



SARCOIDOSIS NETWORKING

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Sarcoidosis of the Bone

Almost every medical article relating to Sarcoidosis has the description of the disease which reflects its complexity. The medical community continues to search for the unknown cause of Sarcoid. Each study garners more knowledge about this granulomatous disorder that can affect any or multiple organs of the body. The fact that it can mimic so many other diseases is not overlooked.

The English Dermatologist, Jonathan Hutchison, was recognized for his work with disease of the skin. Dr. Hutchinson's report in the *Illustrations of Clinical Surgery (1877)*, about a coal-wharf worker, is one of the earliest recorded descriptions of Sarcoidosis. It was R. Keinbock who described "cyst-like" changes in the small bones of hands and feet of a patient with lupus pernio in 1902, when the new diagnostics of X-rays were in the early developmental stages. Decades of study by modern medicine would gradually reveal the mysteries of Sarcoidosis. Yet, many mysteries regarding this enigmatic disease remain to this day.

Sarcoidosis of the Bone is often difficult to diagnose. There are documented case histories of individuals from a few months of age, to those in their 8th decade. At the time of Rohatgi's report in 1992, more involvement seemed to be evident among women and those of African descent. Wilson et al stated "... bone involvement varies from 3% to 13%".³

Granulomatous changes in the marrow of the bone are often asymptomatic (without symptoms) until well into the advanced stages. Because the changes to bone can be subtle, they frequently go undetected. Early bone lesions are small and may have the appearance of other bone disorders such as osteoporosis.⁴ Many other factors complicate the diagnosis of Bone (Osseous) Sarcoid.

Granulomas in the bone (especially in the long and short bones) can spread along and around blood vessels in the compact bones and can involve bone covering and ends of bone at the joints, and still not be evident on x-ray. "In an undetermined proportion of patients with Sarcoidosis, the noncaseating granulomas in the bone go on to produce bone resorption (removal by absorption), bone destruction, and rarely bone formation." reported Rohatgi. He also suggests that vitamin D, in the form of 1, 25-dihydroxyvitamin D, produced in the granuloma may contribute to resorption.⁵

In the bones of the hands and feet, Sarcoidosis, may or may not have symptoms of pain and stiffness. Soft tissue swelling may be evident long before (even years before) x-ray changes are noted. Sarcoidosis in the long bones mimics tuberculosis in those sites. Most reported cases were recognized upon routine skeletal x-rays, explains Rohatgi.⁶ Mainly, the lesions are closer to the

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ends of the bone and are often described as cystic areas.

Lesions in the skull bone are rare and often found accidentally when looking for the cause of other health problems. They are frequently associated with lesions in other bones of the patient. Most are found to resolve with or without treatment.

Symptoms of nasal obstruction and/or sinusitis have been reported in patients whose various complaints often relate to the eye.^{7,8} In Rohatgi's report, nearly all these patients had pulmonary disease; none had facial skin lesions or wide-spread systemic involvement. Often diagnosis was made when a mass in the sinus was noted on x-ray and subsequently biopsied.⁹ When the nasal bone is involved, it may appear to be cyst-like or porous as in osteoporosis. In case reports, the nose was enlarged or puffy without pain.¹⁰ Wilson et al, reported that nasal bone involvement could be associated with lupus pernio.¹¹

In 1937, the D. A. Nickerson report was the first documentation of sarcoid granulomas in the marrow of vertebral bones.¹² It was not until 1959 that this phenomenon was biopsied prior to the demise of a patient.¹³ When Sarcoidosis involves the vertebrae, symptoms, such as back pain with activity, are almost always present. Such pain can be relieved somewhat by frequent rests. Depending on the location of the involved vertebrae there is evidence of neurological pain. A needle or open bone biopsy is needed for accurate diagnosis.

Sarcoidosis of the vertebrae is differentiated from other diseases, especially if there is no disc disease, a lack of hardening of the bone and/or granulomas in the pedicle of the vertebrae. Bone scans may appear falsely normal when normal x-ray show disease evidence and just the opposite with CAT scans.¹⁴

When granulomatous areas are noted in ribs, other bone involvement is often part of the whole picture and frequently without symptoms. It is often diagnosed when unrelated x-ray examination is necessary. Corticosteroids were effective in treatment, according to Rohatgi.¹⁵

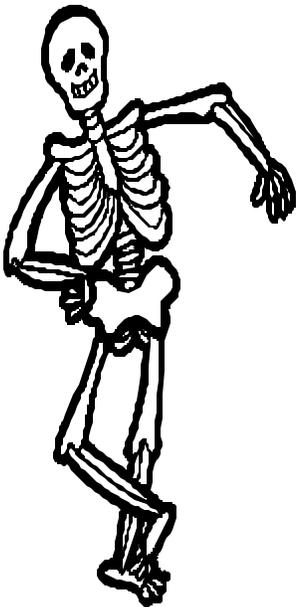
Persistent and progressive low back pain is the complaint of some patients with pelvic bone involvement. In most cases reviewed by Rohatgi, there was unified increase in bone density, and in two cases the pelvic x-ray was normal. CAT scan confirmed the diagnosis.¹⁶

Sarcoidosis of the bone is found in about 5% of patients. Wilson et al reported that frequency of occurrence is not well documented.¹⁷ Bone scanning appears to be more sensitive than traditional x-ray. Rules of determination have not been defined. Sarcoidosis has been found in all the bones of the body, being most common in the bones of the fingers and toes. Drugs, such as corticosteroids, may reduce pain and soft tissue swelling. The response of bone lesions to treatment is not impressive.

FYI

BONE: Any one of the hard parts forming the skeleton, the framework of the body.

The 206 bones in the human skeleton consist of water, collagen fibers and calcium phosphates.



¹ James, D. Geraint, MD *The Sarcoidosis Movement and Its Personalities*, *Journal of Medical Biographies*, 1995, 3:145-160.

^{2,5,6,15,16} Rohatgi, Prashant, *Osseous Sarcoid*, *Seminars in Respiratory Medicine*, Vol.13, No.6, 1992.

^{3,11,17} Wilson, Alison; Bhaarakwaj, Paraj; Sharma, Om P.; *Bone Sarcoidosis*, *Current Opinion in Rheumatology*, 2001, 12:321-330.

⁴ Tabor's Cyclopedic Medical Dictionary; 17th Edition, 1989.

^{7,8} Bordley, JE; Proctor, DF; *Destructive Lesions in the Paranasal Sinuses Associated with Boeck's Sarcoidosis*; *Arch Otolaryngology* 1942; 36:740-42

^{9,10} Trachterberg, SB; Wilkinson, EE; Jackson, G., *Sarcoidosis of the Nose and Paranasal Sinuses*, *Radiology*, 1974;113:619-620.

¹² Nickerson, DA; *Boeck's Sarcoid. Report of six cases in which an autopsy was made*. *Arch. Pathology*, 1937;24:19-29.

^{13,14} Rodham, T; Funderburk, EE; Myerson, RM; *Sarcoidosis with Vertebral Involvement*, *Am Intern. Med*, 1959;50:213-218.

Recommendations for the Prevention and Treatment of Glucocorticoid-Induced Osteoporosis

Glucocorticoid therapy (i.e., prednisone) is associated with a number of significant side effects, of which bone loss resulting in glucocorticoid-induced osteoporosis (GIO) and an increase in fracture risk are the most serious. The American College of Rheumatology (ACR), Ad Hoc Committee on Glucocorticoid-Induced Osteoporosis concluded that glucocorticoid-induced bone loss should be prevented, and if present, should be treated. However, studies show that many patients treated with glucocorticoids do not receive treatment to prevent bone loss. This suggests that there is inadequate information about the effectiveness of preventative treatment strategies.

The ACR's Ad Hoc Committee published an update to its recommendations for the prevention and treatment of GIO in 2001.

Recommendations:

Patient beginning therapy with glucocorticoid (prednisone equivalent of 5mg/day) with plans for treatment duration of **3 months**:

- ✧ Modify lifestyle risk factors for osteoporosis.
- ✧ Smoking cessation or avoidance.
- ✧ Reduction of alcohol consumption if excessive.
- ✧ Instruct in weight-bearing physical exercise.
- ✧ Initiate calcium supplementation.
- ✧ Initiate supplementation with vitamin D (plain or activated form).*
- ✧ Prescribe bisphosphonates (use with caution in premenopausal women).

Patient receiving **long-term** glucocorticoid therapy (prednisone equivalent of 5mg/day):

As above for short-term therapy, additionally:

- ✧ Prescribe treatment to replace gonadal sex hormones if deficient or otherwise clinically indicated.
- ✧ Measure bone mineral density (BMD) at lumbar spine and /or hip.
- ✧ If BMD is not normal (i.e., T-score below -1), then
 - * Prescribe bisphosphonates (use with caution in premenopausal women).
 - * Consider calcitonin as second-line agent if patient has contraindication to or does not tolerate bisphosphonate therapy.
- ✧ If BMD is normal, follow-up and repeat BMD measurement either annually or biannually.

Source: *ARTHRITIS & RHEUMATISM*, Vol.44, No.7, July 2001, pg. 1496-1503, © 2001

* (**Editor's Note:** According to Dr. Om P. Sharma, Sarcoidologist and Professor of Medicine at the University of Southern California School of Medicine, Los Angeles CA, patients with Sarcoidosis need further evaluation prior to initiating vitamin D supplementation.)

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No matter when a resource was printed, some or all of the information may still be valuable.

THE FIRST TWO STAGES OF CLAIM APPEALS: What Goes on Behind the Claim Folder



People who apply for SSI or Social Security disability often feel as if they have moved a mountain by the time they finish the voluminous application. If they are new to this process, they may assume that the government will “take care of them.”

There are actually a number of things that can be done to help a claim be favorably adjudicated at the initial and reconsideration levels.

At the initial level, a claim can be expedited by gathering accurate lists of doctors’ names, addresses and phone numbers. If possible, we help the claimant to bring a complete set of the actual records to the application appointment. The Social Security (SS) Staff contacts the treating doctor early in the process and work to get a statement that gives the information SS is looking for—NOT just whether the doctor thinks the person is disabled.

Claimants are sometimes being asked to take more “personal responsibility”—including obtaining their own records. Our office will help gather complete medical records immediately and send them to SS. Cases are not processed at all until records are in, so bringing records to Social Security Administration speeds things along.

At the initial level, 63% of the cases are denied. The reconsideration level denial rate is even higher—84%! After a reconsideration denial, the next step is to ask for a hearing. Each of these decision-making processes takes many months. It is important not to get discouraged and to keep appealing.

Some claimants will wait until they are denied to contact an attorney. Actually, an attorney is helpful at the very first stages of the case, and can help gather appropriate evidence and win a case at the earliest possible stage, saving months of time. The SS office carefully monitors our claims, so they don’t fall between the cracks in the system.

Especially in cases involving any sort of mental impairment, a claimant may be incapable of making timely appeals and certainly can’t gather records. A lawyer can help at all levels of a case, to be sure the case progresses as quickly as possible given the inevitable delays of the system.

Source: Social Security Newsletter, Feb 2003

RULE OF THUMB

Confused about the meaning of serving size? When trying to reduce the amount you eat this is import part of your nutrition. Whether eating at home or dining out here are a few hints:

A serving size is considered to be 2—3 ounces of cooked meat, fish or poultry. That’s about the size of a deck of cards. Or with chicken 2 drumsticks=2 thighs=1/2 whole breast (boneless and skinless).

According to *Food Guide Pyramid*, limit your self to 5 to 7 ounces per day

Not eating meat? Then one ounce of animal protein equivalent can be in certain other foods , i.e. 1/2 of a cup of cooked dry beans, or one egg or 2 tablespoons of peanut butter.

You’ve probably have a good balance if a standard dinner plate is divided into thirds with 1/3 meat, 1/3 starch (like potato or rice) and 1/3 vegetables.

Source: National Live Stock and MeatBoard 1999)

ARE YOU READY?

Everyday, someone, somewhere meets with an sudden emergency or disaster . If you are not already prepared for such an event, you should be and you need to do it today. Disasters can strike quickly and without warning.

Learn how to protect yourself and cope with disaster by planning ahead. Even if you have physical limitations, you can still protect yourself. Take responsibility—it may save your life.

Local officials and relief workers will be on the scene after a disaster, but they cannot reach everyone right away. Keep in touch with your neighbors and look out for each other.

Preparing for a disaster that is most likely to happen in your area will help you be prepared for any disaster. Remember! Anything can happen at anytime.

Have a family disaster plan in place. Have an emergency box ready with food, medications, radio, flashlight, cash , clothing and blankets ready for use and/or evacuation at a moment’s notice.

**Knowing what to do is your best protection
and your responsibility.**

Inch by inch

Is a cinch,

Yard by yard

Is hard.

Calcium is an essential mineral for body health. Everyone from the youngest child to the oldest adult needs calcium daily. It is required for bone and teeth growth and repairs. The heart needs calcium to maintain function. It supports blood coagulation and is important in muscle contraction. Calcium is necessary for the transmission of nerve impulses and is essential to the flow of substances through individual cell walls.¹ Along with potassium and magnesium, calcium helps control blood pressure.

Vitamin D - A necessary catalyst in the metabolism of calcium is Vitamin D. Although listed as a vitamin, "D" is actually a hormone and is manufactured in the body. Sunlight on the skin cells triggers the processing of this "nutrient" which is not found in many foods. It is required by the body to maintain blood levels of calcium and the body's utilization of calcium from food.² You should get as much calcium from food as you can. In the past, homemade soups made from the broth of boiled animal bones enhanced the average diet.

Dairy foods - Milk, yogurt, butter and hard cheeses are sources of calcium naturally. They may also be fortified with additional calcium and Vitamin D. However, cottage cheese and cream cheese have little calcium. Low-fat and non-fat milk are higher in calcium than whole milk

In the United States, there is a growing increase of dairy sensitivity and/or lactose intolerance. Dairy foods decrease the absorption of iron, a supplement commonly prescribed for those with iron-deficiency and some types of anemia. Individuals prone to calcium kidney stones and high levels of urinary calcium oxalate crystals, should be cautious of calcium derived from animal sources, reported Wynne A. Steinsnyder, DO, North Beach Miami FL.³

Foods from the sea and other places - Most canned sea foods are good sources of calcium, especially sardines, salmon, shrimp, crab, clam, oysters, cod and haddock. Calcium source in vegetables is found in kelp, collard greens, turnip greens, cabbage, broccoli, carrots, parsley, watercress, romaine lettuce, summer squash and onions. Nuts and grains that can provide part of your calcium needs include pistachios, sesame seeds, oat flakes, buckwheat, and brown rice. Other foods containing calcium are white and pinto beans, chickpeas, dry figs and soy products.⁴ Some fruit juices and breakfast cereals are "fortified" with calcium. Increase your intake of beans, legumes, soy beans, sesame seeds and soup stock made with bones - especially chicken - encourages Susan Lark, MD of Los Altos, CA⁵

On the negative side, caffeine contributes to the excretion of calcium. Coffee and non-herbal tea drinkers can counter this by adding a tablespoon of milk to each cup of the beverage.

Calcium supplementation - Deficiency of Vitamin D should be noted when calcium supplementation is considered. Consult with your healthcare professional to rule out disorders that would contraindicate a calcium-rich diet for you. Also, check with your pharmacist about specific calcium supplements.

Do not take calcium supplements that have bone meal, certain shellfish or dolomite. FDA reports that they might contain lead in harmful amounts.⁶ There are many prescription drugs and over-the-counter medications that interact adversely with calcium supplements. Individuals with food sensitivities really need to pay attention to a product's source of calcium. For example: Persons with dairy sensitivities or who are lactose-intolerant, should not take calcium lactate as it is derived from cow's milk.⁷ Read labels for the complete ingredient and nutritive information.

All calcium supplements are not created equally, nor are they absorbed at the same rate by the body. When purchasing calcium supplements, note the amount of pure/elementary calcium in the suggested dosage. Also, note the additional ingredients. Calcium carbonate is 40% calcium, calcium citrate is 24% calcium and calcium gluconate is 9% calcium. Since the body can only absorb 500-600 mg of calcium at a time, those who have been prescribed higher daily dosages should divide the amount and take the supplement over the course of the day. After taking a calcium supplement, wait 1-2 hours before taking another drug by mouth. Do not eat or drink milk milk products, spinach, rhubarb, bran or whole -grain cereals at the same time as calcium supplements, they may decrease its absorption.

^{1, 2} Wellness Foods A to Z by Shelden Margen, MD, and the Editors of the *University of California, Berkley, Wellness Letter*, 2002

^{3,4,5,7} Alternative Cures by Bill Gottlieb, St. Martin's Press, 2000

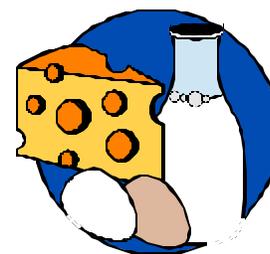
⁶ Worst Pills, Best Pills by Sidney M. Wolfe, MD; Larry Sasich, Pharm.D., MPH; Rose-Ellen Hope, R.Ph; Public Citizen's Health Research Group, Pocket Books, 1999.



HIP FRACTURES

After a hip fracture, men are less likely to receive treatment for osteoporosis than women, reports a new study in the *Archives of Internal Medicine*. A review of the medical records of 300 hip fracture patients over age 50 showed that less than 5% of the men received bone-protective medication, compared with 27% of the women. Both figures are too low, because hip fracture is **nearly always** associated with osteoporosis.

Source: *The Johns Hopkins Medical Letter, Health After 50, February 2003*



By Judy Kay

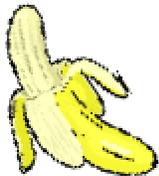


TASK TIMER

When you're working on projects or chores, you may find the intense activity causes pain and uses up your energy. To avoid that problem, try setting a timer for the amount of time you can handle, such as 15 or 30 minutes, or less if necessary. When the timer goes off, rest for an equivalent amount of time, and start working again after you've rested. The timer will help remind you to take breaks.

Linda Ann French,
Strongsville, Ohio

Source: *Arthritis Today*, May-June 1996
Edited for publication.



Osteoporosis is something many women and men experience when their bones begin to lose their supply of calcium. When you are subjected to varying doses of steroids (i.e. prednisone) for an extended period of time you run the risk of developing osteoporosis. Having osteoporosis may necessitate some altering of your lifestyle. Since your bones are now thin they can break from something as simple as a sneeze, cough, or turning the wrong way. Your vertebrae collapse and you find that you have "shrunk" in height. Your vertebrae can also shift forward or backward which can lead to various painful problems.

Now comes the "Catch 22". You need to add calcium to your diet in an attempt to halt the depletion of calcium in your bones. Do not start taking calcium supplements without first consulting your physician because a problem with us sarcoidians is that some of us produce an excess amount of calcium (so why do our bones lose calcium?).

How do I live with and deal with having severe osteoporosis? Do I have a choice? Yes, everyone has a choice and I choose to have a life with quality. I take a weekly dose of the drug fosamax and take 1500 mg of a calcium supplement daily. I have been on varying doses of steroids since 1982 so my bones are a mess. I have had four spinal fusions since 1998. Because of my excellent orthopedic surgeon (who did all four fusions) I can walk and function with minimal discomfort. For that I am very grateful. Recovering from a spinal fusion (let alone four of them) is no "picnic". I am a fighter and want to have the best quality of life possible. I want to be active and just received clearance from my ortho doctor to start participating in a water aerobics class, doing only those activities that do not cause too my stress on my back. I am also going to start a walking program to hopefully build some bone mass. I am excited about my soon-to-be new active life. I cope by taking one step forward every day. "I Can't" is not in my vocabulary. "Giving Up" is not an option.

BANANAS FOR BONES

Calcium has a new sidekick. A recent study found that people with the highest potassium intake had stronger bones than those who ate the least. Bananas, potatoes, spinach, and yogurt can help you reach the daily 3,500-milligram goal.

Source: *HEALTH* magazine, Nov/Dec 1999

The titles for healthcare professionals have become so numerous, that one may not always be certain as to the professional specialty of the healthcare provider with whom one is interacting. At the onset of an office visit, or facility for in-patient or out-patient care, persons with very specific skills may ask you a variety of health related questions prior to your even meeting your major healthcare provider. A brief summary of some of the areas of specialization in today's healthcare environment are:

Primary Care Physician (PCP): A Medical Doctor { **MD** } who provides basic or general healthcare. He/she assumes ongoing responsibility for health maintenance and therapy for common illnesses. The PCP can refer patients to other healthcare professionals for consultation or more specialized care.

Physician's Assistant (PA): A specially trained and (when necessary) licensed individual who performs tasks usually done by physicians and works under a supervising doctor.

Nurse Practitioner (NP): A Registered Nurse (**RN**) with advanced preparation in the care of particular types of patients with whom the emphasis is on primary care. These nurses include medical skills in their practice of nursing.

Endocrinologist: An MD skilled in the science of the endocrine or ductless glands, (i.e.: the adrenal, thyroid, pituitary, pancreas, ovaries, testes, etc).

Hospitalist: An MD or PA who provides care and coordinates treatment for hospital in-patients. The hospitalist also serves as the liaison between the patient, the PCP, and other healthcare providers.

Osteopathologist: A DO is a physician who uses manipulation as well as physical, medicinal and surgical methods to restore structural and functional balance to the body.

Pulmonologist: An MD who has received specialized training concerning or involving the lungs.

Rheumatologist: A physician who specializes in the care, treatment and maintenance of persons with rheumatic diseases, also known as immune system disorders, (i.e.: Sarcoidosis, lupus, scleroderma, rheumatoid arthritis, etc).

Therapist: A person skilled in giving therapy, usually in a specific field of healthcare (i.e.: occupational, physical, radiation, respiratory, etc).

Urologist: A physician who specializes in the branch of medicine concerned with the urinary tract in both sexes and the genital tract in the male.

In subsequent issues, we will explore other Who's Who definitions.

SUN-PROTECTION FACTS TO HELP PREVENT SKIN CANCER

Summer means more exposure to the sun. Take precautions now to prevent skin cancer with these sun-protection facts:

1. About 80 percent of skin cancers could be prevented by protecting ourselves from the sun's rays.
2. Everyone is at risk for skin cancer, whatever their skin color, and everyone needs protection from the sun.
3. Plan your sun strategy before you go out. You'll need a hat, protective clothing and plenty of sunscreen.
4. Plan your activities to avoid the hours of 10 a.m. to 4 p.m., when the sun's rays are the strongest.
5. Sunlight can reflect off water, sand, concrete and snow, and can reach below the water's surface.
6. Cloudy skies may make the air temperature cooler, but UV rays are still coming through the clouds.
7. Cover up! Wear clothing to protect skin as much as possible. Choose long-sleeve shirts and long pants, and wear a hat that shades your face, neck and ears.
8. Some medications, i.e. antibiotics and steroids, can increase your skin's sensitivity to the sun. Ask your doctor or pharmacist about drugs you are taking and take extra precautions.
9. Children need extra protection from the sun. Encourage children to play in the shade, wear protective clothing and apply sunscreen regularly.
10. Sunscreen is not recommended for children less than 6 months old. Keep infants in the shade and covered up with clothing.
11. Always use a broad spectrum sunscreen with a Sun Protection Factor (SPF) of 15 or greater. Look for the number on the label.
12. For best results, apply sunscreen about 20 minutes before going outside to allow it time to bond with your skin.
13. Reapply sunscreen after swimming, perspiring heavily or drying skin with a towel.
14. Don't use sunlamps or tanning booths. A tan from these artificial methods won't protect you in the sun when you go on a vacation. They damage the skin, and don't help or protect you.
15. It's never too late to protect your skin. Even if you've tanned or burned before, you can begin protecting your skin today by following these recommendations.
16. Cancer-related checkups are recommended, including skin examination, every three years for people between 20 and 40 years of age, and every year for anyone age 40 and older.

Source: *Women's Health Resource, Good Samaritan Hospital, Puyallup WA*

SELF HELP FOR MIGRAINES

There are things you can do to help reduce the number and the severity of migraines.

- Keep a migraine diary. Record when your migraines start, how long they last and what, if anything provides relief. Try to discover what triggers the migraine. Focus on what you ate in the 24 hours before the attack. Note any unusual stresses. Over time, you may find a pattern
- Try progressive muscle relaxation, biofeedback, yoga, meditation and hot baths. Do something each day to relieve stress.

- Maintain good health habits. Exercise regularly, get enough sleep, eat healthy meals, avoid caffeine and don't smoke.
- Assess estrogen's effects. If you think estrogen may be a trigger, talk to your doctor about whether changing or stopping oral contraceptives or hormone therapy may be helpful.

Source: *MAYO Clinic Women's Healthsource, Vol 6, No. 5, May 2002*



FYI

Although listed as a vitamin, Vitamin D is actually a hormone and is manufactured in the body. Sunlight on the skin cells triggers the manufacture of this "nutrient" which is not found in most foods. It is required by the body to maintain blood levels of calcium and body utilization of calcium from food.



Around the Country

SUPPORT GROUPS New Listings

NORTH CAROLINA

Triangle Area Sarcoidosis Support Group meets 3 Saturdays monthly except during summer. Contact Priscilla at www.littlewebworks.com/sarcoidosis



EVENTS

September 20, 2003

ILLINOIS

Annual Walk-A-Thon, in many areas coordinated by National Sarcoidosis Society, Inc. For information about this in your area, call 773.536.7754



September 26-27, 2003

WASHINGTON

Seattle—11th Annual Conference on Sarcoidosis, for detailed information call Dolores 253.891.6886



October 25, 2003

TENNESSEE

Memphis—Sarcoidosis Seminar, call 901.766.6951

MAKE HAPPIER CHOICES

All of us have days when we feel like we want to “give up.” Here are some happier choices:

LOOK UP—Put your trust in God.

REST UP—Take time to recharge your batteries.

DREAM UP—With a new plan—you know you can.

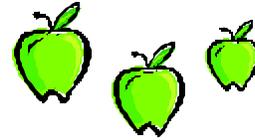
DIVIDE UP—Tackle projects (or problems) one step at a time.

TEAM UP—Together, Enthusiasm Always Multiplies.

KEEP IT UP—When all else fails... perseverance prevails!

Source: Happiness magazine, Apr 20-26, 2002

Inspiration



Apples of Gold

I never knew a night so black
Light failed to follow on its track.
I never knew a storm so gray,
It failed to have its clearing day.
I never knew such bleak despair,
That there was not a rift, somewhere.
I never knew an hour so drear,
Love could not fill it full of cheer.

Corner

TAKE AN INDULGENCE BREAK

By Annette Shelton, Monroe, La.

To cope better with fibromyalgia, I have chosen to allow myself to indulge in many simple pleasures throughout the day. I work on necessary tasks no more than one or two hours without an indulgence break. By generously sprinkling every day with activities in which I find pleasure, the pain, though still there, recedes into the background of my conscious thoughts.

A break of 10 to 15 minutes is all it takes to help me feel better. Here are some suggestions for indulging yourself:

- Have a pet – they love to cuddle, play and lick tears.
- Sit on the porch with a cup of coffee and enjoy whatever is in sight.
- Read a psalm or poem or write a note to a friend.
- Take a walk and pay special attention to wildflowers, birds and plants along your route.
- Play the piano and sing as loudly as you want.
- Call a friend to chat.
- Keep a crossword puzzle, jigsaw puzzle or other brain teaser handy.
- Do gentle stretches and range-of-motion exercises to the tune of your favorite upbeat music.
- Keep a hobby to work on or a collection to look at while you rest.

Source: Arthritis Today, March-April 1996

FALLING INTO PLACE

Plan now to attend the 11th annual gathering of people with Sarcoidosis. Hear outstanding speakers, new voices and old favorites, bringing together health problems that impact the total health picture. See you there September 26 and 27, 2003 !

Wyndham SeaTac Hotel will once again host this educational event where old friends meet and new friendships are forged. Complimentary transportation from airport to hotel is available. There is ample parking, easy freeway access, main city bus routes from Seattle and Tacoma.

For information about sharing a room with another attendee, call Lynn at 253-471-0423. Scholarships for registration available on a limited basis. For this and other conference

LIVING WELL WITH ARTHRITIS

WHAT IS ARTHRITIS?

Arthritis is a common medical problem that affects your joints. About 40 million Americans have arthritis. It can cause: pain, stiffness and swelling. [Editor's Note: Sarcoidosis is a known mimic of arthritis.] There are 2 common forms of arthritis:

- Osteoarthritis (the most common form)
- Rheumatoid arthritis

SOME SIGNS OF ARTHRITIS

Not everyone feels arthritis in the same way. Different people have different signs. Check each symptom below that you have and write down how long you've had it.

- Difficulty moving your joints. How long? _____
- Swelling of one or more of your joints. How long? _____
- Feeling stiff after you haven't moved for a while. How long? _____
- Pain at night. How long? _____
- Pain that stops you from doing things you enjoy. How long? _____

Take these symptoms with you to your doctor. Your doctor can give you medical tests to find out if you have arthritis.

YOU CAN LIVE WELL WITH ARTHRITIS!

Whether you've just started feeling pain and stiffness in your joints or you've had it for years, there are things you can do that may help you feel better. The most important thing is to have regular visits with your doctor. Talk with your doctor about how these ideas below might work for you.

- **Watch your weight** – Watch your portion sizes. Try to eat fresh fruit when you want a snack. Losing weight may give your joints less stress. Remember, any weight loss can help
- **Don't work your joints too hard** – Be careful at work or when you exercise. For example, be careful about bending your knees or lifting.
- **Exercise** – Go easy. Choose exercises that don't hurt your joints, such as swimming or stretching. This may make moving easier and build your muscles and bones. Your doctor can suggest good ways to exercise. And when you exercise, be safe. For example, exercise with a friend. Always check with your doctor before beginning any exercise program.
- **Keep your joints loose** – Take a warm shower or bath. This can help you relieve morning stiffness. For joints that aren't swollen, apply moist heat for 20 to 30 minutes, 2 or 3 times per day. Or, if your joints are swollen, apply a cold pack for 10 to 15 minutes/per hour.
- **Take your medicine** – Your doctor may give you medicine. If so, take it the way your doctor tells you. You should also talk with your pharmacist about the medicines you are taking.

Source: Pfizer for living Share Card, www.pfizerforliving.com

NUTRITION AND YOU

Nutrition cannot cure arthritis, but it can make a significant difference in your arthritis management program. Remember smart eating is a good thing!

- **Protein** - supports physical activity and help build a muscular body and it is needed for wound healing. Sources: meat, poultry, eggs, milk, dried beans, peanut butter
- **Calcium** – is essential for bone health. Sources: dairy products, spinach, turnip greens, sardines, bok choy, & dried beans.
- **Vitamin D** – necessary for formation of

normal bone and promotes absorption of calcium. Sources: eggs, liver, fish, fortified milk

- **Vitamin C** – boost your immune system Sources: green peppers, cabbage, kiwi
- **Vitamin A** – necessary for wound healing and growth. Sources: liver, egg yolks, milk, dark leafy vegetables
- **Carbohydrates** – provides energy and fiber. Sources: whole grain breads, cereals, rice, potatoes, corn, honey sugar, lentils & pasta



New HIPPA Regulations

As of April 14, 2002, new regulations intended to protect patient and patient-information became law, with a stiff fine for those who do not abide by the new regulations.

It is imperative that certain members of your family or personal support network have access to your health information or be informed about your health situation. Prepare a simple statement, with your signature and the date, so that those you want to be informed, have access to your records and your doctors. Give this to your doctor to be kept in your record file. Give a copy to the person(s) you have named in the statement as being your representative. Keep a copy posted on your refrigerator in case of an emergency.

DISEASE FIGHTERS LOSE PUNCH WITH AGE

New research on disease-fighting B cells helps explain why people succumb more easily to infections as they grow older. Researchers at National Jewish found that older mice rely increasingly on older B cells that developed during previous infections rather than develop new ones for the current infection. These older B cells are not as potent.

“As occurs in many parts of the aging mind and body, the immune system becomes less responsive to new challenges,” said John Cambier, Ph.D., Chairman of the Integrated Department of Immunology, who led the research project.

B cells secrete antibodies, which bind to and neutralize foreign particles in the body. Each time a person or animal develops an infection, a few immature B cells develop and produce antibodies custom-tailored to the current invader. When stimulated again by the infectious agent, these “antigen-experienced” B cells can mount a rapid response. In many cases, however, infectious agents change slightly over time. Immature B cells that develop in response to the altered form produce more effective antibodies than do the older, “antigen-experienced” B cells.

Cambier and his colleagues closely examined the B cells in mice less than 3 months of age and mice older than 22 months. That is roughly equivalent to studying B cells from a teenager and from a 75-year-old person. Their results indicated that young mice develop new B cells for each infection but that older mice rely more on the less effective “antigen-experienced” B cells.

Source: National Jewish Med & Research Center; New Directions, Vol. 31, No 2, Fall 2002



Scents

Scents used in magazine advertisements are a common irritant for people with breathing problems or chemical allergies; not to mention the ink of the printing itself.

Do not hesitate to contact offending advertisers regarding if this is a concern to you.

Many public health facilities ban their employees from using perfumes, colognes, other fragrant personal care items and scented cleaning products that cause breathing problems for clients.

Personal scents can cling to stationery, clothing and other products.

TWELVE WAYS TO SAY NO

To simplify your life and spend your energy and time on the things that are meaningful to you, you must acquire a knack for saying no. Robyn Peper, who teaches people how to simplify their lives, suggests these dozen ways to say no and sound like you mean it.

1. No, thank you.
2. No, but thank you for thinking of me.
3. No, but I'd love to get together another time.
4. No, but I'm sure you'll have fun.
5. No, thank you, I'm not interested.
6. No, I'd really rather not.
7. No, I don't want to.
8. I'm sure you understand, but I can't.
9. I'm sorry, but I'm just not available to do that now.
10. No, I won't change my mind.
11. No, please stop bugging me.
12. No, no, a thousand times no.

Source: Arthritis Today /

FIBER: SOLUBLE VS INSOLUBLE

Fiber is as general a term as “vitamin”—there are many different kinds of fiber that offer different benefits to your health. The group of fiber that mixes well with water is called soluble.

Research indicates that soluble fiber may play a role in stabilizing blood sugar and lowering cholesterol. Oat bran is a soluble fiber. Insoluble fiber, such as wheat bran, helps provide bulk in the digestive tract and allows the colon to purge itself.

Some people who experience constipation have a greater need for insoluble fiber. Many foods are higher in one type of fiber than the other; some provide a good combination of both. To be assured you're getting enough of both types of fiber; eat a variety of fruits, vegetables, beans and whole grains.

THE ABC'S FOR TAKING OTC MEDICATIONS

A – Antacids and laxatives should always be taken two hours before or after taking any other medication (unless otherwise instructed by your doctor)

B – Bottles of liquid medications should be shaken well before use.

C – Chewable tablets should be chewed thoroughly and washed down with a full glass of water.

D – Drink one full glass of water when taking tablets or capsules. Always take standing or sitting up—never lying down.

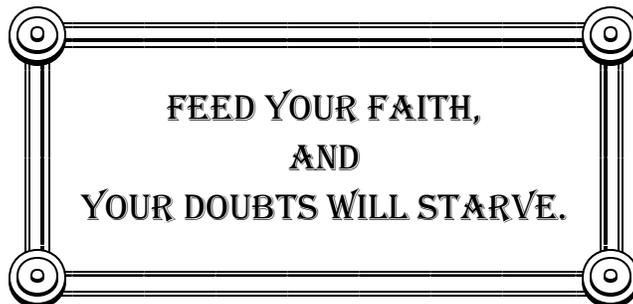
E – Effervescent or “fizzy” products contain lots of salt. Beware! if you are on a low-sodium, salt restricted diet.

F – Fruit flavored medications may contain added sugar. Beware! if you are a diabetic.

G – Go talk to your doctor or pharmacist if you have any questions.

Questions To Ask Yourself Before Taking ANY OTC Medication.

1. Do I really need this over-the-counter (OTC) medication? Could I handle the discomfort some other way (such as diet, rest, exercise, heat, etc.)?
2. Could my discomfort be caused by anything I'm doing or taking (for instance poor diet, not enough fluids or exercise, prescription medicines, other OTCs)? Have I asked my doctor or pharmacist about this?
3. Do I know which OTC is the best for my particular discomfort? If not, have I sought the advice of my doctor or pharmacist?
4. Do I fully understand all the instructions printed on the label (How much to take, when and with what. When *not* to take)? If not, why don't I ask my doctor or pharmacist?
5. Are my doctor and pharmacist aware that I am taking this OTC medication? Have I asked them whether or not it may interfere with any special diet I'm on, or prescription medicines I may be taking?



GET THE BEST FROM YOUR DOCTOR

You and your doctor have a special relationship. Like any relationship, communication is important. By talking with your doctor about how you feel, both of you can get the most out of your interactions.

It's good to take an active interest in your treatment. If you don't understand something, say so. Ask your doctor to explain treatments to you if you are not sure what they are. And get to know the rest of your health care team. The nurses and pharmacists who work with your doctor as a team are there to help you. Here are some tips to help you get the most from your treatment.

- Take notes. If your doctor, nurse, or pharmacist tells you about medications you need to take, note the name of drugs and what they are supposed to do. Also, note what side effects, if any, to expect.
- Think of questions to ask your health care professionals. Then write them down. This will save time and jog your memory so that you remember everything you want to know.

Let your health care team know that you want to be included in any medical decisions in which you can take part. The more involved you are, the better you'll feel about your treatment.

Source: Coping With Pain Focus on Cancer, Vol 3 No 1, Winter 1993

Disclaimer

SNA does not endorse any of the medications, treatments, or products reported in this newsletter. This information is intended only to keep you informed. We strongly advise that you check any drugs or treatments mentioned with your physician or pharmacists.





You must be the change
you wish to see in the
world. *Gandhi*

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www.sarcoidosisnetwork.org

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whenever a health problem
arises requiring an expert's
attention.**