training, on two or more days per week. The analysis of data from the 2001 National Health Interview Survey showed that 11% of adults aged 65 and older engaged in strength training two or more days per week.

Individuals who did not engage in strength training on two or more days per week were more likely to be women, less educated, obese, physically inactive and reported themselves as in fair or poor health.

Adults aged 65 and older are not getting enough strength training and findings from this report suggest the need to create more opportunities for strength training.



### A Few Tips From “The Guide To Great Legs”

Let's bring up the “rear” by starting with the *glutes*. You wanna' look good coming and going. To do it you need to have strong glutes: The gluteus maximus is the body's largest muscle—and the staple of balance, strength and explosive power. If your glutes are weak, your sport will suffer, you'll be more likely to have lower-back pain, and your posture and posterior will sag.

"Awesome for the butt!" Lie face down on a flat weight bench, with your hips near the end of the bench. Hold yourself in place by extending your arms straight out in front of you and grabbing the far end of the bench. Start with your legs spread in a "V," at least hip-width apart, toes just touching the

floor. Pressing your hips to the bench and contracting your stomach muscles slowly lift both legs off the floor, keeping them in the "V" position until they are parallel with the bench. Then bring your legs together and squeeze your butt. Keeping your legs together, lower them slowly back down until your toes touch the floor. Repeat. Beginners should try one set of 12 repetitions or so or as many as you comfortably can. Once you can do one set, add a second. When that gets too easy, add ankle weights

Your legs just aren't complete without working the lower part of your legs, the *calves*. Why you need strong calves: Running, jumping, pivoting, in short—any time you push off your foot, your calves come into play. Plus, if your calves aren't strong enough, the opposing (larger) glutes and hamstrings can overpower and tear them.

Shape up those calves with seated calf raises. They are simple and ruthlessly effective. Sit in a chair, toes of each foot resting on the edge of a thick book. Keeping your toes on the edge of the book, drop your heels toward the floor. Then, pushing down with your toes, raise your heels up as high as you can. Lower and repeat. Do three sets of 12 to 15 repetitions. Add resistance by putting a ten-pound dumbbell or weight plate in your lap. As your calves get stronger, increase the weight.

I hope you enjoyed these tips, they are among the many in my special report “The Guide To Great Legs.” If you're interested in the full report simply visit my website at [www.phyt4u.com](http://www.phyt4u.com) and request a copy by sending an email.

#### PEP TALK

*The beginning is the most important part of the work.*

*- Plato*

## RECIPE OF THE MONTH

### Zucchini-Oatmeal Muffins

¾ cup oats  
¼ cup pecan halves  
1 ½ cups all-purpose white flour  
1 cup whole wheat pastry flour  
1 ½ cups sugar  
1 ½ tablespoons baking powder  
1 ½ teaspoons cinnamon  
1 teaspoon salt  
¾ cup egg substitute  
½ cup applesauce  
¼ cup canola oil  
1 medium zucchini, grated

Preheat oven to 375°. Spray muffin tin (16 muffins) with nonstick cooking spray. Toast oats and pecans on a baking sheet for 10 minutes. Keep them separated, and stir them a couple of times while they bake.

Chop the pecans. Mix them together with ½ cup of the oats, the two flours, sugar, baking powder, cinnamon and salt.

In another bowl, whisk together the egg substitute, applesauce and oil. Add the zucchini. Stir this mixture into the dry mixture. Stir gently until just moist. Fill the muffin tins ¾ full. Sprinkle the tops with the leftover oats. Bake 20 to 25 minutes.



## RESEARCH & REPORT CORNER

### ARE THERE OTHER FORMS OF PARKINSONS?

My goal this year is to continue to provide as much information as possible about those afflictions that I work with and specialize in as a personal fitness coach who delivers the benefits of health and wellness to where it counts, at home. That means you will find information about Parkinson disease,

Multiple Sclerosis, Fibromyalgia, Cancer and Stroke primarily in this corner of the newsletter.

Stay tuned, this year a new resource of information for your benefit will be unveiled in the form of a wellness-website dedicated to gathering and providing information that you will find useful.

Also, if you know of anyone who you think would greatly benefit from this newsletter on a regular basis please send their email address and mailing address to me via email or by phone and they will receive this newsletter free for their own benefit and enjoyment.

Yes there are other forms of Parkinson disease, and my research led to following information. Other forms of Parkinson's may include the following:

- **Postencephalitic Parkinsonism.** Just after the First World War, a viral disease, encephalitis lethargic, attacked almost 5 million people throughout the world, and then suddenly disappeared in the 1920s. Known as sleeping sickness in the United States, this disease killed one third of its victims and in many others led to post-encephalitic parkinsonism, a particularly severe form of movement disorder in which some patients developed, often years after the acute phase of the illness, disabling neurological disorders, including various forms of catatonia. (In 1973, neurologist Oliver Sacks published *Awakenings*, an account of his work in the late 1960's with surviving post-encephalitic patients in a New York hospital. Using the then-experimental drug levodopa, Dr. Sacks was able to temporarily "awaken" these patients from their statue-like state. A film by the same name was released in 1990.) In rare cases, other viral infections, including western equine encephalomyelitis, eastern equine encephalomyelitis, and Japanese B encephalitis, can leave patients with parkinsonian symptoms.
- **Drug-induced Parkinsonism.** A reversible form of Parkinsonism sometimes results from use of certain drugs -- chlorpromazine and haloperidol, for example -- prescribed for patients with psychiatric disorders. Some drugs

*continued on page 5*

used for stomach disorders (metoclopramide) and high blood pressure (reserpine) may also produce parkinsonian symptoms. Stopping the medication or lowering the dosage causes the symptoms to abate.

- **Striatonigral Degeneration.** In this form of Parkinsonism, the substantia nigra is only mildly affected, while other brain areas show more severe damage than occurs in patients with primary Parkinson's disease. People with this type of Parkinsonism tend to show more rigidity and the disease progresses more rapidly.
- **Arteriosclerotic Parkinsonism.** Sometimes known as pseudoparkinsonism, arteriosclerotic Parkinsonism involves damage to brain vessels due to multiple small strokes. Tremor is rare in this type of Parkinsonism, while dementia -- the loss of mental skills and abilities -- is common. Antiparkinsonian drugs are of little help to patients with this form of Parkinsonism.
- **Toxin-induced Parkinsonism.** Some toxins -- such as manganese dust, carbon disulfide, and carbon monoxide -- can also cause Parkinsonism. A chemical known as MPTP (1-methyl-4-phenyl-1,2,5,6-tetrahydropyridine) causes a permanent form of parkinsonism that closely resembles Parkinson's disease. Investigators discovered this reaction in the 1980s when heroin addicts in California who had taken an illicit street drug contaminated with MPTP began to develop severe parkinsonism. This discovery, which demonstrated that a toxic substance could damage the brain and produce parkinsonian symptoms, caused a dramatic breakthrough in Parkinson's research: for the first time scientists were able to simulate Parkinson's disease in animals and conduct studies to increase understanding of the disease.
- **Parkinsonism-dementia complex of Guam.** This form occurs among the Chamorro populations of Guam and the Mariana Islands and may be accompanied by a disease resembling amyotrophic lateral sclerosis (Lou Gehrig's disease). The course of the disease is rapid, with death typically occurring within 5 years. Some investigators suspect an environmental cause, perhaps the use of flour from the highly toxic seed of the cycad plant. This flour was a dietary staple for many years

when rice and other food supplies were unavailable in this region, particularly during World War II. Other studies, however, refute this link.

### **Parkinsonism accompanying other conditions.**

Parkinsonian symptoms may also appear in patients with other, clearly distinct neurological disorders such as Shy-Drager syndrome (sometimes called multiple system atrophy), progressive supranuclear palsy, Wilson's disease, Huntington's disease, Hallervorden-Spatz syndrome, Alzheimer's disease, Creutzfeldt-Jakob disease, olivopontocerebellar atrophy, and post-traumatic encephalopathy.

### **Information Resources**

- *NIH Neurological Institute*  
P.O. Box 5801  
Bethesda, MD 20824  
(301) 496-5751  
800-352-9424

The National Institute of Neurological Disorders and Stroke, a component of the National Institutes of Health, is the leading Federal supporter of research on disorders of the brain and nervous system. The Institute also sponsors an active public information program and can answer questions about diagnosis, treatment, and research related to Parkinson's disease.

- *American Parkinson Disease Association*  
1250 Hylan Boulevard  
Staten Island, NY 10305  
(718)981-8001  
800-223-APDA (2732)

This association funds research; sponsors support groups, symposia, and information and referral centers; and publishes a newsletter and other educational manuals.

- *National Parkinson Foundation, Inc.*  
1501 N.W. 9th Avenue  
Bob Hope Road  
Miami, FL 33136-1494  
(305)547-6666  
800-327-4545 (in Florida 1-800-433-7022)

This foundation supports research, clinical services, and physical, occupational, speech, and psychological therapies. It also offers public education, disseminates information by means of its brochures, and raises public awareness of Parkinson's disease.