



SARCOIDOSIS NETWORKING

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SARCOIDOSIS and NATUROPATHIC CARE

Owen Miller, N.P.

Synopsis of a presentation at the 2003 Annual Conference on Sarcoidosis

Sarcoidosis is defined as a multisystem granulomatous disorder of unknown cause, involving various organs or tissues, with systems dependent on the site and degree of involvement. Although the cause(s) of Sarcoidosis remain unknown, there is evidence to support the idea that Sarcoidosis results from exposure of genetically susceptible host(s) to specific agents which may include infectious agents (viruses, bacteria), toxic metals (aluminum) or natural allergens. Whatever the source of stress, the common thread that weaves these three environmental agents together is inflammation, both as a cause and as an effect. (*Adapted from Merck Manual, 17th Edition.*)

Naturopathic care is provided through conventional and holistic means. It emphasizes scientific methods of diagnosis and treatment aimed at identifying and removing underlying causes of disease in addition to activating and strengthening the body's self-healing process.

Restoring Health

There are four levels of Logical Help: prevent harm; relieve suffering; improve function; and facilitate healing.

Rule 1: Follow a logical plan with the end (Health) in mind, by preventing further harm. One prevents harm with instinctual care, such as a parent does in keeping a child safe, by providing a safe living environment and a balanced diet to promote good health. A healthcare practitioner evaluates a patient's ability to recognize and avoid harmful and unhealthy circumstances by providing guidance to prevent harm. An example of such instinctual care is when a stranger at a street corner stops a person from stepping in front of a moving vehicle. That's instinctual care.

Rule 2: Begin with a solid base and build from there. A patient needs to inform the Naturopath of the care and treatments received, or currently being received, from an M.D. and conversely, the patient needs to inform the Physician of the care, treatments and supplements being received from a Naturopath, no matter how unorthodox the treatment may seem. Doing so, enhances the benefits of complementary medicine.

Rule 3: Don't give up! Healing is one of the most difficult challenges we face. Even the struggle that it takes to get there can be rewarding. Each step can produce healing, which occurs in cycles. The emotional healing relieves the stress that can keep us down and the physical healing can produce the energy we need, which in turn will make us feel better physically and emotionally.

On the path to healing, we must address: rest, nutrition, exercise, and stress reduction. A healthy balance of each is required to produce the energy we need to get through the day. If one works and plays hard, and doesn't rest at some point of the day, that lifestyle is bound to take a toll on one's health. On a daily basis, everyone needs to have proper nutrition, plus a time of rest and recovery, in order to provide the body with the needed energy. By refueling the body and replenishing the necessities of the immune system, one can achieve the goal of health. If something is causing physical or emotional stress, then lifestyle adjustments are in order. Stress can destroy health.

Change happens when you support your care with actions. Identify what changes are needed in your life to improve it. Confront troubling matter and don't be afraid or retreat from it. You need to leap forward with the support of the people around you. Remove stress by doing what calms you, such as a hot bath, music, a good movie, etc. Recognize your achievements, no matter how small. Don't give up! Keep on trying until you accomplish your goal.

Foundational Support

Work with people to build a foundation to help you make the changes you need, to make your life more comfortable. Listen to others as to ways that you are destroying yourself and adjust your lifestyle accordingly. We tend to miss the obstacles in our lives that burden or trip us. The people close to us can offer a different perspective. If the problem is what you eat, such as pasta or wheat, then you need to stop eating pasta or wheat; it's just that simple. If it's a job that makes you

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miserable, then you need to consider changing jobs. Whatever the obstacle is, you need to consider the harm that it is causing, and the process to change the situation in order to better your lifestyle and health.



About the author ...

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Two Types of Care

Naturopathic "**Condition Care**" is an alternative to conventional medicine. Natural therapies (including physical therapies, botanical medicines, & nutritional supplements) are applied to treat a specific part of the body to relieve symptoms and to improve quality of life.

Naturopathic "**Foundation Care**" is a complement to conventional medicine and to Condition Care in general, where natural therapies are applied comprehensively to support the innate healing systems of the body in their struggle to resolve disease & restore health.

Foundation Care

There are 8 principles of Foundational Medicine:

1. **Health Promoting Diet:** "Let your food be your medicine." Replace quick-fix snacks that are notoriously exhausting in the long run with nurturing foods that will build health, i.e. Foundational Foods. Discover what foods cause harm by using objective testing (food allergy/intolerance blood tests; nutrient status tests for proteins, fats, vitamins and minerals) and patient subjective experience to create a unique, flexible, and satisfying diet that will build health.
2. **Effective Digestion:** To get more nutrients out of your food and to leave less to spoil, it is necessary to enhance digestion. Undigested food is converted by "unfriendly" bacteria and molds into toxins that are absorbed by the intestines, stressing the organs of elimination. The backlog of toxins will be stored in fat cells and water based connective tissue creating a source of chronic body burden and inflammation.
3. **Complete Elimination:** Getting rid of what is holding you back, is just as important as getting what you need to move forward. Your organs of elimination (the lungs, liver, kidneys, skin, intestines and lymphatic system) can also be evaluated by a physical exam as well as by specific lab test (i.e. the Liver Detox Panel).
4. **Metabolic Power:** The health of the whole person is determined by the health of the smallest parts—the cells. Metabolism, or cellular function, can be evaluated with special tests (i.e. Organic Acids, Oxidant Stress Markers, Toxic Elements, Bone Resorption Assay, and a variety of nutrient status testing. Deficiencies can be replenished with specific nutrients (amino acids, fatty acids, vitamins and minerals), hormones and tissue cleansing to ensure that the weakest links of metabolism are strengthened.
5. **Hormone Balance:** Hormones and the glands that produce them (the pituitary, thyroid, pancreas, adrenals, ovaries, testes and thymus) orchestrate the body functions so that we stay in physical balance while navigating an ever changing and challenging environment. Both conventional blood testing and cutting edge techniques are used to determine gland function. Hormone balancing diet strategies are applied to both better understand which glands are weak and what foods are best to support recovery.
6. **Mood Balance:** How we think and feel determines how successful we will be with any enterprise including the restoration and maintenance of health. Balancing our state of mind, mentally, and emotionally requires social skills and discipline, but also depends upon balancing our body chemistry, especially as it relates to brain chemistry, blood sugar and stress hormone. Depending on the type of imbalance, various nutritional and natural medicines can be quite helpful in restoring mood balance.
7. **Good Posture/Physical Fitness:** Regular exercise is considered the most significant health promoting factor in our lives. Even posture has an important impact on how we think, feel and function. Foundational tonics and therapies can be used for general fitness or to resolve joint and muscle injuries including bulging spinal discs.
8. **Adequate Rest & Recovery:** The recovery functions of the body do not work well under the influence of stress hormones. During times of stress, we spend our vital reserves. We must establish a restful, nurturing state of mind and body to achieve recovery. Heart rate can be used as a simple tool to measure rest and recovery status.

We need all aspects of the foundational medicines to achieve and maintain the balance necessary in our lives.

(Editor's Note: If you wish the handouts that accompanied Dr. Miller's presentation at the 2003 Conference on Sarcoidosis, please contact the SNA office. Information is on page 12.)

Greetings to Our Readers,

This issue is the 61st publication of *Sarcoidosis Networking*. We have been pleased to share with you information on Sarcoidosis and related health issues for 11 consecutive years. Reading the many letters, cards and messages received throughout this time, you – the readers – have made us aware of what was or was not important to you. We have grown from a 4-page publication to a 12-page newsletter. Thank you for letting us help and be of service to you and those who support you.

We wish each of you Joy and Peace throughout the coming year. May you know the contentment of Harmony and Love in your life.

*The Sarcoidosis Networking Staff
and Sarcoid Networking Association Board Members*

YAWNING QUESTIONS

Yawning is universal, yet nobody is sure why it happens. It's oddly contagious—just hearing or seeing the word makes some people yawn. Nearly all animals yawn, even birds and fish. Human fetuses may start as early as 12 to 15 weeks after conception. Here are answers to some questions about yawning.

Does yawning have anything to do with being sleepy?

It's hard to say. Sleepy people do seem to yawn more, but they yawn less if they keep busy, and well-rested people do yawn. Yawning does tend to increase before bedtime and upon waking.

Do we yawn because we need more oxygen?

It used to be thought that the purpose of yawning was to increase oxygen intake when needed—notably when people are bored or tired and have been breathing less. But studies have shown that people yawn even if they have high blood oxygen levels. Moreover, we wouldn't need to yawn to get extra oxygen—breathing through the nose would do the trick.

Then why do we yawn?

There are many theories. Yawning may be a protective reflex that maintains proper lung inflation and keeps small air sacs in the lungs inflated. Some researchers, after studying ultrasound scans of fetuses, believe that yawning clears fetal lungs, but that after birth it serves no purpose.

There are also behavioral theories. Among baboons, for example yawning at the end of the day signals that the group is settling down for the night. Similarly, we may yawn as a subconscious signal that we are resting and want to be left alone. During the day, yawning may serve as a social cue to switch activities.

In humans at least, boring situations encourage yawning. Thus, in one study, subway riders observed in thinly populated cars tended to yawn more often than riders in rush-hour crowds.

Is excessive yawning a worry?

In rare cases it may be linked with a variety of serious conditions such as epilepsy. Some medications, such as drugs for Parkinson's or depression, may cause yawning.

Why is it good to yawn in a plane during landing?

It helps balance the air pressure between your middle ear and the outside air during descent.

Source: U of Calif Berkeley Wellness Letter, Vol 20, No. 1, Oct 2003

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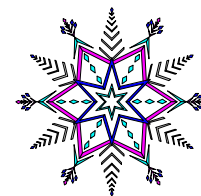
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HISTORIC PERSONALITIES

This is the second excerpt from an essay by Dr. D. Geraint James: *The Sarcoidosis Movement and Its Personalities*, which honors the pioneers of the medical research and practice communities, in memoriam. (See: SN, Sept/Oct 2003 for the first excerpts.)

Alexander Bittorf (1876-1940)

Alexander Bittorf was a chest physician who co-authored an article with the dermatologist Dr. Kuznitsky, drawing attention to the pulmonary manifestations of Sarcoidosis. Hitherto, Sarcoidosis had been a dermatological curiosity, and their joint article converted it into a multisystem disorder.¹ Bittorf was born on 29 April 1876 in Leipzig, where he studied medicine and practiced as a chest physician; he eventually became a professor in Breslau.

Caesar Peter Moeller Boeck (1845-1917)

Caesar Peter Moeller Boeck was born in Lier, Norway, on 28 September 1845 into an old Danish family. He graduated in 1871 from Christiania (Oslo) Medical School and did postgraduate dermatology with the ageing Hebra in Vienna. He became successively Chief of Dermatology at the Rikshospitalet, Oslo (1889), University Professor (1895), Dean (1907) and Professor Emeritus (1915). The term Sarcoidosis stemmed from his best-known work "Multiple benign sarcoid of the skin."² He provided the crucial evidence of histology, obtained by skin biopsy. He described skin nodules composed of compact, sharply defined tumor foci "consisting of epitheloid cells with large pale nuclei and also a few giant cells." Just before his death Caesar Boeck published the details of 24 cases of benign military lupoids; some cases involved the lungs, conjunctiva, bone, lymph nodes, spleen and nasal mucosa, underlining the multisystem nature of the disorder.

Caesar is described as tall, charming, eloquent, an industrious investigator and a splendid teacher. There were three university professors named Boeck connected with the Christiania University between 1828 and 1917. Caesar's uncle, Carl Wilhelm Boeck (1808-75) preceded Caesar as Professor of Dermatology. The third was another of Caesar's uncles, Christian Peter Bianco Boeck (1798-1877), Professor of Physiology and one of the founders of the Norwegian Medical Society. Boeck's skin lesions were soon followed by a description of subcutaneous lesions.³

1. Bittorf A, Kuznitsky E; Boecksches Sarcoid mit Beterligung inner Organe. *Munch Med Wdchr* 1915; 62:1349.

2. Boek C.; Multiple benign sarcoid of the skin. *J Cutan Gen Urin Dis* 1899; 17:543-50.

3. Danier J, Roussy G.; Des sarcoïdes sous-cutanées. *Arch Méd Exp d'Anat Path* 1906.

FYI

2003 Conference videos are available as well as all Seattle Conference videos since 1994.

Presentations are divided into short segments for easy viewing.

For more information on contacting SNA see page 12.

KNOW THE SYMPTOMS OF DIABETES

Largely because Americans are becoming more obese, the incidence of Type 2 diabetes (the common type, formerly called adult-onset diabetes) has been rising dramatically. Know the symptoms of diabetes, which usually develop slowly over the years:

Excessive thirst

Frequent urination

Constant hunger

Fatigue

Numbness or tingling in the hands and feet

Slow healing of cuts and wounds

Women may also have recurring infections, such as urinary tract and vaginal yeast infections. Many people with diabetes have no symptoms, thus everyone age 45 and older should get a blood test for diabetes every three years. Those at high risk (blacks, Hispanics, Asians, Native Americans, obese and/or sedentary people, and those with a strong family history of the disease) need more frequent screening, beginning at age 30.

Source: *U of Calif Berkeley Wellness Letter*, Vol 20, No.1, Oct 2003

WHO'S WHO?

Below is the second brief summary for some of the areas of specialization in today's healthcare environment:

Chiropractor: (DC) A [doctor] certified and trained to provide chiropractic care.¹ Chiropractors often make use of new technology and scientific data to locate and eliminate subluxations. '... Some chiropractors adhere strictly to the Palmer method of adjustments of locating and eliminating subluxations'.²

Dietician: (RD) An individual whose training and experience is in the area of nutrition, and who has the ability to apply that information to the dietary needs of the healthy and the sick.¹

Homeopathist: (ND) One who practices homeopathy, a system of therapy using minute dosages of medicine that produce symptoms of the disease treated. [Treatment is based on Hahnemann's philosophy of "Like can cure like."]³

Massage Therapist: (LMP or LMT) A licensed practitioner who provides treatment by manipulation, methodical pressure, friction, and kneading of the body.¹ [The various methods of massage therapy] have the common intention of mobilizing the natural healing properties of the body in order to help maintain or restore optimal health.²

Nutritionist: [A practitioner who employs] both the scientific study and the practical use of nutrients in healthcare.²

Occupational Therapist: (OTR/L) One who provides assessment and intervention to

ameliorate physical and psychological deficits which interfere with the performance of activities and tasks of living.¹

Ocularist: (LO) An allied health specialist who is prepared by training and experience to make an artificial eye (a prosthesis) to match, as nearly as possible, the remaining eye, or the eyes removed.¹

Ophthalmologist: (MD) A physician concerned primarily with treatment of eye diseases [i.e. glaucoma] and performing surgery [i.e. cataract removal].²

Optometrist: (OD) A doctor trained to test vision and prescribe eyeglasses and/or contact lenses, and is not a medical doctor. Today, most eye specialists who practice vision therapy are optometrists.²

Optician: One who is a specialist in the making of optical apparatus [eyeglasses, contacts and other vision-related equipment].¹

Physical Therapist: (PT or MSPT) An individual who has successfully completed an accredited physical therapy education program and has passed a licensing examination, and who is legally responsible for evaluating, planning, conducting and supervising a physical therapy program.¹

1. *Taber's Cyclopedic Medical Dictionary, 19th ed., 2001*, F.A. Davis Co., Philadelphia
2. *Family Guide to Natural Medicine: How to Stay Healthy the Natural Way*, 1993, Readers' Digest, Pleasantville, New York/Montreal.
3. *The Complete Guide to Homeopathy*, 1995, DK Publishing, Inc. New York, NY

SHOULD YOU JOIN A SUPPORT GROUP?

When deciding whether to join a support group, consider how you react to talking about your Sarcoidosis. For some, it's a reminder of a time that's difficult to revisit. For others, it helps to be with people who've "been there." These questions may help:

- Do you enjoy being part of a group?
- Are you ready to talk about your feelings with others?
- Do you want to hear others' stories about their Sarcoidosis?
- Would you like the advice of others who have gone through treatment for their Sarcoidosis?
- Would reaching out to support others make you feel better?
- Do you have helpful advice or hints to offer others?
- Would you be able to work with people who have different ways of dealing with their Sarcoidosis?
- Do you want to learn more about the Sarcoidosis and treatments available?

If you answered yes to most of the questions, you may want to try a support group. To find a group near you, ask your doctor for a list available in your area, or call the Sarcoid Network Association at: 253-891-6886 or visit the website at: www.sarcoidosisnetwork.org.

Around the Country

A listing of Sarcoidosis Support Groups is at: www.sarcoidosisnetwork.org. Click on Support Groups; scroll down the list of countries; click on your choice. To search in the United States, scroll down the list of states.

Not every support group known to SNA is listed on the website as some facilitators do not wish to be listed on the Internet. A more complete list of groups known to SNA, can be obtained by writing, calling or emailing SNA. Contact information is on page 12.

If you know of a support meeting, or contact person in your area that provides information on Sarcoidosis, please pass the information on to: The Editor, *Sarcoidosis Networking* using the contact information found on page 12.

Save the Date:

Oct. 1 and 2, 2004;
12th Annual Conference on Sarcoidosis, Seattle WA

Save the Date:

June 12-15, 2005;
8th WASOG Meeting on Sarcoidosis, Denver CO



RESOLVE TO EXERCISE!

Make exercise a routine part of your life. Studies have shown that people who diet and exercise shed pounds more quickly than those who just diet or just exercise. Talk with your doctor before starting any exercise program to find out which program is right for you.

Here are some tips on efficient exercise:

- * Aerobic exercise is best for burning calories. While the recommended 30 minutes of moderate exercise most days help lower the risk of heart and other diseases, you'll have to push a little harder if you want to lose weight.
- * Exercise harder. If you simply can't devote 45 minutes a day, seven days a week to exercise, increase your intensity when you do exercise. People who exercise harder—between 75 and 85 percent of their maximum heart rate—for 20 minutes can burn as many calories as a person walking for 45 minutes.
- * Lift weights. Resistance training builds bone density, which guards against osteoporosis and builds muscle. You don't have to follow the old three-sets-per-machine formula. Studies consistently show that you can do one set of weight training as long as you progressively lift heavier weights.

Source: Ragan Communications

Editor's Note: *"It is important to listen to your body and gradually work up to recommendations of blanket exercise programs. Do something everyday do it regularly and at your own body's pace."*

Mike McCusker
Roundtable Discussion
 2003 Conference on Sarcoidosis

Golden Oldie

STRETCH YOUR BODY, EASE YOUR MIND

Much like yoga, stretching in a slow, focused manner for several minutes can reduce stress and tension and provide quality relaxation.

Researchers have found that a combination stretching-and-breathing routine can improve your mental and physical energy as well as lower blood pressure. Fit in a stretching session of 5 to 10 minutes a day—in the morning, after sitting or standing for long periods, or any time you feel stiff or tense. Stretch slowly and smoothly; no straining or bouncing.

Source: Wellness Works magazine, Vol XIII, No 12, Dec 1995

BREAKFAST OF CHAMPIONS

Once again, science is proving parents' instincts to be correct. Breakfast is the most important meal of the day. Compared to those who eat breakfast, people who skip the meal tend to struggle more with weight problems and low energy later in the day.

Here's why breakfast is so important: The time between dinner and breakfast the next morning is the longest span between any of the meals in the day. While sleeping, the body still needs fuel to keep it in working order. That fuel comes from glucose stored in the blood, liver, and muscles. But by morning, the glucose is drained.

Even breakfast skippers feel fine and full of energy in the first few hours after waking up. That's because the body and mind are refreshed after a night's sleep. But the energy wears off as increasing demands add stress to a body already running on no fuel.

By lunchtime, even if you eat a healthful meal, it's difficult to regain the entire day's worth of energy that you would have had if you had eaten breakfast.

Here are a few ideas for a healthy breakfast:

- ◆ Fresh fruit
- ◆ Fortified whole-grain cereal with low-fat milk
- ◆ A small low-fat muffin or plain bagel
- ◆ Omelet made from egg whites and fresh vegetables
- ◆ Low-fat yogurt

Source: Ragan Communications



HEALTH AND DIET

Which sounds more appealing: dried plums or prunes? Manufacturers have taken to calling the tasty prune (which had acquired an indisputable reputation as a digestive cure), the dried plum. It's a terrific source of both soluble and insoluble fiber, magnesium, potassium, and antioxidants. Whatever you call them, they make a terrific on-the-go snack, mix-in for yogurt, or salad extra!

Source: eDiets Tip of the Day, Sept 2003

STANDARDS FOR MEDICAL REPORTS IN DISABILITY CLAIMS

There are exacting standards for “acceptable evidence” from treating physicians and nurse practitioners in Social Security cases. Medical reports can often make or break a disability case, so it is helpful to understand what the Social Security Administration (SSA) is looking for when information is requested.

Perhaps most importantly, SSA does not want a final conclusion about disability from a medical provider. The agency prefers reports that include diagnosis, clinical signs and symptoms, supporting lab reports, and a summary of functional limitations. SSA wants to make the ultimate conclusion as to disability, applying its own unique regulations, which are precise in requirements for any particular medical condition.

To meet the SSA definition of disability, a claimant must be incapable of full-time work. Even if a patient can work a few hours a week, he or she might still be found to be disabled under SSA law.

The SSA can be careless about the way it gathers evidence. The agency may send a letter with a few questions to a treating source. Based on this information, SSA’s clerical reviewers prepare decision recommendations that make over 100 conclusions about physical and mental conditions. These “recommendations” are sent along to SSA or contract physicians for review and signature.

If a treating medical provider does not supply accurate and complete information, judges may read between the lines to surmise answers. The opinions of the agency’s non-treating physicians can then become pivotal, especially if there is a vacuum created by lack of response from the treating source.

Since opinions of treating doctors are given more legal weight, it is essential that full reports be supplied. A physician’s counter-signature on nurse practitioner records saves questions later, although the law finally caught up with the reality that many nurse practitioners are primary providers. Technically, NPs can submit reports on the severity of a disability.

Treating sources can feel beleaguered and become understandably resentful at the paperwork needed for a disability case. The Social Security Office staff works closely with providers to make sure that only the necessary information is elicited. The staff is happy to answer any question about reports, with a goal of obtaining complete information the first time.

Source: Social Security Newsletter, Aug 2003

SPARKLING NEW LIFE IN THE BROWN-BAG LUNCH

If brown-bag lunches make you and/or your kids yawn, do not be dismayed. Adults and children can often grow weary of the same offerings. Here are some creative ways to make lunch a little more interesting!

1. Invest in a suitable lunch box or cold pack with a few small plastic containers, an ice pack and a thermos. This will increase the variety of foods you can offer. Involve the child in this process. Young children can be choosy when it comes to expressing their own identity—even in the selection of lunch boxes or bags.
2. Create a list of possible lunch box selections from all of the five food groups and a dessert list. Encourage the child to circle foods he or she would be willing to try. Add to the list throughout the year and keep it posted on the refrigerator.
3. Do not go overboard, especially at the beginning. Children, especially preschool and early elementary age, find comfort in the familiar. Do not try more than one new food at a time, unless you have the consent of the student.
4. Do not desert dessert. A dessert choice, if not excessive in fat, sugar or salt, can help to complement the meal by providing a source of calories, which may be needed, especially for the active child.
5. Keep hot foods hot and cold things cold. A thermos and an ice pack will make this task effortless.

Source: Sharon Howard, R.D., M.S., C.D.E., FADA, courtesy of drkoop.com



Protect Your Skin

Collard greens are one of the best sources of lutein, an antioxidant that appears to have a sun-blocking effect for your eyes (helping to protect you against cataracts and macular degeneration). Researchers suspect it may similarly protect your skin from sun damage. Try them steamed and flavored with a little sesame oil and soy sauce.

*Source: Natural Health Magazine
March 2002*



RATIONALE OF HUGGING

INSPIRATION CORNER



HAPPINESS

Happiness can be thought, taught, and caught — but not bought.

- Author Unknown

I am determined to be cheerful and happy in whatever situation I may find myself. For I have learned that the greater part of our misery or unhappiness is determined not by our circumstance but by our disposition.

- Martha Washington
(1732-1802)

Hugging:

- ◆ Feels good.
- ◆ Dispels loneliness.
- ◆ Overcomes fears.
- ◆ Opens doors to feelings.
- ◆ Builds self-esteem; (“Wow! She actually wants to hug me!”).
- ◆ Fosters altruism; (“I can’t believe it, but I actually want to hug that old son-of-a-gun!”).
- ◆ Slows down aging; huggers stay younger longer.
- ◆ Helps curb appetite; we eat less when we are nourished by hugs—and when our arms are busy wrapped around others.
- ◆ Eases tension.
- ◆ Fights insomnia.
- ◆ Keeps arm and shoulder muscles in condition.
- ◆ Provides stretching exercise if you are short.
- ◆ Provides stooping exercise if you are tall.
- ◆ Offers a wholesome alternative to promiscuity.
- ◆ Offers a healthy, safe alternative to alcohol and other drug abuse (better hugs than drugs!).
- ◆ Affirms physical being.
- ◆ Is democratic; anyone is eligible for a hug.
- ◆ Is ecologically sound.
- ◆ Is energy-efficient; saves heat.
- ◆ Is portable.
- ◆ Requires no special equipment.
- ◆ Demands no special setting; anyplace from a doorstep to an executive conference room, from a church parlor to a football field, is a fine place for a hug!
- ◆ Makes happy days happier.
- ◆ Makes impossible days possible.
- ◆ Imparts feeling of belonging.
- ◆ Fills up empty places in our lives.
- ◆ Keeps on working to dispense benefits even after the hug’s release.

Source: *The Hug Therapy Book* by Kathleen Keating



THE BEST INVESTMENT

The best investment
I ever made
Is one for which
No money was paid.

It’s truly “priceless”
In every sense
For the value it holds
Is just immense.

The treasure it yields
Isn’t bought or sold
Though it’s more precious
Than silver and gold.

Are you wondering what
I’m talking about?
Keep reading and
You’ll soon find out.

It’s the effort put forth
To stay in touch
With friends and family
Who mean so much.

Although we live
Many miles apart,
I carry each one
Within my heart.

I hope you all
Can clearly see,
Friendship is priceless,
That’s why it’s free.

--Contributed by Martha Lash., Citra, Florida

Letter to the Editor:

The sUN-Vitamin D and Sarcoidosis

The May-June 2003 Sarcoidosis Networking (SN) newsletter may have added to the confusion that Sarcoidosis patients sense in trying to understand the connections between vitamin D, sunlight, calcium - and how these affect their health. The articles in that issue were generally based on information aimed at healthy people, not Sarcoidosis patients.

Precisely what should a Sarcoidian's doctor determine before prescribing vitamin D supplements? In the above-mentioned issue of SN, this vital information was left unsaid.

It's time to get the doctors and scientists into a huddle. The current - and often conflicting - professional messages are too confusing for Sarcoidians to properly evaluate. Exposure to sunlight is precisely what provides humans most of their vitamin D. Just one hour of sunbathing will give a person about 10,000 units of vitamin D. How can Sarcoidosis folks be advised to sunbathe and get 10,000 units of vitamin D or so per hour, and at the same time be advised not take a vitamin D supplement, which is usually in dosages of 400 units, or so, per tablet? [Ed. Note: A small number of physicians prescribe the recently available Vitamin D capsules of 10,000 units each.]

Now is the time for a clear statement of what science knows about vitamin D. It is really not a vitamin, but a hormone, without which the body cannot make granulomas. Science has revealed that hormone-D affects much more than absorption of calcium in digestion. Hormone-D controls or affects many cells, body systems and functions, including the immune system, as well as granuloma formation. Trying to apply information about vitamin D, sunlight and calcium, that is designed for the general public, to Sarcoidians, is like suggesting diabetic patients should follow the dietary guidelines intended for non-diabetics. In both scenarios, someone may become increasingly ill. This is a fact that should be taken more seriously, and patients deserve an explanation.

It's time to ask all the experts, both the scientists and physicians, who have researched vitamin D in Sarcoidosis, to collegially develop a treatment plan, explanation and guidelines for Sarcoidians regarding Vitamin D.

Belinda Fenter RN, Texas

“LAUGHTER IS INNER JOGGING”

By Darlene Buechel

A wise person once said, “It takes 43 muscles to frown; 17 to smile.” A person can take comfort in the fact that when thinking happy thoughts and telling dumb jokes, it is exercising their facial features.

Many intelligent (and happy) folks have been quoted regarding happiness. For example, Norman Cousins stated, “Laughter is inner jogging.” One is getting exercise every time she watches “Everybody Loves Raymond” or talks to a 5-year-old on the phone.

Another well-known quote (source unknown) boasts, “Happiness can be thought, taught, and caught—but not bought.” This is really food for thought. How many times have you been angry or bored and tried to overcome these feelings with a new pair of shoes or a fuzzy sweater that's not needed? Instead of hitting the mall, call a friend, grandparent or elderly neighbor and spend some time making someone's day brighter.

It seems that as folks get older they come to realize that the most important things in life do not come with a price tag. I think Mark Twain said it best when he stated, “Wrinkles should merely indicate where the smiles have been.”

Source: *Happiness magazine*

TIPS FOR YOUR TEETH

Tooth decay continues throughout life as long as natural teeth are in the mouth. To avoid tooth decay, remember this advice:

- ◆ Careful brushing removes plaque that forms on the teeth. Gently brush teeth on all sides with a soft brush and fluoride toothpaste.
- ◆ Use circular and short back-and-forth strokes. Take special care to brush along the gum line. Lightly brushing your tongue helps to remove plaque and food debris, while freshening the mouth.
- ◆ Proper flossing is important as it removes plaque and food a toothbrush does not reach.
- ◆ Antibacterial and/or fluoride mouth rinses are now available.
- ◆ Continue with regular dental checkups.
- ◆ Teeth are meant to last a lifetime. By using the right preventive measures you can protect your teeth and gums for years to come.

Source: *Happiness magazine, June 2000*

Editor's Note: *Tooth decay may be a health problem for Sarcoidians due to the effects of Prednisone, abnormal calcium metabolism, and/or the oral manifestations of Sarcoidosis.*

SMOKING BAN

The tobacco industry has warned for years that laws restricting or banning smoking would hurt restaurants and bars. But a new study on the effects of a 1999 law banning smoking in public places on Vancouver Island, in British Columbia, found that the smoking ban has not hurt these businesses. In fact, restaurant attendance has risen 23%. The most important result of this ban: the area now has the lowest smoking rate in Canada. Several American studies have also found that smoke-free ordinances do not adversely affect business—and may actually increase it.

Source: *University of California, Berkeley Wellness Letter, Vol 20, No.1*



FYI

Many individuals with ADA eligible disabilities have service or companion animals. Such pets have been proven to contribute great benefits to those with physical or psychological challenges.

A young woman with a neurological disorder had several exotic birds in her home. She spent much time interacting and caring for her feathered friends. Her physician documented the need for her to maintain her pets when moving to a new apartment that did not allow pets. The birds and their human companion are now enjoying their new home.



HEALTH & PETS

Studies show that pets promote a variety of health benefits—physical and mental, as well as social. Spending just 15 to 30 minutes in the presence of a pet can reduce your anxiety and stress levels, lower your blood pressure and even help your heart.

Your four-footed (or winged) friend actually spurs chemical and hormonal reactions throughout your body when he greets you at the door or you pet her while she naps in your lap. “Interaction with pets had been found to lower cortisol levels, which rise in response to stress, and increase levels of serotonin, which regulate depression,” says Rebecca Johnson, M.D., director for the Human-Animal Bond, School of Veterinary Medicine, at Purdue University.

Researchers have also found cardiovascular benefits and lowered blood pressure in pet owners, probably due to those and other hormonal and chemical changes

Source: ProHealthNetwork.com; Arthritis Today magazine, Sept-Oct 2003

MOST ASKED QUESTIONS ABOUT FLU SHOTS

By Gregory Poland, M.D.

Does getting a flu shot prevent you from getting sick?

Yes, but only from the influenza virus. The flu shot is designed to prevent hospitalization and death. A side benefit of the flu shot is that it keeps you from getting sick.

You often hear people say, “I had a flu shot, and I got the flu anyway.” That’s incorrect. The truth is: they got some other virus, not the flu. People believe the flu vaccine didn’t protect them from getting sick, but they were ill from something other than the flu.

Should you get a flu shot if you’re younger than age 65 and don’t have a chronic medical problem?

You should get vaccinated if you want to avoid getting sick and missing work or other events because of the flu. Once you get the flu, it usually takes two to five days to feel better.

Do you think the new nasal vaccine (FluMist) will replace the flu shot?

No. FluMist isn’t meant to replace the flu shot. It’s just another option. The Food and Drug Administration (FDA) approved FluMist for healthy people ages five to 49.

FluMist won’t be given to people with chronic underlying medical conditions that may predispose them to severe flu infections. For these people, the injected vaccine is recommended. For people age 50 and older, the safe and effective use of FluMist hasn’t been established.

FluMist is an alternative for people who are afraid of needles, which is approximately 15 percent of our population. It’s being used for the first time this season.

Why don’t more women get flu shots?

Women don’t get the recommended flu

shots because their doctors may not tell them to get one, or they may choose to ignore the recommendation to get vaccinated. This is a message that bombards the media from September through December, but many people don’t believe the message. Or they have a myriad of reasons why they ignore the message—the vaccination is too expensive, it will hurt, or it will make them sick. The list is endless. Today, 70 percent of our population doesn’t get flu shots; 30 percent of them are adults. And of the 40,000 to 80,000 people who die every year of vaccine-preventable diseases, roughly half are women.

Are there immunizations that should be considered now because of bioterrorism threats?

Yes. Anthrax and smallpox. But vaccination depends on your risk. For instance, health care workers may consider smallpox because their occupation puts them at greater risk. Military personnel also are at greater risk of anthrax. However, for the average woman, I’d say, it’s probably not necessary.

What do you think of smallpox vaccination for the entire population?

At this time, specific groups of people, such as some healthcare workers, have been identified to receive the smallpox vaccination. We’re watching the effects of these immunizations carefully. Then we’ll take the data that we’ve collected to establish a benefit-risk analysis of immunization for the general U.S. population. The key variable: What’s the risk of bioterrorism? The risk is intangible, unknown.

Source: Supplement to MAYO Clinic Women’s Healthsource, Oct 2003

FACTORS TO CONSIDER IN SELECTING A DOCTOR

Board Certification—To help determine the quality of your doctor's training, learn whether he or she is board certified -- having met specific requirements for advanced training. If a doctor cares for adults, he or she may be board certified in internal medicine or family medicine. If the doctor cares for children, he or she may be certified in pediatrics or family medicine.

Hospital Affiliation—Ask which hospital your doctor uses. How easy is it to get to that hospital in an emergency? Have you or anyone you know received care at that hospital? If so, how was that experience?

Associated Health Professionals—Today, most doctors are part of a group or team practice. What other health professionals are on staff? Physician's assistants, nurse practitioners, midwives, nutritionists, and physical therapists may be part of the practice. Ask if any complementary and alternative practitioners, such as acupuncturists, or massage therapists, also belong to the group.

Source: Harvard Medical School's Consumer Health Information, at www.intelihealth.com. Tip of the day, July 24, 2003



IN A NATURAL EMERGENCY ...

For Your Medical Needs

Gather what you need now and inform family members of their whereabouts so that when the emergency happens you will be prepared.

- First-aid kit.
- Prescription medicines, lists of allergies, medications with dosages, OTCs, and supplements.
- Extra eyeglasses and hearing aid batteries.
- Extra wheelchair batteries, oxygen.
- List of the style and serial numbers of medical devices such as pacemakers and cataract lens replacements.
- Medical insurance and Medicare cards, other insurance card(s).
- Medical Durable Power of Attorney and Advance Directives.
- List of doctors and relative or friend who should be notified if you are injured.
- Any other items you may need.

IF YOU TAKE A BLOOD THINNER...

WHAT IF ... ?

What if I cut myself, get a cut that won't stop bleeding, or have an injury? Tell your healthcare provider immediately. Your healthcare provider will decide if you need medical attention.

What if I become pregnant? DO NOT take COUMADIN® (Warfarin Sodium Tablets, USP) Crystalline if you are or may become pregnant. This is very important because COUMADIN® should not be taken during pregnancy. Tell your healthcare provider if you are or may become pregnant.

What if I forget to take a COUMADIN® tablet? DO NOT TAKE ANOTHER TABLET TO "CATCH UP"! If you forget to take a tablet, tell your healthcare provider as soon as possible and follow instructions. DO NOT take a double dose of COUMADIN® the next day to make up for the missed dose.

What if COUMADIN® therapy is stopped? If your healthcare provider stops your COUMADIN® therapy, the anticoagulant effects may last for about 2 to 5 days.

What if I want to travel while I take COUMADIN®? You can travel, but tell your healthcare provider before you go. You may need to take a PT/INR test before you leave, or your healthcare provider may arrange for you to have one while on your trip. Remember to keep your eating habits and activity level as close to your everyday routine as possible. Also, make sure to take enough COUMADIN® with you.

What if I want to participate in a sport or physical activity? Ask your healthcare provider first. Your healthcare provider may want you to avoid any activity or sport that may result in a serious fall or other injury.

Source: 2002 Bristol-Myers Squibb Co

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 physicians or pharmacists.



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

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or E-mail:
sarcoidosis_network@
prodigy.net
SNA Website
www.sarcoidosisnetwork.org**

No two snowflakes are identical and no two individuals with Sarcoidosis appear to have identical symptoms. Therefore, snowflakes have been chosen to symbolize Sarcoidosis.



Our deep appreciation to Good Samaritan Hospital, Puyallup, WA for printing this edition of **Sarcoidosis Networking**

**TEMPORARILY
AWAY??**

Newsletters are not held by the Post Office, but returned to SNA requiring the organization to pay a first class postage fee. Newsletter service will not be resumed unless the subscriber notifies the office. Please notify the Editor when and where to deliver your newsletter after **each hold.**

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*If unable to make a gift,
no one is refused the newsletter*

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E-Mail _____

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Address _____
City, State, Zip _____
Phone _____
E-Mail _____

**WHAT'S SARCOIDOSIS
NETWORKING
ABOUT ???**

The newsletter **SARCOIDOSIS NETWORKING** is published by the Sarcoid Networking Association —individuals with Sarcoidosis and those interested in this disease — six times a year. Since 1992, its sole purpose has been to heighten awareness and form a network with each other, the medical community and the general public. It is not intended to replace the advice and/or diagnoses by health-care professionals. **You are advised to seek proper medical attention whenever a health problem arises requiring an expert's attention.**