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Are You Familiar With Renovascular Disease?

Most kidneys work efficiently in cleaning the blood of its impurities while keeping the body’s fluids and electrolytes in balance. But sometimes the arteries of the kidneys can narrow or become blocked — which can do incredible damage to this sophisticated filtration system and prevent the kidneys from receiving an adequate blood supply. What are renovascular diseases and can they be cured? The following information will help you talk to your urologist.

What are renovascular diseases?
Renovascular diseases are disorders primarily affecting the arteries of the kidneys and resulting in hypertension and kidney dysfunction. There are primarily two diseases of the renal (kidney) arteries: atherosclerotic renal artery stenosis (AS-RAS) and fibromuscular dysplasia (FMD).

Atherosclerosis (hardening of the arteries) accounts for approximately 90 percent of renovascular disease cases and it may also involve the smaller branches of the renal artery. The prevalence of AS-RAS increases with age, particularly in patients with diabetes, aortoiliac occlusive disease, coronary artery disease or hypertension. Of patients with AS-RAS, progressive abnormal narrowing of the renal artery has been reported in 51 percent five years after the diagnosis has been made and anywhere from 3 to 16 percent of the arteries become totally blocked. Shrinkage of the kidney occurs in approximately 20 percent of patients. AS-RAS is a common and progressive disease, particularly in patients with diabetes or other manifestations of hardening of the arteries. Nevertheless, it is likely that many cases are never detected because hypertension or kidney failure does not develop.

FMD is a collection of vascular diseases that affects the various linings of the renal artery and accounts for approximately 10 percent of cases of renal artery stenosis. FMD is more common in women and individuals between the ages of 25 and 50 and frequently involves the main renal artery and its branches. It is characterized by a beaded appearance on kidney angiograms. In contrast to atherosclerosis, FMD rarely leads to total renal artery blockage. The cause of FMD is unknown, although many theories have been advanced including those involving a genetic predisposition, smoking, hormonal factors and disorders of the blood supply to the renal artery itself.
How to tell if you should be concerned?
Although renovascular disorders often contribute to accelerated or malignant hypertension, it is not readily distinguishable from other forms of hypertension.

Certain classic features — like no family history of hypertension, recent onset of hypertension or the onset of hypertension before the age of 50 — are more suggestive of renovascular hypertension than other forms of high blood pressure.

How are renovascular diseases diagnosed?
Patients with certain clinical features associated with renal artery stenosis are often considered for further evaluation. The evaluation may include studies to assess overall kidney function and/or assess differential blood flow.

Renal angiograms may also be used since they can provide a silhouette of the renal artery that can confirm the diagnosis. A renal angiogram can also identify the cause of the renal artery stenosis, evaluate the extent of the disease and detect associated aneurysms or diseases that block the aorta.

What are some treatment options?
Treatment consists of medication to control hypertension and may also include aspirin and cholesterol-lowering drugs as well. If the patient is a smoker, it is suggested that he/she stop smoking immediately. High blood pressure pills are very effective in controlling blood pressure, but progressive artery constriction may result in loss of kidney tissue and progressive kidney failure, especially if renal artery stenosis affects both kidneys.

Balloon angioplasty for mural dysplastic disease is approximately 85 percent effective in curing hypertension and preventing progressive kidney failure. In atherosclerotic disease, balloon angioplasty has been supplemented with renal artery stent placements. Research has shown this to be effective for the short term but may not be appropriate for the long term.

Surgical revascularization is indicated when antihypertensive medications, balloon angioplasty and stent placement fail to control the patient's hypertension. Surgical revascularization is also indicated when there is progression of kidney failure. There are a whole host of surgical procedures available, such as aortorenal bypass grafts and extra anatomic bypass procedures. Occasionally, some patients require a surgical procedure called bench surgery. This procedure consists of removal of the kidney with renal artery reconstruction outside the body and then transplantation of the kidney back into the patient after the renal vessels have been reconstructed. Depending upon the nature and severity of the disease, bypass surgery controls the blood pressure in 90 to 95 percent of patients and stabilizes or prevents progressive kidney failure in 85 to 90 percent of patients if the patients are surgically treated before their serum creatinine reaches the level of 3.0.

Following treatment, the patient can expect their blood pressure to be improved or cured, as well as an improvement in kidney function. Over a period of 40 months, disease may recur in 15 percent of the patients with mural dysplasia who have undergone balloon angioplasty. Of the patients with atherosclerotic renal artery stenosis treated with balloon angioplasty and stent, 44 percent may note failure to control the blood pressure or progression of kidney failure. Therefore, careful post-treatment follow up is required.

FAQs
Can renovascular disease lead to kidney failure?
Yes. Signs of oncoming kidney failure can be: puffy eyes, hands and feet; loss of appetite; nausea and vomiting; a bad taste in the mouth; weight loss; generalized and persistent itchy skin; muscle twitching or cramping; and a yellowish-brown tint to skin color. As the kidney failure gets worse and the toxins continue to build up in the body, seizures and mental confusion can occur.

What are some complications of renovascular disease?
Some complications can include: heart disease, stroke, heart attack, congestive heart failure, blood vessel damage, kidney failure/damage and loss of vision.

Can renovascular disease be prevented?
No. However, its onset may be slowed down by controlling conditions that can cause it, such as hypertension. Eating a healthy diet is always recommended.
Tri-State Patients Enjoy Using Exilis to Reduce Wrinkles and Tighten Skin

By Tri-State Primary Care and Grayson Health Park

The search for a shapelier silhouette and younger looking face continues to drive patients to seek aesthetic procedures, but not everyone is willing to go under the knife to lose wrinkles and inches. Exilis is a non-invasive treatment to reduce unwanted fat and tighten sagging skin on the face and body. Exilis is ideal for our busy clients because it requires no downtime and no anesthesia—not even an ibuprofen.

Lost skin laxity, fine lines, wrinkles, fat deposits, and cellulite are associated with the signs of aging. While many men and women want to “age gracefully,” it can be difficult due to the way the body changes over time and how patients have cared for their skin. Many patients feel their only solution is surgery, but plastic surgery can be invasive and, in many cases, unnecessary. Patients who want to address mild signs of aging skin such as laxity, wrinkles, and cellulite may instead enjoy the benefits provided by Exilis.

Exilis uses radio frequency energy to target areas deep down in the skin and stimulate collagen production, while shrinking fat cells and boosting the body’s metabolism to burn unwanted fat in the targeted areas.

One of the primary reasons patients consider Exilis for areas of the body such as the face is for the skin tightening and wrinkle reduction properties. Exilis can firm the skin while reducing fine lines and wrinkles that form on the face with age.

The Exilis laser is a superb skin tightening technique. Exilis is used to reduce the appearance wrinkles by using heat to stimulate the skin’s natural collagen and give the skin a tighter, more youthful appearance. There is no fat loss in the face with this procedure, it is the other facet of this extraordinarily diverse machine.

The treatment itself typically causes a mild heating sensation in the targeted area, but no discomfort or pain. The most optimal results are usually achieved after about four or five treatment sessions over a six-week period.

Patients report feeling as though they look several years younger after undergoing consistent Exilis sessions.

Exilis also complements pre and post treatments in invasive liposuction procedures by providing after surgery smoothing and skin tightening. Exilis treatments can postpone or eliminate the need for invasive surgery particularly for patients with mild to moderate fat deposits and who may not be candidates for liposuction surgery.

It is important to note that Exilis has been cleared for use by the FDA for improving skin laxity and the appearance of wrinkles, and a majority of Exilis users have reported a significant reduction in fat volume. Reduce wrinkles, tighten skin, improve collagen growth, and even lose inches! Schedule your complimentary consultation for the Exilis treatment today.

Patients who want to learn more about Exilis are encouraged to contact one of our offices to schedule a consultation appointment. During the consultation visit, patients can discuss their skin concerns and find out if they are viable candidates for this treatment. Patients are encouraged to be realistic about the results and will learn what to expect before, during, and after their treatments. Call today for your appointment!
Ear Infections and Tubes

Chances are that your child has had at least one ear infection. An ear infection is an inflammation of the middle ear, usually caused by bacteria, that occurs when fluid builds up behind the eardrum. Anyone can get an ear infection, but children get them more often than adults. Three out of four children will have at least one ear infection by their third birthday. In fact, ear infections are the most common reason parents bring their child to a doctor.

Why are children more likely than adults to get ear infections?

- Eustachian tubes are smaller and more level in children than they are in adults. This makes it difficult for fluid to drain out of the ear, even under normal conditions. If the eustachian tubes are swollen or blocked with mucus due to a cold or other respiratory illness, fluid may not be able to drain.
- A child's immune system isn't as effective as an adult's because it's still developing. This makes it harder for children to fight infections.
- As part of the immune system, the adenoids respond to bacteria passing through the nose and mouth. Sometimes bacteria get trapped in the adenoids, causing a chronic infection that can then pass on to the eustachian tubes and the middle ear.

How can I tell if my child has an ear infection?

Most ear infections happen to children before they've learned how to talk. If your child isn't old enough to say "My ear hurts," here are a few things to look for:

- Tugging or pulling at the ear(s)
- Fussiness and crying
- Trouble sleeping
- Fever (especially in infants and younger children)
- Fluid draining from the ear
- Clumsiness or problems with balance
- Trouble hearing or responding to quiet sounds

What causes an ear infection?

An ear infection usually is caused by bacteria and often begins after a child has a sore throat, cold, or other upper respiratory infection. If the upper respiratory infection is bacterial, these same bacteria may spread to the middle ear; if the upper respiratory infection is caused by a virus, such as a cold, bacteria may be drawn to the middle ear as a secondary infection. Because of the infection, fluid builds up behind the eardrum.

Other nearby parts of the ear also can be involved in ear infections. The eustachian tube is a small passageway that connects the upper part of the throat to the middle ear. Its job is to supply fresh air to the middle ear, drain fluid, and keep air pressure at a steady level between the nose and the ear.

Adenoids are small pads of tissue located behind the back of the nose, above the throat, and near the eustachian tubes. Adenoids are mostly made up of immune system cells. They fight off infection by trapping bacteria that enter through the mouth.

What happens if my child keeps getting ear infections?

To keep a middle ear infection from coming back, it helps to limit some of the factors that might put your child at risk, such as not being around people who smoke and not going to bed with a bottle. In spite of these precautions, some children may continue to have middle ear infections, sometimes as many as five or six a year. Your doctor may want to wait for several months to see if things get better on their own but, if the infections keep coming back and antibiotics aren't helping, many doctors will recommend a surgical procedure that places a small ventilation tube in the eardrum to improve air flow and prevent fluid backup in the middle ear. The most commonly used tubes stay in place for six to nine months and require follow-up visits until they fall out.

Should my child get ear tubes?

According to the guideline that was released last year, children who have very frequent ear infections and who also hold on to fluid - meaning their infections don't clear up quickly - are candidates for ear tubes.

In addition, children who have had fluid build-up in both ears for more than three months and are experiencing difficulties such as not hearing well in loud group situations or listening to someone speak who is not looking at them - a teacher writing on a chalkboard, for example - should also be offered tubes, according to the guideline. That also goes for children who have had fluid build-up for more than three months in only one year, but whose quality of life is being affected by it.

Children who are at higher risk for fluid build-up-related developmental delays should also be given tubes. That includes children diagnosed with autism, permanent hearing loss, Down syndrome or any other developmental delay.

If placement of the tubes still doesn't prevent infections, a doctor may consider removing the tonsils and adenoids to prevent infection from spreading to the eustachian tubes.

For more information about ear infections and ear tubes, please call our office at 606-324-2600, we are happy to answer any questions you might have!
Did you know that over four million Americans have Alzheimer's disease?

One out of every three families deals first-hand with the disease, which does not discriminate between ethnic origins or races.

Generally signs and symptoms present after the age of 60, however, in rare cases people in their forties and fifties can develop early onset Alzheimer's.

It is often difficult for people to determine whether or not the memory loss they (or a loved one) experiences is a normal part of the aging process or something that should cause concern. The first thing to remember is that Alzheimer's disease is not a normal part of aging. If you are concerned with the amount of memory loss being experienced, ask yourself the following questions:

**Does the memory loss interfere with everyday life?**

*Can notes or calendars be used to track events of the day?*

*Are written or oral directions difficult to follow?*

*Can steps be retraced or a logical method be used to find a lost item?*

If everyday life is affected from memory loss and notes are no longer an effective method for tracking events, there may be cause for concern. In addition, when something is lost there should be a logical method to determine where the item may be. If that is no longer possible, there is reason to be concerned and an appointment should be scheduled with a primary care physician. A proper diagnosis is important because these symptoms may be occurring for numerous reasons.

Alzheimer's disease accounts for more than 50% of all dementias. Vascular dementia, also called Multi-Infarct Dementia (MID), is the second most common cause and it accounts for 20% of dementias. Vascular dementia is caused by small strokes, sometimes not even noticeable to the patient or to the family. The deterioration from this dementia often occurs in steps instead of a more continuous downward pattern. Vascular dementia can co-exist with Alzheimer's disease and together they account for another 20% of all dementias.
There is no single test for Alzheimer’s disease. In fact, the medical diagnosis of Alzheimer’s disease is a diagnosis of exclusion; all other diseases must be ruled out. With a thorough assessment, the clinical diagnosis of Alzheimer’s disease is considered 80-90% accurate. The only way to be 100% accurate is through an autopsy to look for specific abnormalities. A qualified primary care physician, internist, geriatrician, neurologist or psychiatrist can make the diagnosis through a series of steps for a complete evaluation. A physical exam is done to rule out treatable medical conditions that may be present. Blood tests are done to evaluate the kidney, liver and thyroid B12 and folic acid levels as well as STD. Mental status exams are used to discover memory, judgment or reasoning problems. It is also helpful for the physician to interview the family to help gather information about past and current problems, especially if the patient is unable to relate them accurately.

Once a diagnosis of Alzheimer’s disease has been made, the question is often asked if the patient should be told about the diagnosis. This is an individual decision; there is no right or wrong answer. In some cases it can help the person in understanding why they are forgetting. Methods of staging this disease differ; this article uses a three-stage method of early, middle and late stages.

Early stage Alzheimer’s disease can last any length of time. Others may suspect something is wrong and the person may deny there is a problem during this stage. Memory loss is often the first noticeable change, and recent memory is the first to fail. Unlike normal forgetfulness, the problem occurs more frequently and becomes more serious over time. Other noticeable changes in the early stage include some personality changes, difficulty in calculating numbers, poor judgment, and activities of daily living become more difficult or take much longer to do.

During the middle stage of Alzheimer’s disease, symptoms of the early stage worsen. Behavior changes are increasingly obvious to others as outbursts of anger, suspiciousness, and anxiety may appear. This stage will often show a dramatic increase in memory loss. Confusion about time worsens during this stage as well. Gradually, constant supervision becomes necessary.

The late stage is characterized by increasing dependence on others for all needs. This is because walking, independent eating and other motor skills are lost. Bladder and bowel incontinence occur and swallowing problems develop. During this stage all meaningful speech is lost and the person does not recognize himself or family.

Alzheimer’s disease and other progressive, non-reversible dementias affect more areas of the brain as the disease progresses. Eventually the areas that control basic life functions like swallowing and breathing will be irreversibly damaged and the person will die. However, it is more likely that the immediate cause of death will be something other than dementia. Pneumonia, heart failure, and diabetes are some of the most common causes of death among those with Alzheimer’s disease.

If you or someone you love has been diagnosed with Alzheimer’s, there is comfort in knowing that assistance and support is readily available. Caring for a loved one with Alzheimer’s disease or a related memory loss is a difficult and challenging experience. The staff at Morning Pointe under
Do you wake up with, or develop a dull headache during the day?

2. Do you have pain and tightness in your neck?

3. Do you have numbness and a tingling sensation in your fingers?

4. Do you have pain, especially at night in your wrist?

5. Do you have “toothache-like” pain that goes down your leg?

6. Do you get terrible migraines that keep you out of work?
How does an ophthalmologist become certified?
After four years of college and eight additional years of medical education and training, a certified ophthalmologist must pass a rigorous two-part examination given by the American Board of Ophthalmology.

When should I see an ophthalmologist?
You should have your eyes examined by an ophthalmologist if you have any of these signs or risk factors for eye disease:
• decreased vision, even if temporary;
• distorted vision;
• new floaters (black “strings” or specks in the (vision) and/or flashes of light;
• a curtain or veil blocking vision;
• haloes (colored circles around lights);
• an eye injury or eye pain;
• red eye;
• bulging of one or both eyes;
• misaligned eyes;
• double vision;
• loss of peripheral (side) vision;
• high blood pressure;
• diabetes mellitus;
• AIDS;
• thyroid disease-related eye problems (Graves’ disease);
• a family history of eye disease;
• excess tearing;
• eyelid abnormalities;

Based on the examination, your ophthalmologist will let you know how often to return for follow-up exams.

Because of an increased risk for glaucoma, people of African or Hispanic descent should see an ophthalmologist even if they have no other signs of or risk factors for eye disease. Your ophthalmologist will let you know how often to return for follow-up exams.

How Often Should I Have an Eye Exam?
When you have no particular problems or risk factors, recommended intervals for eye exams are:

Newborn, pre-school and pre-teen: Eye exams should be given by a pediatrician, family doctor or ophthalmologist at the following intervals:
• newborn to 3 months
• 6 months to 1 year
• 3 years old
• 5 years old
• later as needed

Adults 20 to 64 years of age: Adults with no signs or risk factors for eye disease should get an eye disease screening at age 40—the time when early signs of disease and changes in vision may start to happen. Based on the results of the initial screening, your ophthalmologist will let you know how often to return for follow-up exams.

Adults 65 years or older: Every one to two years, as recommended by your ophthalmologist.

What happens during an eye examination?
Your ophthalmologist and his or her assistants ask about your current symptoms and review your medical history. Eye drops to dilate your eyes may or may not be used during the exam.

The examination typically evaluates:
• visual acuity;
• need for eyeglasses or contact lenses (refraction);
• eyelid health and function;
• coordination of eye muscles;
• pupil response to light;
• side (peripheral) vision;
• intraocular pressure (pressure inside the eye);
• the anterior segment in the eye (the area in front of the lens, including the cornea and iris);
• the interior and back of the eye.

What treatments are available for my eyes?
Your ophthalmologist will discuss the results of your eye examination with you. If your eyes are healthy, you may need only eyeglasses or contact lenses to correct your vision. Or you may not need any vision correction at all.

Some eye diseases are treated with medication, such as eye drops or pills. Other diseases may require laser surgery or other surgical procedures.

Your ophthalmologist can provide you with the treatment you need or, in some cases, may refer you to a subspecialist.

Some eye conditions cannot be cured. Nevertheless, your ophthalmologist can offer counseling and support while monitoring your condition.

Can vision loss be prevented?
Many eye diseases do not cause symptoms for months or years. Therefore, regular visits to your ophthalmologist are as important as regular visits to your family physician. In many cases, early treatment of glaucoma, diabetic eye disease, crossed eyes and some forms of macular degeneration can prevent loss of sight and even blindness.

Together, you and your ophthalmologist can work toward the goal of protecting your sight through early diagnosis and treatment of eye conditions.

Source: The Foundation of the American Academy of Ophthalmology

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2841 Lexington Ave., Ashland, KY
(606) 324-2451

www.TriStateHealthandWellness.com
Anti-Aging Medicine

"Picture Yourself Better"

By Dr. Bill Webb, D.O.

What is a hormone? What's the big difference between natural versus synthetic hormones? Are they both the same?

Natural hormones are not the same as synthetic hormones. They are all the same. Look at the following subtle differences between natural hormones than methyl, ethyl, and isopropyl alcohol are the same. Chemical reactions to the exact molecules that make up hormones. This is why you can look at the molecular structure of progesterone and compare it to MPA. Natural hormones are hormones that start out as phytoestrogens, also known as plant estrogens. These plant estrogens come from sources like soybeans, yams, and red clover. These phytoestrogens are extracted from plants and converted in the most natural ways in laboratories with chemical reactions to the exact molecules that our bodies produce.

The term natural hormone is analogous to the terms bio-identical or human identical hormones. So when you hear the term natural hormone, that should mean that the hormone being discussed has the same atoms and the same molecular structure your body makes. Natural hormones are exactly identical to your own hormones in every aspect of chemistry.

Most of our hormones metabolize or break down into other active hormones. For example, testosterone can break down into estradiol. This is amazing in its own right because testosterone and estradiol are about as different as day and night. It is amazing that it only takes one little reaction with an enzyme called aromatase that can convert a male hormone like testosterone into a female hormone called estradiol.

Consider this: Let's incorrectly assume that MPA (medroxyprogesterone acetate) and natural progesterone work exactly the same on progesterone receptors. Even if this were the case there is no possible way that MPA will metabolize into the same active metabolites as natural progesterone. So, MPA cannot convert into estradiol or testosterone. The human body has a difficult time trying to break MPA down because the human body sees MPA as something foreign.

Hormones work by linking to receptors inside cells that respond to very specific hormone signals. This hormone/receptor concept is similar to an analogy of a lock and key. The receptor is the lock and the hormone is the key. We all understand that if we have the correct key for a lock that we can open the lock. But what happens if we go and have a duplicate key made but the duplicate key is not an exact copy? Maybe the duplicate key is just barely different from the original key. This duplicate key may get stuck in the lock so that we cannot remove it. This duplicate key is exactly like synthetic hormones. Synthetic hormones do not fit our natural receptors exactly like natural hormones do. We do not have birth control pill receptor sites or any synthetic receptor sites in our bodies. Sometimes the synthetic hormones will unlock a signal to a cell but many times it does other things to the cell. It may stay locked into the receptor for too long, causing damage. This is why synthetic hormones can cause side effects.

Interestingly, many physicians and pharmacists will say that there is no difference in synthetic hormones and natural hormones. Why is this? It is because they were never taught about natural hormones. When physicians and pharmacists attend college they study drugs, not natural hormones. We forget physiology and focus on our pharmacology.

Pellets do not increase the risk of blood clots like conventional or synthetic hormone replacement therapy. In studies, when compared to the conventional hormone replacement therapy, pellets have been shown to be superior for relief of menopausal symptoms, maintenance of bone density, energy levels, restoration of sleep patterns, and improvement in sex drive, libido, sexual response and performance.

Some patients begin to “feel better” within 72 to 96 hours of insertion. Diet and lifestyle, along with hormone balance are critical for optimal health. Even today, it is common for a person to either be unfamiliar with the facets of bio-identical hormone pellet therapy or to not have heard of it at all. Pellet therapy has been around since the 1930’s and is the most effective and the most convenient hormone delivery method available today.

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Anti-Aging Medicine

"Picture Yourself Better"

Dr. Bill Webb
50 Weddington Branch, Suite D
Pikeville, KY 41501
(606) 432-4445

Benefits of Bio-Identical Hormone Replacement Therapy in Men:

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AND MUCH MORE! AND MUCH MORE!
Remove Age Spots with Obagi

Looking younger may hinge less on reducing wrinkles and more on correcting skin tone. Recent research shows that uneven skin tone can actually make you appear about ten years older than what you are. So while you’ve been heaping attention — and night creams — on wrinkles to turn back the clock, other factors like age spots, redness, enlarged pores, and adult acne might be putting those years back on. The good news is that uneven skin tone is easier to correct (or at least conceal) than wrinkles, and it’s often treated with the same active ingredients, so you can combat both at once.

Obagi Clear Medical Skin Care

Obagi Clear is powerful medicine designed to treat skin pigmentation problems such as brown spots or age spots (hypermelanization), patches of uneven skin color (melasma) and lines and wrinkles caused by the sun.

Removes Age Spots

Brown skin spots also called “age spots” or “liver spots” can appear suddenly on people as young as their 30s. These sun spots or age spots show up as noticeable brown marks on the face, usually appearing on the cheeks, forehead and chin.

Sometimes these spots appear as small brown freckle-like spots along the upper lip giving the appearance of a light mustache from a distance.

Fixes Areas of Uneven Skin Color

Melasma, a skin condition where patches of darker skin pigment cover broad sections of the cheeks and face, is another skin problem people treat with Obagi Clear. Melasma is sometimes called “pregnancy mask” because it can occur during pregnancy, but it’s also known to appear outside of pregnancy especially in people with darker skin tones as they approach middle age.

Whether these blemishes appear from out of nowhere, are a result of excessive sun exposure, or have been there all your life Obagi Clear is one of the few effective skin lightening treatments that can actually make the brown blemishes disappear.

Eliminates Acne Marks

Faded acne scars are another common problem that cause people to seek out skin lightening products like Obagi Clear. Even when the actual acne cleared up long ago, visible dark spots can remain on the face and skin for years. This is especially a problem for people with darker skin complexes due to their naturally level higher levels of melanin (the part of the skin that creates dark pigment). Obagi Clear is an effective solution because it grows new cells with less pigment.

Reduces Wrinkles and Lines

As the old facial skin cells are replaced, the new skin cells also have better elasticity because the new collagen holding them together. This causes the cells to bond more tightly with each other, which causes the skin to look brighter, smoother and younger with fewer lines and wrinkles.

How Does Obagi Clear Work?

The Obagi Skin Care line achieves extraordinary results for skin of every age and type. The extensive cosmetic dermatology solutions from Obagi include the most advanced skin rejuvenation technologies available. Obagi Clear’s active ingredient is 4% hydroquinone, a prescription-strength drug that eliminates brown spots by creating new skin cells with less melanin, the part of the cell that causes pigmentation. Hydroquinone also causes skin cells to replicate more quickly meaning it acts as an exfoliant as the dark pigmented cells slough off and are quickly replaced by new cells with a normal amount of pigment.

Obagi Medical Skin Care Cosmetics

Restore a younger, healthier-looking complexion with the #1 skin care system clinically proven to help address the signs of aging in all skin types.

Dr. Rogers offers a full line of Obagi products in his office for your convenience.

All ages. All skin types. There’s an Obagi for everyone.

606-324-2600

W. Bryan Rogers III, M.D.

W. Bryan Rogers III, M.D. is certified by the American Board of Plastic Surgery and is Fellowship trained in Microvascular Surgery. Dr. Rogers completed his internship at Prince George’s Medical Center and continued his training as a resident at Georgetown University Hospital in Washington, D.C.

Practicing in Ashland since 1993, plastic surgeon W. Bryan Rogers, M.D., understands area residents and their cosmetic and reconstructive needs. Dr. Rogers completed general surgery and plastic surgery residencies at Georgetown University Hospital, Washington, D.C., (1987); as well as a microvascular surgery fellowship at the University of Southern California, Los Angeles, Calif., (1990).

Board certified by the American Board of Plastic Surgery and a fellow of the American College of Surgeons, Dr. Rogers specializes in a variety of cosmetic and reconstructive solutions.
Ingrown Toenails

By Dr. Brian K. Bailey, Podiatric Physician & Surgeon

An ingrown toenail is a common condition in which the corner or side of one of your toenails grows into the soft flesh of your toe. The result is pain, redness, swelling and sometimes an infection. The condition usually affects your big toe.

Often, you can take care of ingrown toenails on your own. If the pain is severe or spreading your foot doctor (podiatrist) can take steps to relieve your discomfort and help you avoid complications.

If you have diabetes or another condition that causes poor circulation to your feet, you’re at greater risk of complications from an ingrown toenail and you need to seek immediate medical attention. I see these patients on the day they call.

Signs and symptoms

Signs and symptoms of an ingrown toenail include:

- Pain and tenderness in your toe along one or both sides of the nail
- Redness around your toenail
- Swelling of your toe around the nail
- Infection of the tissue around your toenail

Causes

Ingrown toenails result when the nail grows into the flesh of your toe, often the big toe. Common causes include:

- Wearing shoes that crowd your toenails
- Cutting your toenails too short or burying the corner
- Injury to your toenail
- Unusually curved toenails
- Thickening of your toenails
- Having a foot that pronates in excess (flattens) when you walk

Risk factors

Anyone can develop an ingrown toenail. But you may be more prone to ingrown toenails if you have toenails that curve down or a nail plate that is too wide for your toe.

Ingrown toenails are also more common in older adults, because nails tend to thicken with age. This thickening or change to the curvature of your nails can cause ingrown toenails.

When to seek medical advice

If you experience severe discomfort in your toe or pus or redness that seems to be spreading, see your podiatrist. If you have diabetes or any circulation impairment to your lower extremities, seek the advice of a foot doctor (podiatrist) on how to properly care for ingrown toenails. Also seek prompt treatment for any foot sore or infection.

Complications

Left untreated or undetected, an ingrown toenail can infect the underlying bone and lead to a serious bone infection, which may lead to amputation.

Complications can be especially severe if you have diabetes because the circulation and nerve supply to your feet can be impaired. Therefore, any relatively minor injury to your foot—cut, scrape, corn, callus or ingrown toenail—can lead to a more serious complication. In rare cases, an ingrown toenail can result in a difficult to heal open sore (foot ulcer), which could eventually require surgery. Foot ulcers left untreated may become infected and eventually even gangrenous.

Sometimes amputation is the only treatment option.

Treatment

If home remedies don’t help, your doctor can treat an ingrown toenail by trimming or removing the ingrown portion of your nail to help relieve pain. Before this procedure, your doctor numbs your toe by injecting it with an anesthetic. A skin freezing spray can help prevent pain from the needle stick. After the procedure, you may need to rest your foot and soak it in warm water. Your doctor may also recommend using topical or oral antibiotics, especially if the toe is infected or at risk of becoming infected.

For a recurrent ingrown toenail, your foot doctor may suggest removing a portion of your toenail along with the underlying tissue (nail bed) to prevent that part of your nail from growing back. This procedure can be done with phenol, a chemical that not only stops the nail from regrowing but also deadens pain—other, methods often cause pain and deformity.

www.TriStateHealthandWellness.com
Prevention
To help prevent an ingrown toenail:

- Don't trim your toenails straight across. Do curve your nails to match the shape of the front of your toe. Don't bury the corner. If you have your toenails done at a nail salon, be sure to tell your pedicurist how to trim your nails. If you have circulation problems in your feet from disorders such as diabetes or peripheral vascular disease, see a podiatrist regularly to have your nails professionally trimmed.

- Keep toenails at a moderate length. Trim toenails so that they're even with the tips of your toes. If you trim your toenails too short, the pressure from your shoes on your toes' tissue may direct your nails to grow into the tissue.

- Wear shoes that fit properly. Shoes that place excessive pressure on your toes or pinch your toes may cause your nails to grow into surrounding tissue. If you have nerve impairment to your feet, you may not be able to sense if your shoes fit too tightly. Take care to buy and wear properly fitted shoes, preferably from a shoe store specializing in fitting shoes for people with foot problems.

- Wear protective footwear. If your work puts you at risk of injuring your toes, buy footwear such as steel-toed shoes, which protect your toes.

Self-care
You can treat most ingrown toenails at home. Here's how:

- Soak your feet. Do this for 15 to 20 minutes twice a day, using warm salt water (1 teaspoon of Epsom salts per pint of water) or warm, soapy water. Soaking reduces swelling and relieves tenderness.

- Give your nail some help. Put fresh bits of lamb's wool under the ingrown edge after each soaking. This will help the nail eventually grow above the skin's edge.

- Use a topical antibiotic. Apply an antibiotic ointment and bandage the tender area.

- Choose sensible footwear. Consider wearing open-toed shoes or sandals until your toe feels better.

- Take pain relievers. If there's severe pain, take over-the-counter pain relievers, such as acetaminophen (Tylenol, others) or naproxen (Aleve) to relieve the pain until you can make an appointment with a podiatrist.

- Check your feet. If you have diabetes, check your feet daily for signs of ingrown toenails or other foot problems.

Dr. Brian K. Bailey is a Podiatric Physician & Surgeon his private practice is located in Ashland, KY. He is also an Adjunct Professor of Podiatric Medicine & Surgery at Pikeville College of Osteopathic Medicine and a Personal Wellness Coach & Fitness Trainer. He is the Author of Secrets to Happiness, Inner Peace and Health, Health Unlimited Publishing, ©1997 and Metabolic Syndrome 2011, Amazon Digital Services, Inc. ©2011

Tri-State Edition - July 2014 Health & Wellness 17
Swimming is the leading cause of injury-related death among children ages 1 to 4 and the No. 3 cause of accidental death in the U.S.

In the summer heat, who doesn’t want to enjoy a dip in the pool, a toe in the ocean or a jump into the old swimming hole? It can be a lot of fun—but swimming also presents a significant danger to children and adults.

Take some time to learn what drowning looks like. The “typical” drowning doesn’t involve a lot of splashing, thrashing and yelling. The reality is that a person who is drowning is more likely to remain quiet, unnoticeable, and sink silently. Frighteningly, the U.S. Centers for Disease Control and Prevention reports, many parents have watched their child drown without realizing what was happening.

**Swimming**

**For those summertime blues...**

Summer is a great time to enjoy the outdoors, but unfortunately along with that comes an increased risk of injury — cuts, scrapes, bruises, bee stings and sun:

This good news is that King’s Daughters has you covered with our Urgent Care Centers at four locations in Kentucky and Ohio. Urgent Care centers treat the illnesses and injuries of adults and children who cannot wait for a traditional physician appointment, but do not require the services of a hospital emergency department.

Our centers are located:

**Ashland, Ky.**
2245 Winchester Ave. (606) 475-2000
This center is open 24 hours, 7 days a week.

**Grayson, Ky.**
116 Waterplace (606) 475-1320
This center is open 24 hours, 7 days a week.

**Ironton, Ohio**
912 Park Ave. (740) 352-1100
This center is open 24 hours, 7 days a week.

**Portsmouth, Ohio**
2001 Scott Trail (740) 991-0911
This center is open 24 hours a day, 7 days a week.

**For those summertime blues...**

**Urgent Care Centers**

kdmc.com/urgent

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**Swimming the Leading Cause of Injury-Related Death Among Children Ages 1 to 4 and the No. 3 Cause of Accidental Death in the U.S.**

**This summer, make swimming as safe as it is fun**

In the summer heat, who doesn’t want to enjoy a dip in the pool, a toe in the ocean or a jump into the old swimming hole? It can be a lot of fun—but swimming also presents a significant danger to children and adults.

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Dr. Miller earned his medical degree from the University of Kentucky School of Medicine in Lexington and completed his surgical residency at St. Elizabeth Health Center in Youngstown, Ohio.

Dr. Miller is board certified by the American Board of Surgery.

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Benefits of Properly Aligned Teeth

By Dr. Michael Stansbury

Having straight teeth used to be a matter of luck and genetics. If your teeth grew in straight, and you avoided losing one or more throughout your adult life, you were among the fortunate few. These days, there are various options for people wanting to straighten their crooked teeth. As you weigh the pros and cons to decide if the process is worth it, here are some facts to keep in mind.

The fact is that virtually nobody is born with perfect teeth or an ideal bite. A fair number of people have teeth that are misaligned. An overbite is common; Less common is an underbite. In some patients when the permanent teeth start to erupt, they may push the other permanent teeth out of place. Overall, there are numerous reasons why someone's bite can get out of proper alignment.

Problems with Misaligned Teeth

The problems of misaligned teeth go far beyond the undesirable physical appearance of crooked teeth. Generally, there is always some measure of pain and discomfort when teeth are not aligned properly. For one thing, children with crooked teeth have a tendency to bite more frequently the inner surfaces of their mouths while chewing. This is can be painful; even worse, the area around the bite can swell, making it more likely that they will accidentally injure themselves again in the same place.

Swollen, red gums can often be the result of having teeth that are crowded or too widely spaced. Over time, this can lead to gum disease. When teeth are properly aligned, it helps the gums fit more securely around the teeth, allowing for the strongest and healthiest defense against potential periodontal problems.

Misaligned teeth can also cause premature tooth wear on the surfaces of the teeth as these surfaces grind against each other.

There are different orthodontic services available that offer many benefits to patients, especially children, with crooked teeth.

You may be surprised that the benefits of having properly aligned teeth extend far beyond a confident smile. According to the American Dental Association, straightening your teeth can actually significantly affect your overall dental health. Think about it—a smile can hardly be perfect if it's not a healthy one. Fortunately, having a confident smile and reducing your risk for tooth decay and gum disease go hand in hand.

Having Straight Teeth Makes Cleaning Easier

When your teeth are straight, they are easier to clean. There are fewer hard-to-reach areas and your toothbrush bristles can contact all the surfaces that need to be brushed. Plus, flossing is more likely to dislodge food particles completely when your teeth are properly spaced. In contrast, crowded teeth provide an ideal hiding place for food debris, which serves as a breeding ground for bacteria. As this biofilm accumulates, it hardens into plaque and eventually tartar that is very difficult to remove. This process doesn’t take long. Biofilm starts to “set” within 48 hours and can turn into tartar within just a couple of weeks. When you have crowded, crooked teeth, your dentist may have to work longer and harder to remove plaque—even if you brush regularly.

Oral and General Health Benefits of Straight Teeth

Because crooked and crowded teeth are difficult to clean, they are more prone to developing cavities. Constant contact with bacteria is also bad for your gums. Gingivitis (inflammation caused by bacteria trapped in pockets between the gums and the teeth) is a common problem for patients with crooked teeth. Gingivitis can develop into periodontitis, which affects the gums, connective tissues and even the jaw bone surrounding and supporting your teeth. Advanced periodontitis can result in tooth loss. The chronic oral infection of periodontitis is also linked to serious health conditions such as heart disease, diabetes, and stroke.

Straight Teeth Lessen Discomfort and Increase Function

Ideally, your top and bottom teeth should line up with each other to provide the most efficient biting and chewing function without causing excessive wear. When you get your teeth straightened to properly align your bite, you cut down on the amount of stress your teeth experience. This leads to a longer and healthier lifespan for your teeth. It can also help alleviate some forms of chronic jaw pain that are linked to having a misaligned bite.

Aesthetic and Social Benefits of Straight Teeth

The most important emotional/psychological reason to get your teeth straightened is to feel good about your smile. Both kids and adults generally feel better about their appearance after undergoing a successful tooth straightening treatment. People who are shy about smiling, laughing or having their photo taken can be more relaxed knowing that their teeth look straight and even.
Golf population in the US
- There are 26 million golfers in the United States.
- Medical research suggests that 50% of these golfers will suffer from golf related injuries.
- Out of that 26 million, 25% are 65 or older.

Swing
- During an 18 hole round of golf, a golf club will be swung between 71-150 times. (depending on skill level)
- Most swings take less than one second and average a club speed of 80-100mph.
- The majority of injuries are caused by poor swing mechanics, such as mechanical disfunction, physical limitations, poor posture, and decreased flexibility.

5 Stages of a golf swing
- Setup
- Backswing
- Transition
- Downswing
- Follow through

Top 10 Golf Related Injuries
- Back Pain
- Disc related
- Mechanical
- Arthritis related
- Stress fracture

Back Pain
- Disc related
- Mechanical
- Arthritis related
- Stress fracture

Hip
- Trochanteric bursitis
- Iliotibial band syndrome
- Groin pull
- SCFE
- DJD

Knee Pain
- Acute • Chronic • Acute on Chronic

Shoulder Pain
- Acute
- Chronic
- Acute on Chronic

Tennis Elbow/Golfers Elbow
- Interesting enough, tennis elbow is more common in golfers.

Carpal Tunnel Syndrome
- Transverse carpal ligament
- Flexor tendons

Wrist Impaction
- Median nerve
- Nerve traction
**Cardiac**

The 5th most likely public location to die of cardiac arrest is the golf course.

Energy consumption: walking + carrying a bag = 375 calories/hour

**Skin**
Outdoor sun exposure American Academy of Dermatologists “ABCD’s”
- Asymmetry
- Border (irregular)
- Color (variable)
- Diameter (>6mm)

**Remember...**
- Many medications increase sensitivity to UV light.
- Antibiotics - tetracycline
- Blood pressure medication
- Chemotherapy medications

**Eye**
- Corrective eyewear
- Contact lenses trap dust and dirt
- Prolonged UV exposure cause cataracts and retinal damage
- Direct trauma to eye or orbit

**Pregnancy**
- Altered swing secondary to anatomic changes
- Issues related to lower extremity vasodilatation
- Maintain hydration
- Frequent urination

**Joint Arthroplasty**
- Postoperative considerations
- Total hip
- Total knee
- Total shoulder
- Total elbow

**Americans with disabilities**
- National Amputee Golf Association (NAGA)
- Blind Golfers Association

**Phycological Affliction**
- “The Yips” - Jerky putting stroke that lacks rhythm and coordination
- Sports phycology principles

**Heat Stress**
- Hydration
- Clothing
- Sun Protection
- Alcohol

**Heat Exhaustion**
- Progressive weakness, lack of coordination, pale skin, dilated pupils, and fainting

**Heat stroke**
- Caused by high temperature, dehydration, and electrolyte imbalance
- Dizziness, weakness, and confusion
- Temperature range 101-107F

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**DeQuervain’s Tenosynovitis**

**ECU Tendon Subluxation**

**Hamate Fracture (hook)**

**Trigger Finger**

**Non-Orthopedic Golf Conditions**
- It is vital to remember that orthopedic conditions are NOT the central focus of sports medicine!!!!

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Laura C. Reese, D.O.
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Sciatica

By Gary D. Dillon, DC

Sciatica is a distracting pain that begins in the lower back and extends down one or both legs. It typically worsens with periods of sitting or standing.

The discs between the spinal bones of the lower back are often involved.

Trauma can cause one or more discs to bulge. This crowds nearby nerves, causing irritation and inflammation. Coughing, sneezing or other kinds of movement can be painful. If neglected, the nerve irritation extends down one or both legs along the sciatic nerves. The pain appears in the leg, but the culprit is often the lower back.

Pills or muscle relaxers can't correct the nerve compression caused by a bulging disc.

There's Hope

Fortunately, improving joint motion in the lower back with a program of chiropractic adjustments has produced results for many people.

It all starts with a consultation and thorough examination. If we think we can help, we'll tell you. If we don't think we can help, we'll tell you that too and refer you to someone we think can. Get started today.

Can chiropractic cure sciatica?

Actually, chiropractic doesn't cure anything! Only your body can do that. The chiropractic approach to sciatica (and other health problems) is to help restore the way your spine works, reducing nerve irritation and revitalizing your own healing ability.

How much chiropractic care will be needed?

Most sciatica patients are delighted with the results they get after weeks or months of care. Naturally, this varies from patient to patient. After a relapse or two, many discover that years of neglect have produced spinal instabilities that never fully heal. These patients elect to continue with periodic chiropractic checkups. It's up to you.

What if I don't remember any 'trauma'?

This is a common refrain. Because our bodies are unusually adaptive, we can often accommodate a variety of stresses for years. Finally, like the "straw that broke the camel's back," we turn or bend funny and suddenly our spine succumbs to the accumulation of stress.

Frequently Asked Questions:

• How do you get sciatica?

It's easy to trace some spinal problems to an event, such as a car accident. Yet, sciatica is often the result of cumulative damage. Years of bad posture, poor muscle tone, excess weight or countless other causes sets the stage. Then, something simple like bending over to tie your shoes can trigger an episode. Spinal decay can be another culprit. Instead of disc thinning that puts pressure on the sciatic nerve roots, arthritic bone spurs can intrude into the space normally reserved for the nerve.
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Remember when mom ate nutritious meals?

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Douglas Deitch, M.D.

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Facial pain, pressure, congestion, trouble breathing, nasal discharge, headache, bad breath and fatigue may all be symptoms of chronic sinusitis. The good news is, you don’t have to suffer.

Ear, nose and throat specialist Greg Baker, M.D., can help.
Reverse Codependent Behaviors

By Robert L. Vinson II, BSS, MA, CDCA and Lori Ellis, Clinical Director - LICDC

Codependency is a learned behavior that can be passed down from one generation to another. It is an emotional and behavioral condition that affects an individual's ability to have a healthy, mutually satisfying relationship. It is also known as “relationship addiction” because people with codependency often form or maintain relationships that are one-sided, emotionally destructive and/or abusive.

Who Does Codependency Affect?
Codependency often affects a spouse, a parent, sibling, friend, or co-worker of a person afflicted with alcohol or drug dependence. Originally, codependent was a term used to describe partners in chemical dependency, persons living with, or in a relationship with an addicted person. Similar patterns have been seen in people in relationships with chronically or mentally ill individuals. Today, however, the term has broadened to describe any codependent person from any dysfunctional family.

What is a Dysfunctional Family and How Does it Lead to Codependency?
A dysfunctional family is one in which members suffer from fear, anger, pain, or shame that is ignored or denied. Underlying problems may include any of the following:

- An addiction by a family member to drugs, alcohol, relationships, work, food, sex, or gambling.
- The existence of physical, emotional, or sexual abuse.
- The presence of a family member suffering from a chronic mental or physical illness.

Dysfunctional families do not acknowledge that problems exist. They don’t talk about them or confront them. As a result, family members learn to repress emotions and disregard their own needs. They become “survivors.” They develop behaviors that help them deny, ignore, or avoid difficult emotions. They detach themselves. They don’t talk. They don’t touch. They don’t confront. They don’t feel. They don’t trust. The identity and emotional development of the members of a dysfunctional family are often inhibited.

Attention and energy focus on the family member who is ill or addicted. The codependent person typically sacrifices his or her needs to take care of a person who is sick. When codependents place other people’s health, welfare and safety before their own, they can lose contact with their own needs, desires, and sense of self.

How Do Codependent People Behave?
Codependents have low self-esteem and look for anything outside of themselves to make them feel better. They find it hard to “be themselves.” Some try to feel better through alcohol, drugs or nicotine - and become addicted. Others may develop compulsive behaviors like workaholism, gambling, or indiscriminate sexual activity.

They have good intentions. They try to take care of a person who is experiencing difficulty, but the caretaking becomes compulsive and defeating. Codependents often take on a martyr’s role and become “benefactors” to an individual in need. A wife may cover for her alcoholic husband; a mother may make excuses for a truant child; or a father may “pull some strings” to keep his child from suffering the consequences of delinquent behavior.

The problem is that these repeated rescue attempts allow the needy individual to continue on a destructive course and to become more dependent on the unhealthy caretaking of the “benefactor.” As this reliance increases, the codependent develops a sense of reward and satisfaction from “being needed.” When the caretaking becomes compulsive, the codependent feels helpless in the relationship, but is unable to break away from the cycle of behavior that causes it. Codependents view themselves as victims and are attracted to that same weakness in the love and friendship relationships.

Characteristics of Codependent People Are:
- An exaggerated sense of responsibility for the actions of others
- A tendency to confuse love and pity, with the tendency to “love” people they can pity and rescue
- A tendency to do more than their share, all of the time
- A tendency to become hurt when people don’t recognize their efforts
- An unhealthy dependence on relationships
- The codependent will do anything to hold on to a relationship, to avoid the feeling of abandonment
- An extreme need for approval and recognition
- A sense of guilt when asserting themselves
- A compelling need to control others
- Lack of trust in self and/or others
- Fear of being abandoned or alone
- Difficulty identifying feelings
- Rigidity/difficulty adjusting to change
- Problems with intimacy/boundaries
- Chronic anger
- Lying/dishonesty
- Poor communications
- Difficulty making decisions

How is Codependency Treated?
Because codependency is usually rooted in a person’s childhood, treatment often involves exploration into early childhood issues and their relationship to current destructive behavior patterns. Treatment includes education, experiential groups, and individual and group therapy through which codependents rediscover themselves and identify self-defeating behavior patterns. Treatment also focuses on helping patients get in touch with feelings that have been buried during childhood and on reconstructing family dynamics. The goal is to allow them to experience their full range of feelings again.
When Codependency Hits Home

The first step in changing unhealthy behavior is to understand it. It is important for codependents and their family members to educate themselves about the course and cycle of addiction and how it extends into their relationships. Spectrum Outreach offers educational materials and programs to help people struggling with codependency and their families.

A lot of change and growth is necessary for the codependent and his or her family. Any caretaking behavior that allows or enables abuse to continue in the family needs to be recognized and stopped. The codependent must identify and embrace his or her feelings and needs. This may include learning to say “no,” to be loving yet tough, and learning to be self-reliant. People find freedom, love, and serenity in their recovery.

Hope lies in learning more. The more you understand codependency the better you can cope with its effects. Reaching out for information and assistance can help someone live a healthier, more fulfilling life. If you or someone you love has codependent behaviors, please call Spectrum Outreach to learn more about how to break the cycle of codependency. If you need help starting the conversation with your family or loved ones, the counselors at Spectrum Outreach can offer advice and support to help you along the journey of becoming independent. Please call us today at 1-866-899-0028. We can help! We turn no one away.

Questionnaire To Identify Signs Of Codependency

This condition appears to run in different degrees, whereby the intensity of symptoms are on a spectrum of severity, as opposed to an all or nothing scale. Please note that only a qualified professional can make a diagnosis of codependency; not everyone experiencing these symptoms suffers from codependency.

1. Do you keep quiet to avoid arguments?
2. Are you always worried about others’ opinions of you?
3. Have you ever lived with someone with an alcohol or drug problem?
4. Have you ever lived with someone who hits or belittles you?
5. Are the opinions of others more important than your own?
6. Do you have difficulty adjusting to changes at work or home?
7. Do you feel rejected when significant others spend time with friends?
8. Do you doubt your ability to be who you want to be?
9. Are you uncomfortable expressing your true feelings to others?
10. Have you ever felt inadequate?
11. Do you feel like a “bad person” when you make a mistake?
12. Do you have difficulty taking compliments or gifts?
13. Do you feel humiliation when your child or spouse makes a mistake?
14. Do you think people in your life would go downhill without your constant efforts?
15. Do you frequently wish someone could help you get things done?
16. Do you have difficulty talking to people in authority, such as the police or your boss?
17. Are you confused about who you are or where you are going with your life?
18. Do you have trouble saying “no” when asked for help?
19. Do you have trouble asking for help?
20. Do you have so many things going at once that you can’t do justice to any of them?

If you identify with several of these symptoms; are dissatisfied with yourself or your relationships; you should consider seeking professional help. Arrange for a diagnostic evaluation with a licensed physician or psychologist experienced in treating codependency.
Walking Towards a Healthier You

There are countless physical activities out there, but walking has the lowest dropout rate of them all. It's a gentle, low-impact form of exercise that's easy, free and suitable for people of all ages and most abilities. It's the simplest positive change you can make to effectively improve your heart health.

Research has shown that the benefits of walking and moderate physical activity for at least 30 minutes a day can help you:

**Reduce the risk of coronary heart disease**
Regular walking has been shown to reduce your risk of heart disease and stroke. It lowers levels of LDL (bad) cholesterol while increasing levels of HDL (good) cholesterol and keeps blood pressure in check.

Anything that raises your heart rate and gets your blood pumping is a workout for your heart and circulatory system. According to the Stroke Association, walking briskly for up to 30 minutes can help prevent and control the high blood pressure that can cause strokes — reducing your risk by up to 27 percent.

**Reduce the risk of disease and cancer**
As well as decreasing your chances of heart disease, a walking habit can slash your risk of developing type 2 diabetes, asthma and some cancers. Walking can improve and maintain healthy blood pressure, lip, and glucose levels. A study in the British Medical Journal showed taking more steps every day can help ward off diabetes. Those who are active have around a 20 percent lower risk of developing cancer of the colon, breast and womb than those least active.

**Maintain body weight and lower the risk of obesity**
If you’re trying to lose weight, you need to burn about 600 calories a day more than you’re eating. Putting one foot in front of the other is one of the easiest ways to do that. For most people, strolling at an easy pace of 2mph for 30 minutes burn about 75 calories. Increase that to 3mph and burn 99 calories. Speed it up to a fast walk (4mph) and that’s 150 calories! Walking also increases muscle mass and tone and the more muscle you have, the faster your metabolism — so the more calories you burn, even at rest.

**Enhance mental well being**
Dementia affects one in 14 people over 65 and one in six over 80. We know being active has a protective effect on brain function and regular exercise reduces dementia risk by up to 40 percent. Older people who walk six miles or more per week could avoid brain shrinkage and so preserve memory as the years pass.

The ability of exercise to boost mood is undisputed. Studies have shown regular, moderate-intensity exercise (such as brisk walking) to be as effective as antidepressants in cases of mild to moderate depression. Getting active releases feel-good endorphins into the bloodstream, reducing stress and anxiety. And don’t forget it’s often a social activity — joining a walking group or meeting friends to walk and chat is a great way to banish feelings of isolation and loneliness. A survey found 83 percent of people with mental health issues look to exercise to help lift their mood. For greatest benefit, get active outdoors and somewhere green.

The American Heart Association recommends the following:

- Aim for at least 30 minutes of moderate-to-vigorous physical activities, 5 days a week.
- Remember that physical activity can be accumulated throughout the day. Three 10-minute sessions is the same as one 30-minute session.
- If you’re looking to lose weight or maintain your current weight, aim for 60-90 minutes of moderate-to-vigorous physical activity each day.

www.TriStateHealthandWellness.com
Reduce the risk of osteoporosis
Walking counts as a weight-bearing activity. It stimulates and strengthens bones, increasing their density – really important, especially for women. It also helps maintain healthy joints so may stave off conditions such as arthritis.

Increase energy
It might seem like a paradox (and the last thing you might feel like) but a brisk walk is one of the best natural energizers around. It boosts circulation and increases oxygen supply to each and every cell in your body, helping you to feel more alert and alive. It wakes up stiff joints and eases muscle tension so you feel less sluggish. Always have a mid-afternoon energy slump at work? Head out for a walk at lunchtime instead of sitting at a restaurant or at your desk and see what a difference it makes.

There really are so many benefits for such a simple activity!

The Best Way to Get Started
Starting out is the hardest part of any physical activity. It’s also the easiest time to get discouraged. But by following these simple steps you can boost your chances to succeed and stay on the road to better health.

Remember, your safety is the most important thing!
Walking is a simple activity that should be enjoyed without pain. If you experience pain while walking or running, it is advised that you work with a physical therapist to determine the cause of the pain and eliminate it. A physical therapist is able to evaluate your gait and help pinpoint why you are experiencing pain and ultimately develop a treatment plan to help you gain strength and correct the problem. If you injure yourself while walking or running, a physical therapist can help reverse the injury and have you walking and running pain free in no time! After an injury, people sometimes work around the pain and disrupt their natural gait. Although this makes walking more comfortable in the short run, working around an injury can cause serious long term problems. A physical therapist can help teach you safe and effective exercises to strengthen your core and allow your body to make natural movements without pain.
A primary care doctor may not be able to determine if a patient has a neurological problem. However, certain symptoms may make the doctor suspect that a neurologist would be useful.

A neurologist has specialized training in diagnosing and treating diseases of the brain, spinal cord, peripheral nerves and muscles. Most of the time, a primary care doctor refers people to a neurologist if they have symptoms concerning for a neurological disease.

**Diseases managed by neurologists include:**

- Stroke
- Neurological trauma
- Tumors of the nervous system
- Infections of the nervous system
- Multiple sclerosis and other autoimmune diseases
- Epilepsy
- Peripheral nerve disease
- Neuromuscular diseases
- Dementia
- Headaches
- Movement disorders
- Sleep disorders

**What symptoms might require a neurologist’s advice?**

**Headaches**

Almost everyone suffers from headaches at some point, usually due to tension or perhaps a mild illness like a cold. On the other hand, some people suffer from more severe headaches like frequent migraines. In rare cases, the headache may be caused by something serious, like bleeding into the brain or increased pressure in the skull. Patients with severe or life threatening headaches may need to be managed by a neurologist.
Dizziness
People mean many different things when they say they're dizzy, and different kinds of dizziness require different kinds of doctors. Neurologists commonly see patients with vertigo and disequilibrium. Vertigo involves a sense of the world spinning, as if you were on a merry-go-round. Disequilibrium means a lack of coordination or balance. These feelings have various causes, some more serious than others.

Numbness or Tingling
Like dizziness, numbness and tingling can be caused by many medical problems. A primary care doctor can manage many of these problems, but some require the attention of a neurologist. Numbness and tingling is most concerning when it comes on quickly, only affects one side of the body, or is associated with weakness. These may be signs of something as serious as a stroke, requiring urgent evaluation. If you have any doubts, contact your physician to see what further evaluation is needed.

Weakness
Some people confuse weakness with fatigue. An example of true weakness is being unable to lift something no matter how hard you try, although you may have been able to do so earlier. Fatigue means that with full effort, you can get the strength you need to lift something, but it may feel more difficult and tiresome to do so. Weakness usually only affects some muscle groups, whereas fatigue affects all of them.

The difference between weakness and fatigue is important because while fatigue can be caused by benign problems like sleep loss or a mild illness, weakness can signify something more important, such as stroke or neuromuscular disease. Like numbness, weakness is especially concerning if it comes on suddenly or just affects one side of the body. This may be a sign of a stroke or other serious problem, and requires immediate attention.

Problems with Movement
Problems with movement include clumsiness, tremor, rigidity, unintentional movements, or difficulty walking. Some patients have an apraxia, that is they are unable to perform certain movements, such as brushing their teeth, despite having the coordination and strength required. Almost all of us have barely noticeable tremor, which may be worsened if you have too much coffee or if you're anxious. If tremor interferes with daily life, a neurologist may be needed. Tremor does not automatically mean that you have Parkinson's disease—many other things can cause tremor, including smoking and some medications. Still, it may still be a good idea to have your tremor evaluated.

Vision Problems
Gradual vision loss associated with aging is best managed by an eye doctor. Sudden vision loss or seeing double can be caused either by a problem with the eye or a problem with the nervous system, and requires immediate medical attention.

If you have new vision problems, try closing one eye. Information from one eye travels in the optic nerve to meet information from the other eye in the optic chiasm near the front of the brain. If the visual abnormality goes away with one eye closed, the problem is likely in the eye. If the abnormality is in both eyes, the trouble may be in the nervous system.

Seizures
When most people imagine a seizure, they picture something very dramatic: someone shaking their entire body, foaming at the mouth, and losing consciousness. While some seizures do look like this, they can appear in subtler ways as well.

It may seem surprising that not all seizures require seeing a neurologist. If someone has a seizure without any obvious cause, a neurologist may be needed. If someone has more than one unprovoked seizure, this is sufficient for a diagnosis of epilepsy, in which case a patient may be need to be followed by a neurologist for a prolonged time.

Difficulty Thinking
Difficulty thinking can mean a number of different things, including difficulty finding words or speaking, problems with memory, change in personality, or confusion, in which case a neurologist can be helpful. Difficulty thinking may also imply problems with depression, mania, or even psychotic features like hallucinations, in which case a psychiatrist may be more appropriate. In children, some learning disabilities require evaluation by a neurologist. Sometimes it is difficult even for experts to determine which specialist is best for a patient, and in some cases, such as certain dementias, both psychiatry and neurology may become involved.

Sleep Problems
Sleep disorders are very common, and many different types of physicians see patients with these disorders. Depending on what is happening, you may be best served by a pulmonologist, psychiatrist, or neurologist.

Sometimes it can be difficult even for medical professionals to determine whether a neurologist or different doctor is best for you. Having a primary care physician helps ensure that someone is responsible for coordinating your medical care. This can prevent information from being lost and tests from being unnecessarily repeated. Coordinated medical care also reduces the likelihood of drug interactions or overdoses.

However, if you already have a diagnosed neurological condition, are unhappy with the care your primary doctor is providing, or simply would like another opinion, then seeing a neurologist is a wise decision.
Your Abdominal Cramps Could be Diverticulitis

By Cheryl L. Bascom, M.D. and Michael D. Canty, M.D.
Tri-State Digestive Disease Associates, P.S.C.

Diverticulitis is a common intestinal disease that affects many adults, most of whom are not even aware that they have it until serious symptoms appear. Most often it is found in middle-aged men, but it can affect anyone at any age.

This condition occurs when an abnormal pouch forms in the intestinal tract. When the diverticula in your intestines, which are also called polyps, become filled with digested or partially digested food that gets stuck there and causes inflammation. If inflammation turns into infection, diverticulitis can be life threatening. However, with early detection, the disease can be effectively controlled with a healthy, whole-foods diet.

It is difficult for patients to know if they are affected because, prior to the onset of inflammation or infection, most never have any symptoms and simply are not aware that they have the condition. The polyps typically are found in the large intestine, but have been reported in the small intestine, stomach and esophagus as well. While the diverticula are inactive and not inflamed, you may experience some symptoms that are common to many other conditions, making it difficult to know that something more serious could be wrong.

The onset of the condition usually manifests itself with mild to severe abdominal pain and cramps, nausea and moderate fever. The primary treatment option is absolute bed rest, with an accompanying regimen of antibiotics and strict observance of what you eat and drink. Generally, during in-home treatment, you will be restricted to a liquids-only diet along with the prescribed antibiotic regimen. After a few days, you will be advised to start on a high-fiber diet, avoiding the processed foods that were probably the cause of the disease in the first place.

Can certain foods help?
There are certain foods that can aid in the prevention or management of symptoms. Consuming whole-wheat breads and cereals, bran flakes, whole-wheat English muffins and beans such as black, navy and kidney varieties as well as unpeeled pears and apples can be beneficial in preventing and eliminating inflammation.

When it comes to vegetables, the most recommended foods are potatoes-sweet and regular-but unpeeled because most of the beneficial fiber is in the peel. Squash, peas, cauliflower, broccoli, spinach and turnip greens are also very beneficial.

Contrary to older information, you may also consume nutrient-rich berries with small seeds like strawberries and raspberries.

Dietary changes don't work. Now what?
If careful diet modifications do not resolve the problem and you continued to experience pain, bloating and gas, you may be suffering from a more severe form of diverticulitis, which could be life threatening.

If the symptoms aren't relieved and they remain severe, the intestines will likely become infected. When infection sets in, the polyps are getting larger and the wall of your intestine is bulging with the matter accumulated therein. If the condition reaches this point, emergency surgery is generally performed to avoid the bursting of the infected area, which in turn would dump into your abdominal cavity, causing potentially fatal sepsis, similar to a ruptured appendix. Provided you are under medical supervision and your blood is monitored closely, surgical intervention will be performed well before the condition progresses to that point.

During regular surgery for the disease, an incision is made in your lower abdomen, the defective part of your colon is removed and the surgeon makes sure that there is absolutely no contamination in your abdomen before closing the wound.

Recovery time depends on the severity of the infection but can be from as few as two weeks to several months. During this time it is very important that your blood be closely monitored and you stick to a strict diet plan that is given to you by your health care team.

If you are suffering from the symptoms of diverticulitis or if you think that you may have it, you should see a doctor immediately. Complications can arise, such as a tear within the colon, which can put your life in danger. To prevent your chances of developing diverticulitis, you should be sure to consume a diet that is rich in fiber. Also, drink plenty of water and see your doctor as soon as you fear that there may be something wrong. The earlier you address the issue, the more likely it is that you will not need surgery.

Tri-State Digestive Disease Associates, P.S.C.
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Michael D. Canty, MD
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www.TriStateHealthandWellness.com
Laparoscopic Hernia Repair

In the United States, over 5 million people suffer from a variety of hernias and an estimated 700,000 hernia repair operations are performed annually. Repairs are performed either by the conventional "open" method or a laparoscopic (minimally invasive) procedure. Laparoscopic hernia repair is a relatively new procedure that offers patients less postoperative pain, better cosmetic results and a quicker return to work and normal activities.

For any disease or medical complication, we do our best to keep the treatment minimal and safe. When talking about hernia repairs, let us first understand what a hernia is.

What is a Hernia?
A hernia is a weakness or defect in the abdominal wall that you were either born with or created due to over exertion (i.e. lifting, straining, coughing etc). As the hernia develops, you may notice an abnormal protrusion of abdominal contents (i.e. fat, intestines) through the weakness or defect. Similar to the inner tube pushing through a damaged tire, the inner lining of the abdomen pushes through the weakened area of the abdominal wall creating a bulge. This balloon like sac is called hernia. There are many causes of hernia, and can happen to men and women alike, at any age. Factors like strain to the abdomen, difficult bowel movements, urination, and age, can cause stress on the abdominal walls, and hence cause hernia. It can also be a hereditary disorder. Hernia causes severe pain, leading to serious complications, if not treated. The basic treatment for hernia does not begin with medicines and drugs, only repair surgery can treat hernia.

Hernia Repair
Hernia, if not treated on time, causes further complications like intestinal incarceration and strangulation. Hernia grows without treatment, and the larger it grows, it creates more complications. Though, an exception of close monitoring can be made for those with serious surgical issues like bleeding, heart disease, lung disease, etc. In severe hernia cases, one cannot consider even these exceptions. An open surgery is one option for hernia repair; however, many doctors opt for a laparoscopic hernia repair.

Laparoscopic Hernia Surgery Procedure
This minimally invasive surgery uses a laparoscope. A laparoscope is a small-lighted scope that has a camera connected to it through a cannula. In this procedure, general anesthesia is given to the patient. A small incision is made in the abdomen near the navel or in the navel. The laparoscope is inserted through this incision. The abdomen is inflated so that the surgeon can properly view the internal parts of the abdomen. A harmless gas like carbon dioxide is used in inflation. A mesh is placed before the abdominal lining area that is weakened in the abdominal wall. Once securely placed before the hernia, it is stapled with surgical staples. The abdominal incisions are then closed with stitches.

Hernia Surgery Recovery
Within a few hours after you recover from the anesthesia and after gaining control on walking and moving around, you will be discharged from the hospital. With a successful surgery and no serious complications post surgery, the expected laparoscopic hernia recovery time is around 3 days. One can start with his daily routine in two to three days after the surgery.

Risk Factors for Minimally Invasive Surgery
Factors like obesity, and any previous abdominal surgery complications, will not allow the physician to suggest a minimally invasive surgery for hernia repair. Infections and bleeding, and scar tissue formation, are most common risks after the surgery. Injuries to the other organs like the urinary bladder, nerves, blood vessels, intestines, etc., may also happen. A possibility of hernia recurrence is one factor. Others like thigh numbness and pain can also be experienced.

This type of hernia repair is suggested in most hernia cases. However, your surgeon will be able to check and then decide if you can be operated upon with this procedure, as people with certain issues may require to take special precautions during and after the surgery. Post surgery, if the patient experiences high fever, bleeding, constant nausea, vomiting, inability to eat or drink, prolonged pain and breathlessness, the surgeon should be immediately informed to take further action.

Hernia is a serious issue and needs proper and careful treatment. Make sure you discuss all of the possibilities before you opt for any surgery.

Benefits of Minimally Invasive Surgery
Most doctors will insist on this type of surgery, as there are many factors that make this surgery relatively safe, than an open surgery.

Laparoscopic surgery is comparatively safe, and is less painful and traumatic than open surgery.

The time taken for recovery is less with a laparoscopic procedure, allowing the patient to resume daily activities quickly.

There are two or three small incisions that are barely visible, as compared to one large incision that an open surgery demands.

The surgery gives an option to diagnose and also repair if there is any other hernia on the opposite side of the abdomen.

Low post surgery pain and low costs of the surgery are big advantages of minimally invasive surgery.
Do you suffer from a digestive disorder?

Digestive disorders disrupt the lives of over sixty million Americans every year.

If you’re not getting the relief you need from over-the-counter medications, or you suffer from the following symptoms, Tri-State Digestive Disease Associates can help treat:

- Moderate to Severe Abdominal pain
- Stomach pain (upper and lower, left or right side)
- Difficulty swallowing and throat pain
  - Chronic constipation
  - Chronic diarrhea
- Rectal bleeding and bloody stool
- Excessive gas, bloating
- Excessive nausea, vomiting
- Gastroesophageal Reflux Disease (GERD)
  - Crohn’s Disease
- Inflammatory Bowel Syndrome (IBS/IBD)
  - Diverticulitis/Diverticulosis
  - Celiac Disease
  - Liver Disease
  - Barrett’s Esophagus
  - Stomach Ulcers

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Annual Cancer Angels Network

5K Color Run, Walk or Crawl

Register at TriStateRacer.com

Saturday, Sept. 6th 2014 - 5K Color Run

Many of our neighbors cannot get cancer treatment because they do not have gas money for the many trips that cancer treatments require. All funds raised will be used right here in our own community, rather than sent somewhere else where we never know what happened to them. The Cancer Angels Network is sponsoring this event to help raise funds for needy cancer patients in our community.

Event
Saturday, September 6th 2014
Ashland, KY in Boyd County – Ashland Central Park
Pre-registration at 8am, Race starts at 9am.
Contact the Cancer Angels Network to Register at (606) 836-0202 OR Register online at Tri State Racer, http://www.tristateracer.com/RaceDirector/race.php?RaceID=3756

Registration
$20 Early Registration by 8/22 – Includes FREE T-shirt.
$85 Early Team Registration by 8/22 – 7 Team Members or Less. Includes a FREE T-shirt.
$25 Regular Registration starts 8/23 – Does NOT Guarantee a T-shirt.
$95 Regular Team Registration starts 8/23 – 7 Team Members or Less. Does NOT Guarantee a T-shirt.

What is a Color Run?
Run in color to help raise funds for gas cards for cancer patient’s right here in our community!
Don’t forget to wear white & have fun and get doused in powdered color while doing it!

www.CancerAngelsNetwork.org
Cancer Angels Network is a 501c3 non-profit organization

Complete this form in its entirety
Make check or M/O payable to Cancer Angels Network
Mail with form to:
ATTN: Heather McCracken
Cancer Angels Network
122 Saint Christopher Drive, Ashland, KY 41101

Name: _____________________________________________
Address: ____________________________________________
City: __________________________ State: __________ Zip: __________
Phone: __________________________ C: __________________________
Gender: Male/Female Age on Race Day: __________
Email: ____________________________________________

Fee Amount: □ $20 □ $25 □ $85 □ $95
*Team Name & Members: List on back

Shirt Size: Please circle one: S M L XL XXL

Waiver: I, for myself or as parent or guardian, hereby assume all the risk and hazards incidental to the conduct of the activities. I understand that no insurance coverage is provided by the race coordinators and sponsors. I assume all risks associated with running in this race including but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the roads and traffic on the course, any effects/contact from starch dye, all such risks being known and appreciated by me. I further give permission for proper emergency care to be rendered to myself or child should I not be available or able to give such permission. All fees are nonrefundable. Race will take place rain or shine. In the event of extreme weather conditions or some other unforeseen act of God that may prohibit the race all fees are nonrefundable. Having read this release and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act in my behalf waive and release Cancer Angel Network and any or all other sponsors/volunteers of the race or any other person assisting with the race, from all claims and liabilities of any kind arising out of my participation in the race even though the liability may arise out of negligence or carelessness on the part of the person referred to in this waiver. I understand that the entry fees are nonrefundable.

Signature: __________________________ Date: __________

Or Register Online at www.TriStateRacer.com
“My reflux made me miss out on so much in my life.”

John McDowell lived with heartburn for more than 20 years before his condition became so severe, his health was at serious risk. Luckily, surgeon Kevin Miller, M.D., was able to fix his hiatal hernia with a minimally invasive procedure, and now John feels like he has a whole new life.

If you’re suffering with acid reflux, give us a call today to learn how we can help.
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