



“THE MESSAGE”

Health & Fitness Newsletter

JANUARY 2005

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WHAT'S NEW WITH FIT FOR YOU?

- April 4th at 6pm Joe Green has been invited to speak at the Women's Center in Hershey PA on Cherry Drive. He will be giving a dynamic presentation and brief demonstration about healthy supportive exercise and nutrition for the women members of the American Breast Cancer Support Group. If interested you may simply show up at the meeting or call Joe for more details.
- Joe was invited and accepted to serve as a council advisory member to the board for the National Multiple Sclerosis Society. Joe also continues to work with those who are challenged by this disease through his services brought to the home.

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.

IBS Irritable Bowel Syndrome

By Joe Green

Doctor Brian Lacy, MD says that he thinks one of the interesting things about irritable bowel syndrome is there's really no true typical patient and we see so many different patients they all have different stories. That being said, a typical presentation for a patient is that they may have had symptoms for many months with years of pain, bloating, constipation, and diarrhea. They may have tried to solve those problems on their own using a variety of over-the-counter agents and realize that they don't help and they finally bring this problem to the attention of their physician.

The further treatment of Irritable Bowel Syndrome depends on whether the patient's IBS manifests as IBS with Constipation or IBS with Diarrhea. Doctor Lin Chang, MD says that fiber is a good treatment for constipation. It may help ease of stool passage, but it doesn't really help any other symptoms, such as pain. Sometimes you can have side effects such as bloating or cramps. So he thinks it can help constipation, but it doesn't really help the multiple symptoms of IBS. For the treatment of IBS many take a laxative of

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some sort and there are many that could be used. Over the counter or prescriptions for constipation usually do not help with the pain associated with IBS.

However there is a drug called Zelnom, which works to treat the constipation so that people's bowel frequency increases like laxatives. The advantage compared to laxatives is that it also treats the abdominal pain and the bloating. Treatment for the person who has IBS with diarrhea may be more difficult to treat.

Another drug to treat IBS with diarrhea is called Lotronex, or alosetron. With Lotronex there is a risk of serious side effects, so its use is restricted to patients with severe diarrhea.

Finally treatment for IBS can involve changes in lifestyle, to lessen the frequency or severity of symptoms. Stress has been said to play a major predominant role in IBS. Taking some time to relax, timed breathing, relaxation exercises during the day can be very beneficial. Exercise, drink plenty of fluids and find something that really helps you unwind. Tai Chi, Qigong, meditation, massage, yoga and more are all helpful ways to reduce stress. Find what works best for you and get started right away.

PEP TALK

If you have the inner drive to know something or to excel in a given area nothing will dissuade you.

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Joe Green

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- >Nutritional Consulting (Learn The Ultimate Healthy Supportive Eating Philosophy)

The time and attention you need is dedicated to you during your one-on-one sessions. Finally, detailed instruction and explanation about exercise and your overall health are made easy to understand and become fun to enjoy as you are personally guided towards your goals for success! What you don't get in the gym but so desperately need is exactly what you will get here so... ***"Join the winning team today..."***

RECIPE OF THE MONTH

Spicy Black Bean Soup

1 tablespoon fat-free chicken broth
1 cup chopped onion
2 tsp. minced garlic
3 cups fat-free black beans
2-1/2 tsp. chili powder
1/4 tsp. cumin
28 oz. Mexican tomatoes and jalapenos
3/4 tsp. lemon juice

Lightly spray large soup pot with nonfat cooking spray. Pour chicken broth into pot and heat over medium-high heat. Add onion and garlic to pot and cook until tender and soft, about 2 to 3 minutes. Add beans, chili powder, cumin, tomatoes with juice, and lemon juice and mix well. Bring soup to a boil; reduce heat to low cover and simmer 15 minutes. If soup is too thick, add 3/4 to 1 cup water as needed.

Makes 6 Servings

Nutrition Facts: Calories: 187, Fat: 0g, Cholesterol: 0mg, Protein: 10g, Carbohydrates: 34g, Fiber: 5g, Sodium: 700 mg

IT'S THE BERRIES!

By Alice Henneman, MS, RD, Extension Educator & Dietitian

The results looked "berry" good for berries in 2004 when United States Department of Agriculture (USDA) researchers released a list of the top 20 antioxidant-rich foods in a study of over 100 commonly consumed foods tested (*Journal of Agricultural and Food Chemistry*, June 9, 2004).

Wild blueberries, cultivated blueberries, cranberries, blackberries, raspberries and strawberries took six of the top 11 spots. Here's the complete top 20 list--from highest to lowest in antioxidant activity--based on serving size:

1. Small red beans, (dry, cooked), 1/2 cup
2. **WILD BLUEBERRIES**, 1 cup
3. Red kidney beans, (dry, cooked), 1/2 cup
4. Pinto beans, (dry, cooked), 1/2 cup
5. **BLUEBERRIES (CULTIVATED)**, 1 cup
6. **CRANBERRIES**, 1 cup whole
7. Artichokes (cooked), 1 cup hearts
8. **BLACKBERRIES**, 1 cup
9. Prunes, 1/2 cup
10. **RASPBERRIES**, 1 cup
11. **STRAWBERRIES**, 1 cup
12. Red delicious apples, 1
13. Granny Smith apples, 1
14. Pecans, 1 ounce
15. Sweet cherries, 1 cup
16. Black plums, 1
17. Russet potato, (cooked), 1
18. Black beans (dry, cooked), 1/2 cup
19. Plums, 1
20. Gala apples, 1

"Just like rust on a car, oxidation can cause damage to cells and may contribute to aging," states the American Dietetic Association. Antioxidants may help increase our immune function and protect against cancer and heart disease. They function by neutralizing the damaging effects of "free radicals" that form during cell metabolism as oxygen is burned.

In identifying these foods, researchers cautioned their antioxidant activity in the laboratory may differ from their antioxidant activity in the body. Absorption capacity may vary, and cooking processes may affect antioxidant levels. For example, cooking increased the antioxidant content of tomatoes but decreased levels in carrots. While a food didn't make the top 20 for antioxidant activity, it may still be a source of other health benefits.

Foods offer advantages over supplements in supplying antioxidants. They may provide compounds that offer benefits of which we're presently unaware. Foods also may contain additional substances that work with antioxidants to make them effective.

The American Heart Association(AHA) states, "At this time, the scientific evidence supports a diet

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high in food sources of antioxidants and other heart-protecting nutrients, such as fruits, vegetables, whole grains and nuts instead of antioxidant supplements to reduce risk of CVD (coronary vascular disease). AHA further advises, "Some studies even suggest that antioxidant supplement use could have harmful effects."

While we wait for more to be known about antioxidants, we already have a good reason to eat berries. They taste good! Here are some recipes to get you started.



Some Pain Relievers Link to Heart Risk!

When the pain reliever Vioxx was pulled from the market in September because it was found to increase risk of heart attack and stroke, many doctors and patients wondered about the safety of similar drugs.

On Friday, December 17, Pfizer, the maker of these drugs, called Celebrex and Bextra, announced that a study looking at Celebrex for the prevention of colon cancer found that it increased risk of heart attacks.

The same day, doctors from the Vanderbilt University School of Medicine raised questions about the safety of Bextra in the online version of *The New England Journal of Medicine*. In November, the Food and Drug Administration required Pfizer to include a warning label on Bextra about potential heart problems in people who have undergone bypass surgery.

In the National Cancer Institute (NCI)-sponsored trial of Celebrex, patients were randomized to

receive Celebrex or a placebo. The researchers found that participants who received 400 mg of Celebrex twice daily had a 3.4 greater risk of heart attack than those on placebo, while participants taking 200 mg twice daily had more than twice the heart attack risk of the patients taking the placebo. The NCI has since stopped the trial, which followed participants for almost three years on average.

Another long-term cancer prevention study did not find a higher risk of heart attack in participants taking Celebrex at 400 mg daily. Celebrex is approved for the treatment of arthritis and pain at recommended doses of 100 mg to 200 mg daily.

Celebrex, Vioxx and Bextra are part of a class of drugs called COX-2 inhibitors, which had been an appealing option for people with arthritis, as well as people with acute pain and menstrual pain, because they are thought to be less likely to cause the gastrointestinal problems associated with the regular use of other non-steroidal anti-inflammatory drugs (NSAIDs), such as aspirin, ibuprofen and naproxen.

Traditional NSAIDs block both forms of an enzyme called cyclooxygenase, or COX, in order to reduce pain and inflammation. But because a form of the enzyme called COX-1 also protects the stomach, COX-2 inhibitors were developed to block more of COX-2 than COX-1.

Certain physicians have been calling for studies to examine the heart attack and stroke risk in each COX-2 inhibitor for years. Debabrata Mukherjee, MD, a cardiologist at Gill Heart Institute at the University of Kentucky in Lexington, was the coauthor of a review published in 2001 in *The Journal of the American Medical Association* that called for trials to evaluate risk in COX-2 inhibitors.

"I think we were behind the eight ball on this," Dr. Mukherjee said. "If the initial reports of cardiovascular problems were taken seriously, we could have seen these results in 2002 instead of 2004, but I'm glad the studies are being done now."

A. Mark Fendrick, MD, a professor of medicine and health management and policy at the University of

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Michigan Medical School in Ann Arbor, says that new research has serious implications for patients.

"In light of the discouraging news about Celebrex and worrisome signals about Bextra, individuals who are taking either of these COX-2 inhibitors should immediately contact their physician about the benefits these drugs have for them," Dr. Fendrick said. "Given the availability of other therapies that provide an equivalent level of pain relief, it would be prudent to avoid Celebrex and Bextra until we know about their cardiovascular safety for sure."

Dr. Fendrick recommended that people "go back to the future" and take a traditional anti-inflammatory drug, such as ibuprofen, for pain relief.

"A large number of patients taking COX-2 inhibitors will do just fine with the older, traditional anti-inflammatory drugs," he said. "Those with gastrointestinal problems could use an older drug with a proton pump inhibitor such as Prilosec, Nexium or Prevacid to protect their stomachs."

RESEARCH & REPORT CORNER

RESTLESS LEG SYNDROME

Imagine that you're lying in bed, exhausted, but overwhelmed by an uncomfortable crawling sensation in your legs that is only relieved when you move them. Rather than getting the sleep you need, you spend the wee hours rubbing your legs or pacing the floor. For between 5 and 10 percent of Americans, this unwelcome scenario plays out nightly because they suffer from a sleep-related neurological disorder called restless leg syndrome (RLS).

People describe the strange sensations, which tend to worsen with age, as feeling as if they have ants or cola in their veins. With more severe disease, the feeling can occur not just at night but anytime someone is at rest, leading to interrupted movies

and business meetings and miserable plane trips, as well as insomnia.

Fifteen years ago, people with RLS were never diagnosed, and even today it's estimated that 75 percent of people with RLS go undiagnosed. For those who are lucky enough to put a name to their symptoms, therapies are available. But an improved understanding of the causes of RLS may lead to better therapies.

More and more research suggests that a lack of iron—a mineral that helps courier oxygen to the cells so they can function—plays a role in the development of RLS. While iron supplements are already used to treat certain RLS patients, uncovering iron's exact role may provide new treatment options for a broader group.

Why Iron?

"We know that iron deficiency is involved because every condition that produces iron deficiency, such as anemia or pregnancy, increases the risk of RLS dramatically," says Richard Allen, PhD, a diplomat on the American Board of Sleep Medicine and a founder of the Johns Hopkins Sleep Disorders Center. In fact, based on studies of hospital patients, about 40 percent of people with anemia had RLS and about 20 percent to 40 percent of pregnant women have RLS.

Another way researchers know that iron plays a role is iron-deficient patients' response to iron supplementation. "Then when the iron deficiency is corrected, the RLS often remits," Dr. Allen says.

For Some, It's a No-Brainer

Some people with RLS, however, have normal iron levels. Researchers say that's not a reason to discount iron as an underlying cause of their RLS. Studies indicate that the problem is that the brains of RLS patients may not absorb iron normally.

In a post-mortem study of people with RLS published last summer in *Neurology*, James Connor, PhD, a professor and vice chair of neurosurgery at Penn State University in Hershey, Pennsylvania, and colleagues used magnetic resonance imaging (MRI) and analyzed brain tissue. They found that

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iron levels were low in brain cells in a particular area of the brain called the substantia nigra, and that there were not enough receptors to bind to a protein called transferrin that brings iron to and from the cells. Thus, RLS seems to result from a decreased ability of brain cells to acquire iron. This abnormality could be a genetic defect, Dr. Connor says.

"There are no consistent pathological changes in the RLS brain such as the plaques in Alzheimer's brains, so the RLS brain looks like a normal brain," Dr. Connor says. "But we've found a profile of iron deficiency in the brain."

Pump Up the Iron

For now, doctors should test blood iron levels in their RLS patients. Although there are other ways to determine iron status, doctors usually measure blood levels of ferritin, a protein used to store iron, because ferritin levels best correlate with the symptoms of RLS. People with low ferritin levels may benefit from a 325 mg daily dose of a ferrous sulfate iron supplement, or other supplement that contains an equivalent amount of elemental iron. This should be taken along with vitamin C to improve absorption.

People may also benefit from eating iron-rich foods such as red meat and green leafy vegetables, though one also has to consider other health issues, such as heart disease, when eating red meat.

Dr. Allen says that people with RLS shouldn't take iron supplements without consulting a doctor because they may have hemochromatosis, a genetic condition that cause people to absorb too much iron. Iron supplements can also cause gastrointestinal upset, constipation and headaches.

In the future, iron supplementation may be a treatment option for more patients. In a study published in *Sleep Medicine* in May, Christopher Earley, MD, and colleagues at the Johns Hopkins Center for Restless Leg Syndrome reported treating people with RLS and normal iron levels—who presumably still have an iron deficit in the brain—with 1,000 mg of iron delivered via an IV. Because the IV infusion bypasses the gut, unlike oral iron, iron absorption is minimized and more iron is available to get into the brain.

The researchers found that the IV iron led to a complete remission of all RLS symptoms for between a few weeks and several months in 60 percent of the patients who were treated. "Even people with normal iron levels in the blood, if you give them IV iron, will show a reduction in RLS symptoms and even long-term relief," says Dr. Allen, who cautions that this treatment, and its side effects, need to be tested against a placebo before it can be accepted as valid.

Other Treatments

While this IV iron treatment still needs further study, other treatments are being used widely. A class of drugs known as dopamine agonists, which is largely used for Parkinson's disease, appears to be very effective for RLS at low doses. According to Dr. Connor, an enzyme that makes the brain chemical dopamine is an iron-requiring enzyme, so iron deficiency changes the balance in the dopamine system. Dopamine agonists reduce symptoms by replacing the insufficient amounts of dopamine that are thought to induce RLS.

People with more severe symptoms may need other medications as well, such as a type of anticonvulsant that relieves neuropathic pain and pain relievers called opioids. Non-prescription therapies include exercising and limiting intake of caffeine, alcohol and tobacco. People also report that engaging in pre-bedtime activities that involve intense concentration, such as knitting or computer games or painting, or just taking a warm bath, can help.

These treatments don't work for everyone with RLS, however. According to Dr. Allen, about 10 to 15 percent of patients do not have relief with current treatment options.

Still, this is a promising time for RLS doctors, researchers and patients. For starters, studies have confirmed that patients have a genuine biological disorder. "It's helping patients know that there really is an underlying biological cause of RLS," Dr. Connor says. "Patients are armed with information and can go to their physician and say 'I want a serum ferritin check,' rather than leave the physicians office thinking that their RLS is all in their head."

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Sources:

Connor JR, Wang XS, Patton SM, Menzies SL, Troncoso JC, Earley CJ, Allen RP. Decreased transferrin receptor expression by neuromelanin cells in restless leg syndrome. *Neurology*. 2004;62(9):1563-7.

Earley CJ Heckler D, Allen RP. The treatment of restless leg syndrome with intravenous iron dextran. *Sleep Medicine*. 2004;5(3):231-5.

RESEARCH & REPORT CORNER CONTINUED...

THE LATEST ON STEM CELL RESEARCH

From: The PDF

Robin Anthony Elliott, Executive Director

The advances and setbacks in the progress toward stem-cell research have succeeded each other in such a rapid fashion. Let's review the most significant recent developments.

Scientists all over the world are engaging in groundbreaking investigations into how these versatile cells might relieve the symptoms of a variety of diseases, including Parkinson's. The hopeful indications grow with each passing month. But these advances merely scratch the surface. Most of the current projects deal with the effects of stem cells on animals rather than humans. There are still risks to human beings, the nature of which have to be explored before scientists can engage in widespread projects with human subjects.

There are still major questions about the relative merits and challenges of the various types of stem cells --for example, embryonic stem cells, stem cells extracted from the blood of umbilical cords, or adult stem cells, such as those extracted from bone marrow. The embryonic stem cells appear to be the most flexible in developing into cells capable of regenerating functions of the brain, the pancreas, the heart, or other organs. But the embryonic stem cells still seem to pose threats -- for example, in the uncontrolled growth that can lead to tumors. The possibilities of embryonic stem cells are so great, however, that it remains crucially important to leave scientists free to explore their potential.

Meanwhile, the road to the expansion of such research continues to be blocked by the attitude of

the Bush Administration, which has taken the position that the only embryonic stem cell lines which can be used by federally financed investigators are the 67 -- most of which were unusable -- that the government identified as having existed before August 9, 2001, when the current policy was put into place.

There was one encouraging sign early this month in the language used by Dr. Elias Zerhouni, the director of the National Institutes of Health (NIH), in his reply to 206 members of Congress who had written the president pressing him to alter his stem cell policy. In his carefully crafted letter, Dr. Zerhouni reiterated the President's stand that tax dollars not be used to "sanction or encourage further destruction of human embryos." But he added, "it is also fair to say from a purely scientific perspective more cell lines may well speed some areas" of research. "It's certainly not a change in policy," Representative Michael B. Castle, Republican of Delaware, was quoted as saying. "I look upon it as an invitation to have further discussions." Rep. Castle is one of the spearheads of the effort in the House to change the President's policy.

The most hopeful recent advances have been in individual states. In New Jersey, the legislature approved and the Governor signed a bill that affirms the value of embryonic stem cell research, while outlawing reproductive cloning. This law makes New Jersey only the second state, after California, to pass legislation promoting stem cell research. The law is expected to encourage the growth of such research in New Jersey (which, incidentally, is home to the nation's largest concentration of pharmaceutical companies). Within days of signing the bill, in a move to give New Jersey a jump on the rest of the country, Governor James McGreevey proposed publicly to create a \$50 million stem-cell research center to attract top researchers from around the world. The new institute will be a joint project of the University of Medicine and Dentistry of New Jersey and Rutgers University. To get the ball rolling, pro-stem cell legislators have proposed a \$6.5 million line in the FY 2005 state budget. In New York, a statewide coalition comprising dozens of advocacy groups and university research centers is mobilizing to win passage of pro-stem cell

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legislation in the Republican-controlled State Senate. A similar measure triumphed easily in the Democrat-controlled State Assembly last year.)

In California, pro-stem-cell research activists -- faced with the nation's most serious and notorious state budget deficit -- have come up with the novel approach of framing a funding proposal as a bond issue to be put to a referendum vote at the time of the general election in November. The amount proposed will be \$290 million.

In February, scientists in South Korea in February announced that they had successfully created human embryos through cloning and have extracted embryonic stem cells, the type of cell that holds the greatest promise for medical research. The announcement brought an immediate storm of protest from one wing of American observers, charging that this is a dangerous move along the road to human cloning. Others, including the Parkinson's Disease Foundation, argue that the science has the long-term potential of generating therapies for a variety of human diseases and that the possible abuses -- for example, attempts at human cloning -- will be expressly prohibited in law and professional practice.

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HEALTHY RECIPE

Spicy Black Bean Soup

Makes: 6 servings

Ingredients:

- 1 tablespoon fat-free chicken broth
- 1 cup chopped onion
- 2 tsp. minced garlic
- 3 cups fat-free black beans
- 2-1/2 tsp. chili powder
- 1/4 tsp. cumin
- 28 oz. Mexican tomatoes and jalapenos
- 3/4 tsp. lemon juice

Directions:

- Lightly spray large soup pot with nonfat cooking spray. Pour chicken broth into pot and heat over medium-high heat.
- Add onion and garlic to pot and cook until tender and soft, about 2 to 3 minutes.
- Add beans, chili powder, cumin, tomatoes with juice, and lemon juice and mix well.
- Bring soup to a boil; reduce heat to low cover and simmer 15 minutes. If soup is too thick, add 3/4 to 1 cup water as needed.

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