building your family

Health Tree

Until our society is able to use genetic testing to predict most or all the risk of diseases for each individual, a family health history provides one of the most effective ways to look into the potential of your future health. To build a Family Health Tree, follow these easy steps.

1. Set a date to ask questions about your family health history.
2. Fill in the information you already know.
3. Collect birthdays, death dates, and health conditions.
4. Fill in the information you collect from your family members.
5. Take the finished copy to your doctor and keep a copy for yourself!
6. Give copies to your family members to help them realize their potential health risks.
Buffalo wings originated in Buffalo, New York at the Anchor Bar. The original Buffalo wings have mega-calories that come mainly from the fat-fried dark meat and skins. Once cooked, the wings are usually served with celery sticks soaked, mopped, or dipped in rich blue cheese dressing. Just six of the original Buffalo wings can contain 471 calories with 33 grams of fat—63 percent of calories from the fat. Add just two tablespoons of blue cheese and the total calories jump to around 571! In contrast, this wing recipe has only 40 calories and no trace of cholesterol; the sauces are fat-free!

**Cholesterol-Free Buffalo Wings with Four Sauces**

**Preparation**

Prepare the wings per the package instructions. Do not over-cook. Serve with the celery sticks and one or more of these delectable sauces.

**Pour the blue cheese dressing into a small serving bowl with the added crumbles.**

**Mix both ingredients.**

**Measure**

<table>
<thead>
<tr>
<th>1 package</th>
<th>chicken substitute buffalo wings, hot or mild celery, washed and cut into 2-inch sticks</th>
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<tbody>
<tr>
<td>4 stalks</td>
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**Blue cheese sauce**

<table>
<thead>
<tr>
<th>½ cup fat-free blue cheese salad dressing</th>
<th>Maytag crumbled blue cheese</th>
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<tbody>
<tr>
<td>1 tsp.</td>
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**Honey mustard sauce**

<table>
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<tr>
<th>½ cup Dijon style mustard</th>
<th>2 Tbsp honey</th>
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**Ranch sauce**

<table>
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<tr>
<th>½ cup fat-free ranch dressing</th>
<th>1 tsp. chopped parsley or cilantro</th>
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**Sweet sauce**

<table>
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<tr>
<th>½ cup hoisin sauce</th>
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**Number of Servings:** 4

**Nutritional Analysis**

Calories 205, Fat 8g (Sat. 1g), Cholesterol 1mg, Protein 11g, Sodium 757mg, Carbohydrate 22g

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**Cardiologist’s Note**

A leading authority and speaker on the prevention and reversal of heart disease, Dr. Collins emphasizes the connection between eating well and living long. His delicious low-fat recipes have been shared with millions through his cookbook, videos, and his nationally-renowned cooking seminars. For more information, visit Dr. Collins’ website at [www.thecookingcardiologist.com](http://www.thecookingcardiologist.com).
Getting To Work On Your Own Steam:
WHY NOT WALK OR BIKE TO WORK?

Riding your bike or walking to work has many advantages over driving your car or using public transportation. Here are some things to think about the next time you get into your car to go to work:

1. **It improves your health!** Riding a bike or walking to work doesn’t need to be strenuous for you to gain significant health benefits. Even small increases in light to moderate activity, like walking or cycling for about 30 minutes a day, will produce noticeable benefits.

2. **It helps the environment!** A short walk to work or a four-mile round trip by bicycle reduces the amount of pollutants put into the air by about 15 pounds. That’s a lot!

3. **It saves you money!** Bicycling and walking are affordable forms of transportation. When safe facilities are provided for walkers and bicyclists, more people are able to be productive, active members of society. Car ownership is expensive, and consumes a major portion of many Americans’ income.

4. **It improves the quality of life in your community!** Many of the trips Americans make every day are short enough to be accomplished on a bicycle, on foot, or via wheelchair. The 1995 National Personal Transportation Survey (NPTS) found that approximately 40% of all trips we make are less than 2 miles in length—the same as a 10-minute bike ride or a 30-minute walk. Bicycling and walking can help reduce roadway congestion.

Information collected and provided by the Fisher Institute for Wellness and Gerontology, Ball State University

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**FAQs**

How do you convert time on a bike to steps? I have a Schwinn Airdyne®.

If you have a Schwinn Airdyne® with a calorie readout, then all you need to know is that walking one mile is equivalent (approximately) to burning 100 calories. If you exercise on your Schwinn Airdyne® long enough to burn 100 calories, that is like walking 2,000 steps. To burn the equivalent of walking 10,000 steps, you would have to exercise long enough to burn 500 calories.

How many miles is walking 10,000 steps?

Walking 10,000 steps is the approximate equivalent of walking 5 miles. The distance covered depends on the length of your stride. That is why it is approximate.

I would like to add using a pedometer to my fitness program. My problem is, I wear dresses to work nearly every day. What is the best way to attach the pedometer to a dress? So far everything I have tried has resulted in inaccurate step counts.

I have had luck attaching my pedometer to a belt which I wear over a dress or anything else that does not have a firm waistband. The pedometer should be clipped to the belt firmly and the belt buckled securely so it won’t move around. The pedometer should be worn in a location above the hip so it can detect the leg movement.

Citation: [http://www.shapeup.org/shape/steps.php](http://www.shapeup.org/shape/steps.php)
If your condition is serious enough to warrant a visit to your healthcare provider, you’re going to need to be prepared. Too many of us visit our healthcare providers, and simply nod our heads through the entire visit, leaving with more questions than we had when we arrived. To be a wise consumer of healthcare, you need to know how to make the most of your visit to your healthcare provider.

Thankfully, following a few simple guidelines can go a long way toward ensuring you not only get the care you need, but you leave the office with your questions answered—feeling good about your recommended course of treatment.

Take a look at the following guidelines for getting the most from your visit to the healthcare provider.

**Before Your Visit**

*Decide What You Want*

Decide what you want from your healthcare provider before you step foot in the office. Are you looking for a diagnosis? Do you need reassurance about your condition? Are you seeking information about new developments on your condition? Decide what you want before your visit, and don’t leave until you get it.

*Make A List*

After you decide what you want from the visit, write it down! You will probably have several goals for the visit, so prioritize your list and ask your most important questions first. Don’t forget to review the list with friends or loved ones familiar with your condition—they may come up with some good questions you forgot to list.

*Practice*

It may sound silly, but practicing your questions before you get into the office can help you better articulate your goals when it comes time to visit your healthcare provider. And, because physicians’ offices can be intimidating, rehearsing your questions will make them easier to ask because you’ll know exactly what you need to say. Don’t be embarrassed—practice your questions, even if it’s in the car on the way to the office.

*Gather the Necessary Information*

Get all your health-related information in order before you visit your healthcare provider. Make sure to gather information on the medications you may be taking (names and recommended dosages), symptoms, any previous or current lifestyle treatments/changes, and any relevant test results. Gathering this info beforehand can save you time and energy, and may even help you feel better faster.
After Your Visit

Review Your Appointment

Review the appointment in your mind after leaving the healthcare provider's office. Consider the main points you discussed, as well as your treatment plan and any other important information. Once you arrive home, look at your notes again to make sure you didn't forget anything vital. File your list in a safe place (perhaps with your first aid kit) so you can refer to it quickly and easily. You should be able to recite the main points of treatment before you put your list away.

Involve Your Pharmacist

The pharmacist is an important link in the healthcare chain. If you have been prescribed medication for your condition, use the pharmacist as a resource. Ask him/her about the medication you've been prescribed. How common is it for your condition? Are there side effects? What should you do if you miss a dose? Don't forget to ask about getting a generic substitute! Generics can be just as effective and may cost substantially less. You may even reduce your co-pay.

Pick Up The Phone If Necessary

If you feel unsure about your treatment, or can't remember important specifics, don't hesitate to call your healthcare provider's office. You have the right to get the best care possible, and besides, your healthcare provider would rather get a phone call than hear you've treated yourself incorrectly. Remember, studies show that patients who don't understand treatment orders make more medication errors, comply with treatment less often, and are more likely to suffer from long-term untreated illnesses.

If you feel unsure about your treatment, don't hesitate to call your healthcare provider who would rather get a phone call than hear you've treated yourself incorrectly.

**Centenarian Facts**

- There are roughly 40,000 centenarians, or a little more than 1 centenarian per 10,000 of the U.S. population, according to the Census Bureau.
- 85 percent of centenarians are women.
- More than 90 percent of centenarians reported good health until they reached their early 90s.
- About 15 percent of centenarians live by themselves, completely independent.
- Centenarians are the fastest growing segment of the U.S. population. They are increasing in number 8 percent each year, compared with 1 percent for other age groups.
- Centenarians’ brothers and sisters have a better chance of surviving to age 90 than people whose siblings died in their seventies. Female siblings of centenarians were four times as likely to reach their 90s; male siblings were five times as likely.
- 19 percent of female centenarians had children at age 40 or older, compared with 6 percent of the women who lived to age 73.
- For fun, estimate your own longevity potential: visit [http://www.livingto100.com/](http://www.livingto100.com/)

Source: New England Centenarian Study, Harvard Medical School

Citation: [http://www.bumc.bu.edu/Dept/Home.aspx?DepartmentID=361](http://www.bumc.bu.edu/Dept/Home.aspx?DepartmentID=361)

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**How To Live To Be 100**

It’s interesting to look at a recent, small survey that asked American centenarians how they conduct their lives. Evercare, a company that specializes in coordinating care for senior health, commissioned a survey of 70 American women and 30 men who were 99 years old or older, and reported the following:

- American centenarians are surprisingly plugged into popular culture. Nearly a third have watched a reality TV show, and 27 percent have watched MTV or music videos. One in seven has played a video game.
- Six percent have been on the Internet, and four percent have listened to music on an iPod™.
- Eighty-two percent said their dietary habits had improved or stayed the same as compared to 50 years ago.
- Only 23 percent said they have ever smoked. On average those who quit did so 41 years ago. Two percent still smoke!
- Favorite memory? Twenty-eight percent said their wedding day, followed by 13 percent citing the birth of a child, and 13 percent their 100th birthday. One said his favorite memory was “when I learned to fly at age 76.”
- Thirty-four percent said the person they would most trust to tell the truth would be their priest, rabbi or preacher.
- Seventy percent now live at home, either alone or with a spouse.

This survey echoes conclusions of other studies: centenarians are forward-thinking, open to new experiences, eat generally healthy foods, don’t smoke (the rebellious two percent notwithstanding!) have strong religious faith, and cherish their independence.

Citation: [http://www.drweil.com/drw/u/ART02792/senior-health](http://www.drweil.com/drw/u/ART02792/senior-health)
Any diagnosis of cancer can be frightening—including skin cancer, the most commonly diagnosed cancer in the United States. However, skin cancer accounts for less than 1 percent of all cancer deaths; 85% to 95% of all cases are cured. Prevention and early detection are the most important weapons in the battle against skin cancer. Continuing research is making them ever more effective.

Skin cancer is strongly associated with exposure to ultraviolet (UV) radiation, part of the energy that comes from the sun (it can also come from artificial sources like sun lamps and tanning booths). UV radiation is made up of two types of rays, called UVA and UVB rays. UVB rays are more likely than UVA rays to cause sunburn, but UVA rays pass more deeply into the skin. Scientists have long thought UVB radiation causes the skin damage that can lead to skin cancer and premature aging. They now think UVA radiation may have these consequences, too.

According to NIH’s National Cancer Institute, the cure rate for skin cancers could be nearly 100% if they were all brought to a doctor’s attention before they had a chance to spread. There are three different types of skin cancer—melanoma, basal cell carcinoma, and squamous cell carcinoma. It is particularly important to diagnose and treat melanoma early. Melanoma is the deadliest form of skin cancer, with 55,100 new cases and 7,910 deaths in 2005 in the U.S. alone.

Melanoma usually begins as a mole. Twenty years ago, dermatologists noted that the typical warning signs of early melanoma follow an easy-to-remember formula:

- **ASYMMETRY**—the mole is not a circle, but lopsided
- **BORDERS**—the mole has uneven or ragged edges
- **COLOR**—the mole is not a uniform brown, but a mix of brown, black, red, blue, and white
- **DIAMETER**—the mole is wider than a pencil eraser

The dermatologists who devised that list now suggest adding “E,” for “Evolving.”

“An evolving lesion is one that changes size, shape or symptoms, such as itching or tenderness,” Dr. David Polsky of New York University’s Department of Dermatology explained.

The “E” captures a particular type of melanoma, called nodular, which often does not follow the original ABCs, Polsky said. Nodular melanoma is the most aggressive type of melanoma and accounts for 10% to 15% of all melanomas.

Polsky led a group suggesting the alphabetical expansion in a recent review published in the Journal of the American Medical Association. They cited a study of 125 patients with nodular melanoma in which 78% had noticed a significant change in their mole’s appearance. Other studies support the idea that moles that change shape, color, or size are more likely to be melanoma.

While melanoma may be the most deadly type of skin cancer, both basal cell carcinoma and squamous cell carcinoma are far more common. Researchers estimate 40% to 50% of people who live to age 65 will be diagnosed with one of these skin cancers. They can occur anywhere, but are typically on the head, face, neck, hands, and arms. They grow more slowly than melanoma and rarely spread to other areas, but need to be treated as well.

Carcinomas can appear as small, smooth, shiny, pale or waxy lumps, or sometimes as a firm red lump. Some people develop a precancerous condition called actinic keratosis, a rough, red or brown scaly patch on the skin that may develop into squamous cell carcinoma. It usually occurs in areas that have been exposed to the sun, such as the face, the back of the hands and the lower lip.

Your overall chance of developing a skin cancer is related to your lifetime exposure to UV radiation. While most skin cancers appear after age 50, the sun’s damaging effects begin at an early age. It’s important to start sun protection in childhood to prevent skin cancer later in life. Check yourself regularly for new growths or other changes in your skin, and report any unusual growths to a doctor.
You've probably seen this warning on medicines you've taken. The danger is real. Mixing alcohol with certain medications can cause nausea and vomiting, headaches, drowsiness, fainting, or loss of coordination. It also can put you at risk for internal bleeding, heart problems, and difficulties in breathing. In addition to these dangers, alcohol can make a medication less effective or even useless, or it may make the medication harmful or toxic to your body.

Some medicines you might never have suspected can react with alcohol, including many medications which can be purchased "over-the-counter"—that is, without a prescription. Even some herbal remedies can have harmful effects when combined with alcohol.

Medications are safe and effective when used appropriately. Your pharmacist or other healthcare provider can help you determine which medications interact harmfully with alcohol.

**Other Effects...**

Alcohol, like some medicines, can make you sleepy, drowsy, or lightheaded. Drinking alcohol while taking medicines can intensify these effects. You may have trouble concentrating or performing mechanical skills. Small amounts of alcohol can make it dangerous to drive, and when you mix alcohol with certain medicines, you put yourself at even greater risk. Combining alcohol with some medicines can lead to falls and serious injuries, especially among older people.

**Medicines May Have Many Ingredients**

Some medications—including many popular painkillers and cough, cold, and allergy remedies—contain more than one ingredient that can react with alcohol. Read the label on the medication bottle to find out exactly what ingredients a medicine contains. Ask your pharmacist if you have any questions about how alcohol might interact with a drug you are taking.

**Some Medicines Contain Alcohol**

Certain medicines contain up to 10 percent alcohol. Cough syrup and laxatives may have some of the highest alcohol concentrations.

**Alcohol Affects Women Differently**

Women, in general, have a higher risk for problems than men. When a woman drinks, the alcohol in her bloodstream typically reaches a higher level than a man's even if both are drinking the same amount. This is because women's bodies generally have less water than men's bodies. Because alcohol mixes with body water, a given amount of alcohol is more concentrated in a woman's body than in a man's. As a result, women are more susceptible to alcohol-related damage to organs such as the liver.

**Older People Face Greater Risk**

Older people are at particularly high risk for harmful alcohol—medication interactions. Aging slows the body's ability to break down alcohol, so alcohol remains in a person's system longer. Older people also are more likely to take a medication that interacts with alcohol—in fact, they often need to take more than one of these medications.

**Timing Is Important**

Alcohol and medicines can interact harmfully even if they are not taken at the same time.