

# HOUSE CALL

YOUR GUIDE TO HEALTH AND WELLNESS

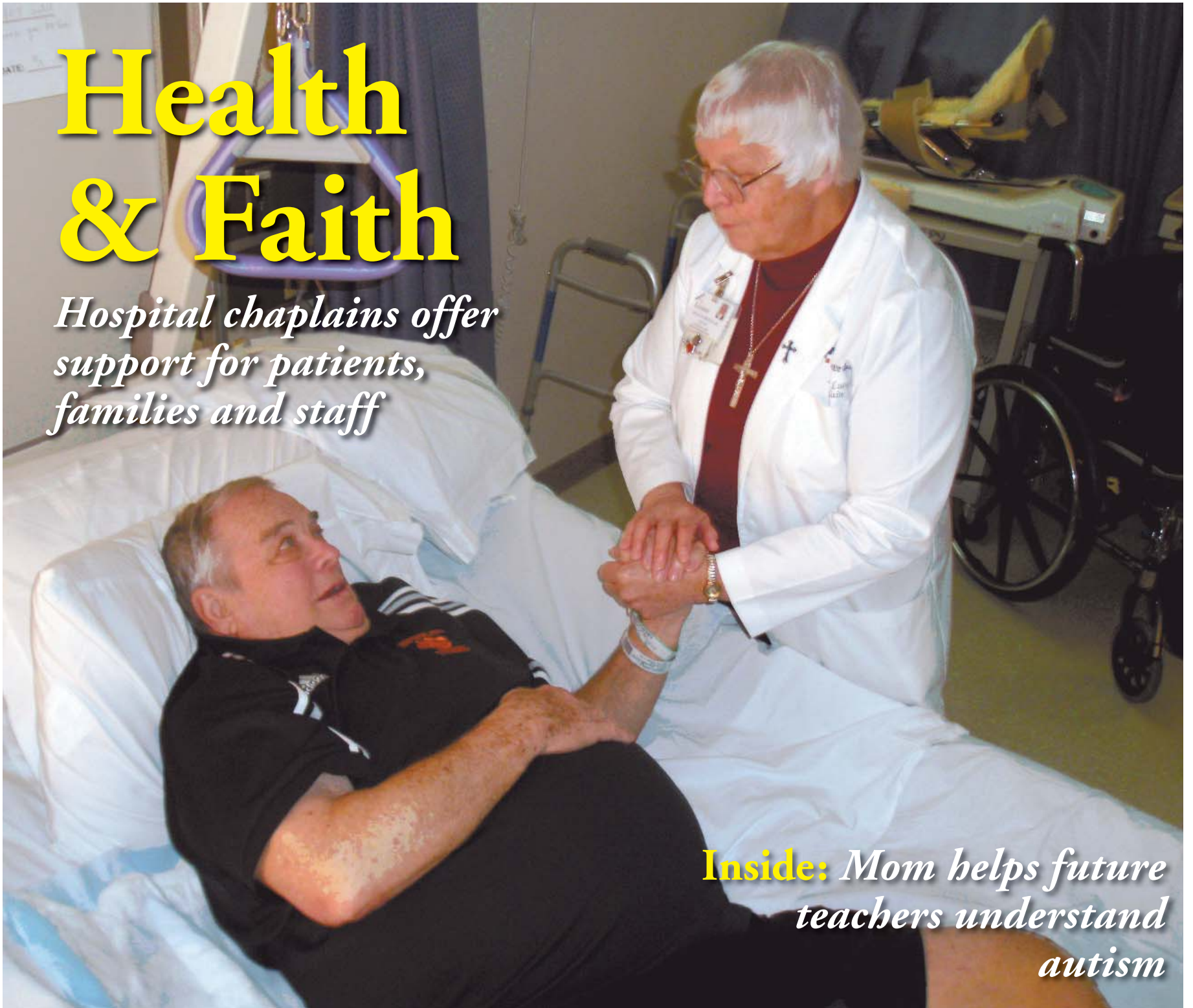
March 2011

A special interest publication of The Paducah Sun

## Health & Faith

*Hospital chaplains offer support for patients, families and staff*

**Inside:** *Mom helps future teachers understand autism*



# HOUSE CALL

YOUR GUIDE TO HEALTH AND WELLNESS

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of The Paducah Sun

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## ON & OFF THE VINE



**Page 14:**  
After 150 years of  
diet fads, quick fix  
is still elusive.

## On the cover

ALAN REED | The Sun

**Gerald Quigley**, a double-knee replacement patient at Lourdes, receives a visit from hospital chaplain Sister Lucy Bonifas. Bonifas spends time with Quigley and his family answering questions about his care, addressing concerns, and sharing a little prayer to help emotional health and spiritual well-being.

**House Call** is dedicated to providing our readers with helpful health-related information. We strive to help answer the questions of current and ongoing concerns. This publication is not intended to take the place of medical experts, but rather inspire our readers to take an active role in their physical and mental well being.

# Understanding Autism

## Mother helps future teachers learn about autism

BY ALAN REED

areed@paducahsun.com

Autism remains a popular topic for discussion, but popular perception and lay discussion may miss the nature of the diagnosis and current treatments.

Rudina Durbin of Paducah said her 19-year-old son, William, has autism. When doctors diagnosed the autism at age 3, little information was available on autism. Durbin began to research the topic herself and now lectures education students at Murray State University on the topic.

“There is a wide range of autistic symptoms,” Durbin said. “Some are low functioning and cannot graduate high school. Some have basic skills and can work at a packing company or in fast food. Some can interact with others but have some social problems, and others are highly functioning and become computer geeks, but never grasp some social interactions.”

Durbin said autism impairs social function. Some autistic people are unable to communicate with others. Higher functioning patients fail to learn how to properly interact with others and may behave or speak inappropriately. Autistic people may not know how to deal with changes in a daily routine. Confronted with change or an uncertain social situation, an autistic person may have what Durbin describes as a meltdown and shout or panic. Autistic children make little or no eye contact and display odd play habits, such as spinning the wheel of a toy car, rather than play as if the car is on the road.

“Every day is different, but we’ve learned to plan to let William know what will happen,” Durbin said. “We avoid surprises because he knows what to expect.”

Durbin added many autistic people focus on a particular subject and learn differently than non-autistic students. By allowing an autistic student to explore his or her topic of interest, teachers may include the topic to teach other subjects.

“They need motivation and goals, but



ALAN REED | The Sun

**Kelly Walker**, an assistive technology professional for McCracken County Schools, demonstrates a program called Proloquo2 on an iPad. The program allows autistic students with communications impairments to touch an icon to make the computer vocalize a simple phrase or word allowing them to communicate.

if you include their subject — whether it’s trains, or baseball or dinosaurs — you can use it to teach math or to write a portfolio piece,” Durbin said.

Tom Ballowe, director of special programs for Paducah Public Schools, said he encourages teachers in all levels to teach to the strengths of students. The district now sends teachers to training centers to learn to recognize autism in

“One particular (iPad) app we use is called Proloquo2Go. It’s a benefit because it may give students a voice that they didn’t have before due to communications issues.”

**Amie Tooley**

Director of exceptional children, McCracken County Schools

Please see **AUTISM** | 8

# Children's

## Health



**Teen who had a dog** logged more minutes of physical activity than those who didn't, according to a new study at the University of Virginia.

## Study finds teens with dogs have a more active lifestyle

**BY SHARI ROAN**

McClatchy-Tribune News Service

Dog ownership appears to make teens more active, according to a new study from researchers at the University of Virginia.

They surveyed 618 pairs of adolescents and their parents living in the Minneapolis area about the number of dogs in the home and how much time they spent physically active. About half of the teens also wore accelerometers — devices that measure activity — for one week.

The teens in dog-owning families logged about 15 additional minutes of moderate-to-vigorous activity per week after the researchers controlled for factors such as gender and socioeconomic status.

Could it be that kids actually walk the

family dog instead of the parents (after begging for a dog and promising their parents they would walk the dog)?

Well, no.

“Children and adolescents may not have the primary responsibility of walking the dog but may actively play with the family dog, thus contributing to their overall minutes engaging in physical activity,” the authors wrote.

Other studies show that adults who have dogs are more physically active. Even if people don't walk their dogs regularly, just having a dog makes one more active because of chores such as getting up to feed the dog, letting it outside or cleaning up after it, the researchers said.

The study will appear in the March issue of the American Journal of Preventive Medicine.

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# wisdom for women

Becky Johnson, APRN, CNM

Women's Health Nurse Practitioner &  
Certified Nurse Midwife



## Endometriosis: The pelvic pain nightmare

**M**arch is Endometriosis Awareness Month in the United States. Throughout the month weeks are set aside throughout the world in hopes of raising awareness of this debilitating illness. It is estimated that nearly 10 million females in the United States along with 80 million worldwide suffer from symptoms of endometriosis. These statistics alone are staggering and yet the diagnosis and management of the disease has yet to be mastered.

Endometriosis is a condition where tissue much like the endometrium or lining of the uterus (womb), migrates and implants in other areas of the body. These areas can include the ovaries, fallopian tubes, surface of the uterus, cul-de-sac (space behind the uterus), bowel, bladder and ureters, rectum and other areas. Outside the uterus, this tissue responds to hormone changes and begins to break down and bleed much like the lining of the uterus during the menstrual cycle. This bleeding can cause significant pain before or during the menstrual cycle and is often very hard to diagnose. Scar tissue, also called adhesions, can form from the bleeding and lead to infertility which further worsens the complexity of the disease.

The most common symptom of endometriosis is persistent pelvic pain. This pelvic pain can occur at any time of the

menstrual cycle and is commonly associated with painful intercourse, gastrointestinal problems, urinary tract difficulties, fatigue, immune system dysfunction, and allergies. Pain can radiate into the legs or lower back and can include pressure or rectal pain as well. Because the pain can be mild to severe, happen at different times of the month, and is often vague in nature, the diagnosis of endometriosis often takes an average of 8-9 years. There is not an easy blood test or ultrasound to diagnose endometriosis, in fact the only definitive way to diagnose endometriosis is with laparoscopy (a surgical procedure used to visualize the pelvic organs).

Endometriosis can affect any woman who menstruates. Adolescents, women in their 30s and 40s, those who have never had children, and those with a first degree relative who has endometriosis are all potential victims. Many times treatment of endometriosis depends on the extent of the disease, pain and symptoms, and desire for pregnancy. The goal of therapy is to slow or stop the growth of endometrial tissue along with the formation of scar tissue. This goal is often tricky and is very individualized. Unfortunately, there is no cure for endometriosis and management often includes a cocktail of treatments including pain medications, hormone therapy, and/or surgery.

If you are one of the millions of women who suffer from chronic pelvic pain, you could be suffering from endometriosis. You don't have to live with this pelvic pain nightmare, discuss your symptoms with your doctor or clinician.

Do you have a women's health question?  
Send it to [askthedoc@kentuckyobgyn.com](mailto:askthedoc@kentuckyobgyn.com)

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# Health & Faith

## Hospital chaplains provide support for patients, staff

**BY ALAN REED**

areed@paducahsun.com

Chaplains work to relieve stresses of illness and injury for patients, families and staff members at both Paducah hospitals.

James Wright serves as director of pastoral care at Western Baptist Hospital. He estimates pastors at the hospital spend about 70 percent of their time helping patients and families. The rest is spent with medical staff dealing with anxieties and stress.

“When a patient is told he needs surgery, it’s a shock,” Wright said. “People fear surgery and illness, and we help them with that. If they have grief issues, we’re there for them and their families.”

Wright said Western Baptist chaplains practice a ministry of presence. Even if chaplains say little, they approach patients and families in need and listen, encouraging them to confide. Even if the chaplains offer little more than prayer, Wright said the effort is appreciated. For patients, he added faith can make a difference in recovery.

“Statistics show 78 percent of people who pray do better with the healing process,” Wright said. “It’s a source of

“Statistics show 78 percent of people who pray do better with the healing process. It’s a source of spiritual strength. People are more confident when they believe a higher power is watching over them.”

**James Wright**

Director of pastoral care, Western Baptist Hospital

spiritual strength. People are more confident when they believe a higher power is watching over them.”

Sister Lucy Bonifas works as a chaplain at Lourdes hospital. She said faith is a major part of healing and helps in patient outcome.

“Whenever we deal with an unfortunate situation — a broken relationship, surgery or disease — faith can carry a person through,” Bonifas said. “Ninety some percent of the time, a patient may want prayer, and I’ll say a prayer. But then I try to talk to them and actually listen to what they are going through. I hear their fears and troubles and needs.”

Bonifas said hospital chaplains often consult with families dealing with end-

of-life issues. If a patient does not have a living will, relatives may clash on issues related to life support and extraordinary treatments.

“Some things do not bring quality of life and only prolong the dying process,” Bonifas said. “If there is an issue, we want to help them be able to respect what their loved one would want when terminally ill.”

To help families avoid hard decisions, Bonifas recommends patients keep advanced directives and living wills.

When dealing with staff, Bonifas said Lourdes holds memorial services quarterly to honor deceased former employees and patients.

“Some say they don’t want to come be-

cause they will cry,” Bonifas said. “I see tears as healing. If you have a wound on your hand and put it in salt water, it will sting, but it also helps it heal. Wounded hearts need healing, too.”

Bonifas said the work of a chaplain is rewarding, and allows her to meet and help new people daily. She knows families and patients appreciate chaplains when, after being present at a traumatic time in their lives, they thank her years later.

“It’s very rewarding, unworthy though I be, because God is so good,” Bonifas said.

Gerald Quigley, 77, of Paducah said Bonifas visited him on a daily basis as he recovered from knee replacement surgery at Lourdes.

“We get by with a lot of prayer,” Quigley said. “Faith has as much to do with recovery as anything. You feel like someone is out there looking out for you, and that’s the Good Lord.”

“Sister Lucy prays with us in a very comforting way,” Quigley’s wife Christine added.

Contact Alan Reed, a Paducah Sun staff writer, at 270-575-8658.

## **AUTISM:** Teachers use techniques such as scheduling, social stories to help children learn

CONTINUED FROM 11

students and to better teach to their needs.

“Most students are identified as autistic between ages 3 and 5 in preschool,” Ballowe said. “We work with parents and include speech therapists, behavioral therapists, physical therapists and occupational therapists and do what we need to do to promote communications and language acquisition.”

Ballowe said students identified with autism receive an individual educational program. Paducah schools exceed state standards to keep autistic and other special education students in regular classrooms. Teachers use social stories to tell autistic children what to expect and how to respond to a situation appropriately.

Schedules are drawn to further prepare autistic children for a daily routine. To facilitate communication, an autistic student may receive an iPad to work with.

“There is an application called Talking Tom,” Ballowe said. “It features a dog that mimicks what a person says. Autistic children may be more comfortable talking to the computer and that gets them talking and interacting.”

Amie Tooley, director of exceptional children for McCracken County Schools, said her district uses many of the same techniques with scheduling, social stories and technology to keep autistic children in regular classrooms.

“One particular app we use is called Proloquo2Go,” Tooley said. “It’s a benefit because it may give students

a voice that they didn’t have before due to communications issues.”

Keeping autistic students in regular classrooms promotes independence and helps them adapt to changing circumstances, Tooley said. Autistic students can watch peers and model behavior on appropriate behavior other students display.

“We give sensory breaks so if a student has an intense feeling they can let it out and focus on what they need to focus on,” Tooley said. “They might like deep pressure or need some movement to release some energy and refocus.”

Contact Alan Reed, a Paducah Sun staff writer, at 270-575-8658.

# Labor of Love

## Laughing gas returning as option for moms giving birth

**BY HOLLY RAMER**

Associated Press

**CONCORD, N.H.** — Labor pain is nothing to laugh at. Yet.

The use of nitrous oxide, or laughing gas, during childbirth fell out of favor in the United States decades ago, and just two hospitals — one in San Francisco and one in Seattle — still offer it. But interest in returning the dentist office staple to the delivery room is growing: respected hospitals including Dartmouth-Hitchcock Medical Center plan to start offering it, the federal government is reviewing it, and after a long hiatus, the equipment needed to administer it is expected to hit the market soon.

Lori Rowell, due to give birth to her second child in June, is intrigued by the option.

“I would definitely think about it,

“It’s not right for everybody, but it’s something that for many women will offer a certain amount of relief.”

**Judith Bishop**

Certified nurse midwife

and read about and talk to my doctor about it,” said Rowell, 36, of Concord. “It is nice to know that it doesn’t affect the baby, because that’s what scares me about an epidural.”

Though nitrous oxide is commonly used for labor pain relief in Canada, Great Britain and other countries, it’s

been all but abandoned in the United States in favor of other options, such as epidurals, said Judith Bishop, a certified nurse midwife at the University of California San Francisco Medical Center and leader in the effort to reintroduce nitrous oxide for labor.

With an epidural, medication to block pain seeps through a tube into space surrounding the spinal cord. Because it must be administered by an anesthesiologist, an epidural is significantly more expensive than nitrous oxide. Both are covered by insurance.

“In this country, most people when they hear about nitrous, they think it sounds pretty retro, that it sounds very old-fashioned and they’re sure there’s something bad or dangerous about it and we must’ve chosen to eliminate it. But I think we eliminated it because we

went for the more specialized, higher-tech options,” said Bishop, who will be among the speakers Monday at a conference for New Hampshire, Vermont and Maine hospital officials.

She and other advocates of reintroducing nitrous oxide emphasize that it is no silver bullet — it “takes the edge off” pain rather than eliminates it. But they say it should be among the options offered to women, particularly those who give birth at small or rural hospitals that lack round-the-clock anesthesiologists. Laughing gas is easy for women to self-administer, takes effect quickly, and can be used late in labor.

“It’s not right for everybody, but it’s something that for many women will offer a certain amount of relief,” Bishop said.



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# Neck Pain

**T**he cause of anyone's pain is complicated. Adding to a patient's confusion about pain is the fact that pain in one part of the body frequently has its cause in another part of the body. For example, a problem in your neck can cause pain not just in your neck, but also in your head, your shoulder blades, or somewhere in-between, on either the left or right. Just treating the area that hurts often only helps for a little while—eventually the pain will come back. A physician trained in Interventional Pain Management can help you by treating



**Your neck pain treatment may include medication, interventional techniques, or physical therapy**

the cause of your pain, not just the symptoms.

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**By Laxmaiah Manchikanti, MD**  
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# It's Your Body

## Knowing your allergies can save your life

BY ANYA MARTIN

McClatchy-Tribune News Service

**DECATUR, Ga.** — An allergy to natural rubber latex may trigger a life-threatening reaction — including difficulty breathing, increased heart rate and low blood pressure — or it may simply cause an ugly, itchy, red rash.

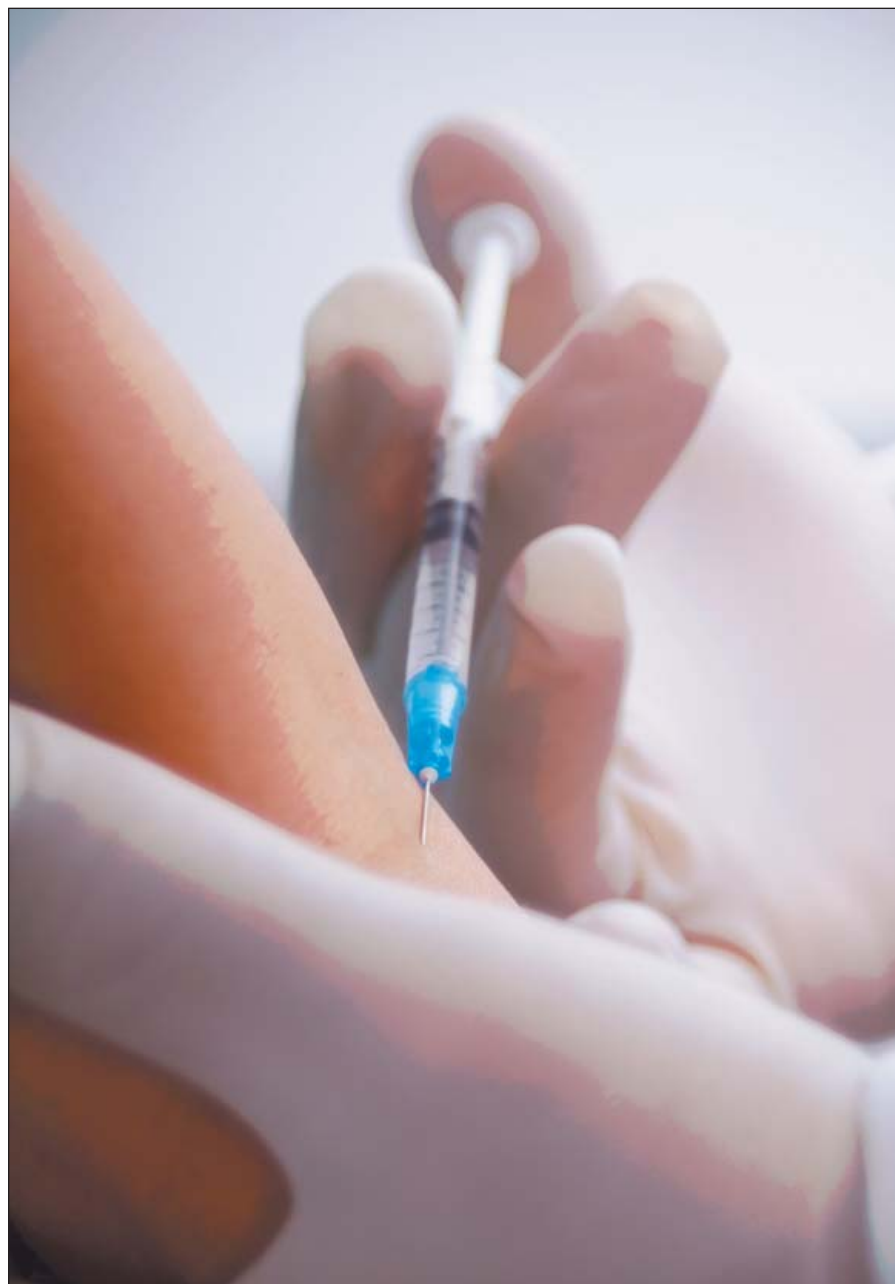
That's because there are different types of latex allergy. The dangerous "anaphylactic" Type I allergy is a potentially fatal immune-system reaction that affects multiple organ systems and can lead to death; avoiding it requires numerous precautions. But people who simply break out after contact with latex gloves or another latex product may have either irritant dermatitis (skin inflammation) or contact dermatitis (often called a Type IV allergy) which only affects the skin.

Still, many people are told they have a latex allergy based on a skin reaction — without clarifying these differences or investigating other causes. That makes this often-misunderstood allergy a good teaching tool for what to do when you suspect you may have an allergy, experts say.

Allergies occur when your immune system is hypersensitive to a particular substance. One of the nation's fastest-growing chronic diseases, more than half of all Americans (54.6 percent) test positive to one or two allergens. Allergic diseases, such as asthma, affect as many as 50 million Americans, according to the American Academy of Allergy, Asthma and Immunology (AAAAI).

The first step to developing an allergy is exposure, said Dr. Jackie Eghrari-Sabet, a Gaithersburg, Md.-based allergist. You cannot have an allergy to something the first time you encounter it.

In 2000, 1 percent to 5 percent of the general population, 5 percent to 15 percent of health workers, and up to 60 percent of people with spina bifida, which requires numerous surgeries, were estimated to have latex allergy, according to the AAAAI.



**Always inform** medical and dental providers of a latex allergy. Type I, or anaphylactic, allergies can produce potentially fatal immune system reactions.

This "epidemic" led most hospitals and medical facilities to eliminate latex gloves, said Sue Lockwood, executive director of the American Latex Allergy Association, an educational and support organization.

At first, allergists and health-care

workers who either had or suspected they had the allergy were her most frequent contacts, but now she more often hears from pediatricians, primary-care physicians and gynecologists, as well as restaurant employees, postal workers, hairdressers and people who got a rash

One of the nation's fastest-growing chronic diseases, more than half of all Americans (54.6 percent) test positive to one or two allergens.

on their chin after visiting the dentist, Lockwood said.

"The reason is that things are getting better, but also allergists are no longer the ones treating or diagnosing the patient," she said. "Now the patient is more likely to be a consumer, a layperson, a child, a student."

On the two to three days a week she spent in the operating room, Lockwood, a former surgical technician, would develop itchy hives, a runny nose, and a cough, and her eyes would become teary and almost swell shut, she said. Then she'd go home for several days and return to normal.

Her symptoms worsened over several months until she suffered anaphylaxis for the first of eight times. "It comes on quickly and each person is probably a bit different with the symptoms, but mine were that my mouth started to itch, I could feel something swelling in my throat, and then I would start to wheeze," Lockwood said.

A general guideline for identifying that you may have a Type I allergy is having a reaction in at least two organ systems such as skin and respiratory, said Dr. Andy Nish, an allergist in Gainesville, Ga. Other examples of Type I allergies include hay fever, asthma, eczema, and food and drug allergies.

Irritant dermatitis, an immediate rash reaction, is technically not an allergy at all, while with contact dermatitis, skin redness and swelling may appear

Please see **ALLERGIES** | 13

## Swimming, discipline help man lose nearly 100 pounds

BY LESLIA BARKER GARCIA

McClatchy-Tribune News Service

**DALLAS** — Every big decision made, every change tackled, every goal met, begins with a revelation. Harry Chapman's was waking up one morning and realizing his pants really were size 44.

That led him to do — well, what few people, especially those 100 pounds overweight, would even consider. He put on a swimsuit. Then he went to the Southern Methodist University pool and got in the water with dozens of lap-swimming strangers.

"I was completely out of place," he says now.

Two years, close to 100 pounds and thousands of laps later, here he is at the same pool on yet another Sunday. It's a beautiful January day. The sun is deceptive, though; steam rises from the 50-meter pool, eerily camouflaging arms that simultaneously reach for the sky.

Those first weeks, Harry began swimming in Lane 1, moving numerically higher as his speed and stamina increased. Today he's in Lane 5, wearing a black and red aerodynamic suit that's a fashion world away from his original Tommy Bahama baggies. After the hour-long workout he plans to go home and ride his bike 40 miles this afternoon.

"I remember my first day," says Harry, 59, who swims with Dallas Aquatic Masters Swim Club. "I looked like a beached whale. You show up and you're big and fat and out of shape. I could swim to the end of the pool and had to rest awhile. The coach said, 'Be consistent. Give yourself six weeks, three times a week.'"

Which Harry did. As he went, he also weighed himself every Sunday. He'd made notes of that number and his body mass index. Every few months, he'd get his blood pressure taken and cholesterol measured, figures he also recorded.

"He's an incredible shining example," says Jim Montgomery, 56, an Olympic gold-medalist swimmer and co-owner of the swim club. "He was out of shape and extra determined. Once we got our initial three to four months, we could see the light at the end of the tunnel. You don't make changes unless you see something ahead."

Harry didn't visualize himself 100 pounds lighter. He just wanted to be healthier.

"I didn't have any physiological calamitous problems I had to deal with," he says. "It's not like my doctor said, 'You're going to die.' I was headed the wrong direction. My blood pressure was going up; my resting heart rate



McClatchy-Tribune News Service

**Harry Chapman** swims with the Dallas Aquatic Masters club at Southern Methodist University in Dallas in January. Hitting the pool helped Chapman lose nearly 100 pounds.

kept climbing. At some point on that path, I was going to be seriously unhealthy, and that would be impacting the enjoyment of my life."

He had swum as a kid growing up in Kentucky and stayed in shape into his 30s. Then he started a company and didn't make time for exercise. Every year, he says, he kept thinking he'd get back into it. But every year, he gained more weight instead.

"Everyone was kind of on me to do something," Harry says. "Swimming was one thing I could do. As heavy as I was, getting on a bicycle or going on a run would have torn everything up. There's no lower impact than swimming."

He also likes the regimen of working with DAM, the coaches, the set times and expectations. He swims six to seven days a week, usually at the 5:30 a.m. practices. Yet swimming didn't solely account for his weight loss.

"It's really all about the intensity and quality of the workout," Harry says, acknowledging that his sport isn't usually thought of in the same weight-loss breath

as other activities. "You can run or walk and not lose weight either."

The eating aspect, of course, has to figure into any weight-loss program.

"Whatever exercise regimen you choose, it's something that helps you be in better condition and build muscle," Harry says. "All that is advantageous to a weight-loss program, but the battle is at the table. You cannot work out enough to overcome overeating."

"On weekends, I'll do DAM and then jump on my bike and do 40 or 50 miles. I knock out a lot of calories. Then I can go to the Cheesecake Factory and blow that out of the water in 30 minutes. Ultimately, it's simple addition and subtraction. If you have a quality swim workout where your heart rate goes up, it's going to be as efficient at burning calories as anything out there."

Echoes Montgomery, "It's calories in, calories out, folks. If anything, swimming is one of the best exercises. There's no pounding of joints. Any body type can do it."

## ALLERGIES: Testing is important to determine if allergy is cause of irritation

CONTINUED FROM 11

24 to 48 hours after exposure, a familiar case being poison ivy, Nish said. Both are not related to immune system antibodies, he said.

“The worst that is ever going to happen is your skin gets itchy and it goes away within several days,” Nish said, adding that dermatitis is not known to progress into Type I allergy.

However, the best way to know whether a suspected latex allergy is a particular one of the three types is to be tested by an allergist, Eghrari-Sabet said. Often primary-care physicians and others will make a diagnosis solely based on patient history of exposure, which, while important in narrowing down what’s happening, doesn’t always reveal the whole story, she said.

In some cases, you may be allergic to something else, said Dr. Rebecca G. Piltch, a San-Francisco-based allergist. Of the few

“I could feel something swelling in my throat, and then I would start to wheeze.”

### Sue Lockwood

Executive director, American Latex Allergy Association

patients with suspected new-onset latex allergy she sees now, many work in the cleaning industry and present with a hand rash, she said.

Sometimes chemicals in the cleaning products or other ingredients or compounds in the gloves are the culprit, Piltch said. “History alone doesn’t always tell you exactly what’s going on, so testing is very important in establishing an accurate diagnosis.”

In the best-case scenario, an allergy specialist may determine that you don’t have the suspected allergy, Eghrari-Sabet said.

## What to do if you are allergic

If you are diagnosed with a Type I allergy, you need first and foremost to try to avoid the substance to which you are allergic, said Dr. Rebecca G. Piltch, a San-Francisco-based allergist.

However, because avoidance doesn’t always work, Lockwood also carries two EpiPens, fast-acting portable shots of the drug epinephrine, which counteracts anaphylaxis. For example, while she was teaching Sunday school, a bunch of children ran into her classroom unexpectedly with balloons, triggering a reaction.

Read labels, and consider that other common products may contain latex, including rubber stoppers in flu shot bottles, kitchen gloves, band-aids, balloons, baby pacifiers and condoms, Lockwood said.

Latex-allergic restaurant workers, housekeeping staff, hairdressers and others need to wear non-latex gloves and advocate for their workplaces to go latex-free, she said.

People with Type I latex allergy also may need to avoid certain foods which have cross-reactive allergies to rubber, such as bananas, avocados, kiwis and chestnuts.

ALAA also recommends informing your medical and dental providers, local hospital, local emergency medical services, 911 dispatch, family members, friends, employers and co-workers of your latex allergy.

If you have irritant or contact dermatitis allergy, you need to avoid latex contact to your skin, but you don’t have to take the same high level of precautions, Eghrari-Sabet said.

For tips on when to seek diagnosis and treatment for an allergy, visit the following websites: AAAA&I [www.aaaai.org](http://www.aaaai.org), American College of Allergy, Asthma and Immunology [www.aaaai.org/Pages/default.aspx](http://www.aaaai.org/Pages/default.aspx), National Institutes of Health [www.nih.gov/](http://www.nih.gov/).

For fact sheets on latex allergy and a list of everyday products that may contain latex and latex-free alternatives, visit ALAA’s site. See [www.latexallergyresources.org](http://www.latexallergyresources.org)



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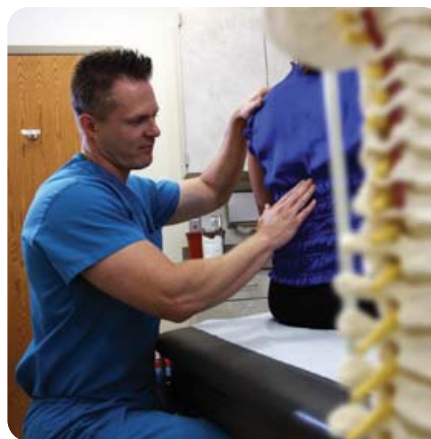
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# On & Off

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## The Vine

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## 150 years of dieting fads and still no quick fix

BY LAURAN NEERGAARD

Associated Press

**WASHINGTON** — Before there was Dr. Atkins, there was William Banting. He invented the low-carb diet of 1863. Even then Americans were trying out advice that urged fish, mutton or “any meat except pork” for breakfast, lunch and dinner — hold the potatoes, please.

It turns out our obsession with weight and how to lose it dates back at least 150 years. And while now we say “overweight” instead of “corpulent” — and obesity has become epidemic — a look back at dieting history shows what hasn’t changed is the quest for an easy fix.

“We grossly, grossly underestimate” the difficulty of changing behaviors that fuel obesity, says Clemson University sociologist Ellen Granberg, after examining archives at the Library of Congress. She believes it’s important to show “we’re not dealing with some brand new, scary phenomenon we’ve never dealt with before.”

Indeed, the browning documents are eerily familiar.

Consider Englishman William Banting’s account of losing almost 50 pounds in a year. He did it by shunning “bread, butter, milk, sugar, beer and potatoes, which had been the main (and I thought innocent) elements of my existence” in favor of loads of meat.

His pamphlet, “Letter on Corpulence, Addressed to the Public,” quickly crossed the Atlantic and become so popular here that “banting” became slang for dieting, Granberg says.

While obesity has rapidly surged in the last few decades, we first changed from a nation where being plump was desirable into a nation of on-again, off-again dieters around the end of the 19th

century, Granberg says.

Before then, people figured a little extra weight might help withstand infectious diseases that vaccines and antibiotics later would tame. It also was a sign of prosperity. But just as doctors today bemoan a high-tech, immobile society, the emergence of trolleys, cars and other machinery in the late 19th century scaled back the sheer number of calories people once burned, Granberg explains. Increasing prosperity meant easier access to food.

“An excess of flesh is to be looked upon as one of the most objectionable forms of disease,” the Philadelphia Cookbook declared in 1900. Low-cal cookbooks hadn’t arrived yet; the calorie wasn’t quite in vogue.

By 1903, La Parle obesity soap that “never fails to reduce flesh” was selling at a pricey \$1 a bar. The Louisenbad Reduction Salt pledged to “wash away your fat.” Soon came an exercise machine, the Graybar Stimulator to jiggle the pounds. Bile Beans promoted a laxative approach.

As the government prepared to update U.S. dietary guidelines, the Library of Congress culled its archives and, with Weight Watchers International, gathered experts recently to discuss this country’s history of weight loss.

Granberg recounted how real nutrition science was born.

The government’s first advice to balance proteins, carbohydrates and fat came in a few years later, life insurance companies reported that being overweight raised the risk of death. In 1916, the Department of Agriculture came up with the five food groups. Around World War II, charts showing ideal weight-for-height emerged, surprisingly close to what today is considered a healthy body mass index.

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Image courtesy of The Advertising Archives

Associated Press

**A 1940s advertisement** for Bile Beans offered the World War II generation an unsafe laxative approach to slim down. A look at diet history shows what hasn’t changed is the quest for an easy fix.

Diet foods quickly followed, as did weight loss support groups like Overeaters Anonymous and Weight Watchers — putting today’s diet infrastructure in place by 1970, Granberg says.

Yet fast-forward and two-thirds of Americans today are either overweight or obese, and childhood obesity has tripled in the past three decades. Weight-loss surgery is skyrocketing. Diet pills have been pulled from the market for deadly side effects, with only a few possible new ones in the pipeline.

More and more, specialists question how our society and culture fuel overeating.

“Should it be socially desirable to walk down the street with a 30-ounce

Big Gulp?” asks Patrick O’Neill, president-elect of The Obesity Society and weight-management director at the Medical University of South Carolina.

Negotiating a weight-loss menu for a family with different food preferences is a minefield that affects how people feel about themselves and their relationships with loved ones, adds Clemson’s Granberg, who began studying the sociology of obesity after losing 120 pounds herself.

“If what you need is a nutritionally sound, healthful weight-loss plan, you can get 100 of them,” she says. “That, we have figured out in the last 100 years. It’s how to do all this other stuff that I think is the real challenge.”

## Nutrition professor offers tips for following dietary guidelines

BY LESLIE BARKER GARCIA

McClatchy-Tribune News Service

Less sodium, more fish, smaller portions and — surprise — more fruits and vegetables were among the highlights of the updated Dietary Guidelines for Americans released last week by the U.S. Department of Health and Human Services and the Department of Agriculture.

“Most of us were expecting them to drop the recommended sodium levels a bit lower,” says Lona Sandon, assistant professor of clinical nutrition at the University of Texas Southwestern Medical Center and spokeswoman of the American Dietetic Association. “These only said to reduce it to 2,300 milligrams. That’s about half of what Americans are typically eating.”

Sodium, she explains, raises blood pressure. But it can be counteracted by

eating more potassium. That’s another recommendation, as are increased amounts of fiber, calcium and Vitamin D. Though bananas are known as the princes of potassium, they’re not the only ones. So do potatoes, melons, peppers and citrus fruits. Plus they’ll give you that recommended fiber, too.

“Fruit is so easy,” Sandon says. “It comes packaged in its own organic wrapper.”

As for calcium, three cups of dairy products every day is a good guideline, she says. She recommends low-fat or fat-free. As for the fish-three-times-a-week recommendation? Ditch the fried-fish sandwich. Instead, think grilled or broiled. Or think tuna.

Here are some ways Sandon suggests following the guidelines.

■ Share restaurant meals. “What you find in typical restaurant meal is at

least two to three times what a standard portion would be. It’s not only high in calories but also high in sodium.”

■ Order ala carte. “Choose two tacos rather than two tacos with a side of beans, rice and queso.”

■ Balance calories consumed with calories expended. “We need to be eating just the right amount for our activity level. If you want to eat more, get your butt moving.”

■ Find ways to get more fruits and vegetables into your day.

“Add fruit to your cereal. If you’re not eating cereal, eat it and add fruit. Put extra slices of tomato, lettuce and onion on your salad. Replace chips with a crispy apple. Put fruit and vegetables on the middle shelf of your refrigerator so you see them when you open the door.”

■ Remember that frozen is fine, with

a caution. “Look for frozen vegetables without all the stuff — butter and sauces — added to them. Steam them, throw them into a pasta dish or any entree. Or thaw them and toss them onto a salad.”

■ Make healthy eating a habit. Start with one or two habits and stick to them, she says. “Make yourself aware of what you’re doing and consciously think about it several weeks in a row.” Eventually, you’ll just do it without thinking, she says.

■ Strive for a healthy overall eating pattern. “It’s not just that one piece of cake you ate, but are you eating cake every day?” she says. “We’re trying to get people away from the diet-mentality thing and look at this as a lifestyle. These guidelines are intended to be a lifestyle approach: how to make better choices 80 percent of the time.”

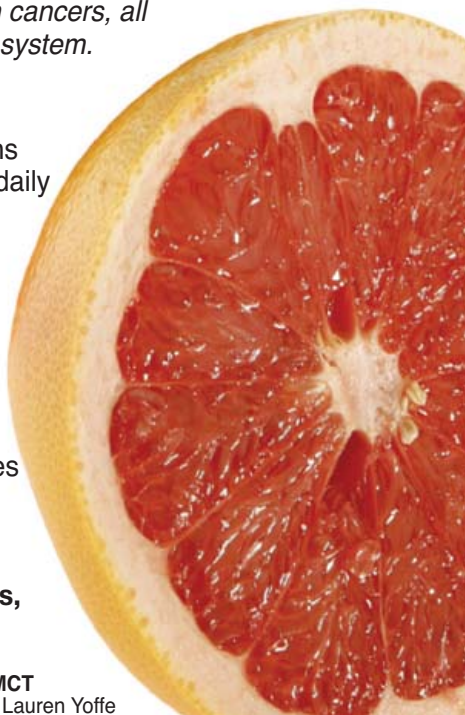
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# Stroke News

## Stroke rehabilitation doesn't have to be high-tech to be helpful

BY ALICIA CHANG  
AND MARILYNN MARCHIONE

Associated Press

**LOS ANGELES** — The largest study ever on stroke rehabilitation found that doing physical therapy at home improved walking just as well as a high-tech treadmill program.

More surprising, patients who started rehab late — six months after their strokes — still improved. It's long been thought that there was little to gain from rehab after half a year.

"We now have evidence, for the first time, that a prolonged course of therapy will have benefits," said Dr. Jeffrey Saver, director of the stroke center at the University of California, Los Angeles. "For virtually everyone, we should be doing more intensive therapy than we are."

He had no role in the federally-funded study, which was led by Duke University researchers and discussed recently at an American Stroke Association conference in Los Angeles.

Each year, nearly 800,000 Americans suffer a stroke, and up to two-thirds of survivors have problems walking. Sophisticated machines like robots and weight-supporting treadmills increasingly are being used, but there's limited research on how well they work compared to more traditional therapy.

Such equipment is popular in high-end rehab hospitals like the one in Houston where Rep. Gabrielle Giffords is being treated after her gunshot wound to the head.

The new study included 408 stroke survivors who had trouble walking. On average, they took 1,700 steps a day; normal is 10,000 steps a day. They either traveled to a facility to get high-tech rehab or received physical therapy at home. Some began therapy two months after a stroke; others started six months after the stroke to see if there was a difference.

In high-tech rehab, patients exercised on a treadmill while their weight was supported by an overhead harness. As they gained speed and endurance, they could practice walking on their own.

In the home program, a physical therapist helped patients do exercises to improve strength and balance, and to walk every day.

After a year, both groups made similar improvements in how far and how fast they could walk. However, the treadmill exercisers were more likely to feel dizzy or faint during training, and had a higher risk of falling.

What's more, fewer patients dropped out of the home therapy — 3 percent compared to 13 percent in high-tech rehab.

"There's a tendency in our country to go to high-tech machines," but this study shows they're not always better, said Dr. Walter Koroshetz, deputy director of the National Institute of



**Researchers have found** that any kind of physical therapy — whether using sophisticated treadmills or not — helped stroke patients improve walking and balance.

Neurological Disorders and Stroke, the study's main sponsor.

The bigger message, said study leader Pamela Duncan of Duke University, is that longer treatment and more treatment is best. She said many insurance companies allow 20 visits, while this study gave 36.

The care that stroke victims usually get now — less intense therapy for three to six months — "does not get them to the point where they could be," Koroshetz said.

Doctors are working on a cost comparison, but believe the home program is much cheaper. High-tech rehab requires expensive equipment and two to three therapists per patient; the home program needs only one.

## Study: Docs miss strokes in children with anemia

BY MARILYNN MARCHIONE

Associated Press

**LOS ANGELES** — Doctors may be missing "silent strokes" in a small but significant number of children with severe anemia, who may be unfairly labeled as slow learners when in fact they have a medical problem, troubling new research suggests.

Strokes have long been known to be a risk for kids with sickle cell anemia, an inherited blood disease that affects 70,000 to 100,000 Americans, mostly blacks. The new study finds that strokes are more common than has been believed in these children.

More surprisingly, the study found that strokes also were occurring undetected in children who do not have sickle cell but have other conditions that can cause anemia, such as cancer, kidney failure or blood loss from trauma such as a car crash.

Some of them have what researchers described as the brains of 80-year-olds when they were only 5 or 10.

"I don't think there's any reason to panic," but doctors need to consider the possibility of stroke when treating any child with severe anemia, said Dr. Michael Dowling, a pediatric neurologist at the University of Texas Southwestern Medical Center in Dallas.

The study involved only 52 children at one hospital, but experts in the field believe the findings have wide relevance. At the study hospital

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## ANEMIA: 'Silent strokes' don't cause obvious symptoms

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alone, Children's Medical Center Dallas, 1 percent of all admissions, or about 400 children over 2 1/2 years, were for severe anemia, said Dowling, who led the research. He presented results at an American Stroke Association conference.

Out of these 400 children, doctors enrolled 22 with sickle cell and 30 children with other causes of severe anemia in the study. These 52 agreed to be tested with a newer type of MRI, or magnetic resonance imaging scan, that can detect signs of stroke and tell whether it's a recent one or an older one.

Doctors found fresh strokes were occurring in 4 of the 22 children with sickle cell, and 2 of the other 30 kids.

Alarming, they saw signs of "silent strokes" in 3 of the 22 sickle cell and 7 of the 30 others. These are strokes that didn't cause obvious symptoms, such as weakness on one side, but have still damaged the brain because of too little oxygen due to the severe anemia.

"We wouldn't have noticed it" without the MRIs, Dowling said. "Some may be reversible with quick transfusions" if doctors recognize it while treating the main cause of the anemia, such as blood loss from an accident.

A federal grant and several foundations sponsored the study.

Dr. Robert Adams, director of the Medical University of South Carolina Stroke Center, said the study confirms that stroke is a major risk in kids with sickle cell and extends it to other children with severe anemia.

Parents and doctors need to be aware of symptoms of severe anemia: a child who is pale, tired, possibly with a rapid heartbeat.

"It is something that is very easy to check," with a simple finger clip device that measures hemoglobin, the substance in red blood cells that carries oxygen throughout the body, he said.

[www.strokeconference.org](http://www.strokeconference.org)  
[www.cdc.gov/ncbddd/sicklecell/index.html](http://www.cdc.gov/ncbddd/sicklecell/index.html)



Go on line for more information about strokes and anemia.

# Dental Health

## Q&A: Wisdom teeth removal explained

BY MEREDITH COHN

McClatchy-Tribune News Service

It seems just about everyone has to have his wisdom teeth extracted. For most, it's an easy procedure and an easy recovery. But many people don't understand why we have those third molars to begin with — or if there are alternatives to removal. We asked Dr. Robert E. Williams, a clinical associate professor at the University of Maryland Dental School who also practices in Baltimore and Bel Air, Md.

**Q** What is the purpose of wisdom teeth and why do so many people have to have them removed?

**A** Wisdom teeth (third molars) were necessary eons ago when humans had a coarser diet and larger jaws. With evolution, our jaws have gotten relatively smaller and, in many cases, there isn't enough room for them to erupt fully or into a favorable position. Often, these teeth will only partially erupt, leaving a flap of tissue over a portion of the crown of the tooth. Food and bacteria get under this flap and cause an infection. Even if the teeth fully erupt, they are so far back in the mouth that it is difficult to keep them and the surrounding gums clean and healthy.

**Q** Are there alternatives to removal or a best time to remove them?

**A** The only alternative to removal is to leave them alone. There are two different schools of thought regarding the removal of wisdom teeth. One group recommends prophylactic removal prior to the development of any problems, and the other recommends waiting until a problem develops and removing them at that time. Unfortunately for the "wait and see" group, recovery from the surgery is usually quicker and easier for younger patients. Some wisdom teeth should never be removed if there is a high probability of damaging the underlying nerve, or causing an extensive loss of the bone surrounding the tooth.

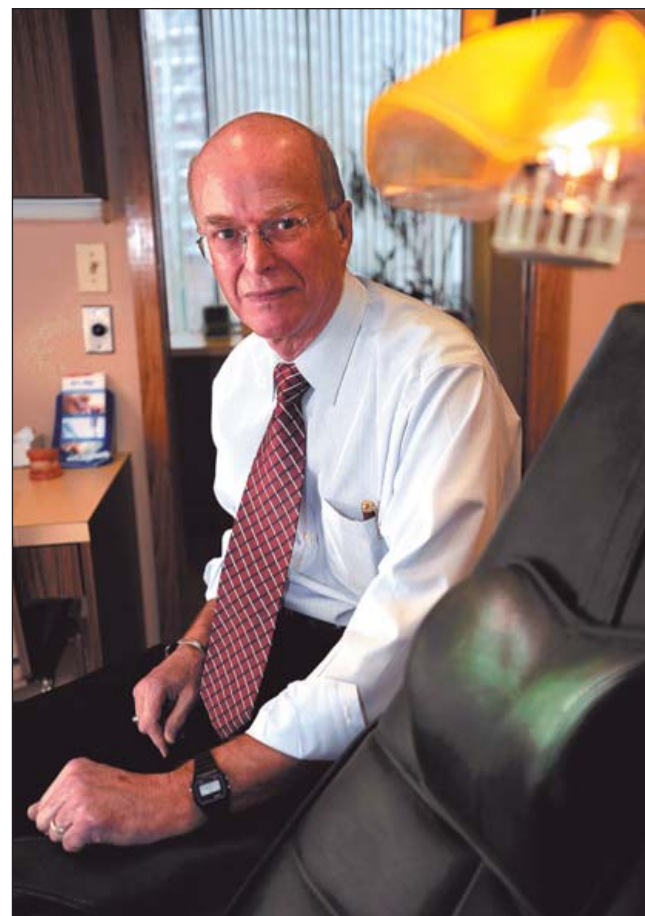
**Q** What are potential complications from removal?

**A** The most common complications are pain and bleeding that accompany the surgical procedure. This can be controlled with medication and pressure applied over the extraction site. If the clot in the socket is lost, an infection can develop. These infections are treated with antibiotics. Rarely, damage to the underlying nerve can occur leading to a partial numbness of the chin. Maintaining the mouth in a wide-open position for an extended period of time may result in pain or discomfort in the jaw joint.

**Q** If you have gaps that haven't healed over time, is there something you can or should do?

**A** Healing should take about 10 days to two weeks. If you experience any bleeding after the first few hours post-surgery, or if pain or swelling persists beyond a few days, you should contact the surgeon.

**Q** If you have impacted wisdom teeth, does that mean you'll have other problems such as crooked teeth?



McClatchy-Tribune News Service

**Dr. Robert Williams** of the University of Maryland Dental School answers questions about wisdom teeth and their removal in Baltimore.

"Some wisdom teeth should never be removed if there is a high probability of damaging the underlying nerve, or causing an extensive loss of the bone surrounding the tooth."

**Robert E. Williams**

Dentist, professor at University of Maryland Dental School

**A** There is no relationship between the impaction or eruption of wisdom teeth and other orthodontic problems, especially crowding of the lower front teeth. Wisdom teeth tend to erupt in the late teens to early 20s, about the same time that many people experience some crowding of their lower front teeth, but there is no causal relationship between the two events.

# On the Horizon

## Doctors use boy's cells to grow tissue with a mouse

**BY CHERYL POWELL**

McClatchy-Tribune News Service

**AKRON, Ohio** — Within a Northeast Ohio lab, a hairless mouse is growing an ear from the cells of a Wadsworth, Ohio, preschooler.

Dr. William Landis, the G. Stafford Whitby Chair of Polymer Science at the University of Akron, is leading groundbreaking, tissue-engineering research to grow human cartilage — first in the lab, now in animals and, eventually, in patients.

His work is part of a fast-developing field that could help millions of patients repair injuries, replace worn body parts or fix birth defects with tissue grown from their own cells in the not-so-distant future.

“I think that in the future, we will all grow our own replacement tissue,” Landis said.

Through a new partnership with Dr. Ananth Murthy, clinical director for plastic surgery at Akron Children's Hospital, Landis and his team are obtaining ear cartilage for research from patients whose families consent.

Kyle Figuray's parents agreed to be the first area participants and donors of his otherwise useless cartilage.

The healthy, friendly 5-year-old was born with a congenital defect that caused the exterior ear and ear canal on his right side to develop improperly.

Typically, the malformed ear cartilage is discarded as medical waste after it's removed during the first of three procedures to craft a new ear out of rib.

Instead, the tissue removed during Kyle's surgery in January was placed inside a vial and shared with Landis' research team, who carefully cleansed the cells and fed them special nutrients to coax them to proliferate in the lab.

A few weeks later, enough cells were available for researchers to “seed” them onto a biodegradable, biocompatible polymer scaffold.

The scaffold provides the framework



McClatchy-Tribune News Service

**Pediatric plastic surgeon Dr. Ananth Murthy** unwraps the bandages from Kyle Figuray's head as he starts his examination of the boy's new ear a week after Figuray's reconstructive ear surgery in January, above. Left, researcher Jessica Kempainen holds a polymer ear scaffold similar to the one used to seed Kyle's cartilage cells.

Please see **EAR** | 29

## EAR: Preschooler resumed normal activities following surgery

CONTINUED FROM 18

for the cells to grow and take shape. The cells “will reside on the polymer,” Landis said. “If they like it, they will actually develop finger-like projections that allow them to grab hold of the polymer and then begin to multiply and grow.”

A few days later, the seeded ear scaffold was implanted under the skin of a hairless mouse at the Northeastern Ohio Universities Colleges of Medicine and Pharmacy in Rootstown Township. The research animal was specially bred without an immune system so it won't reject foreign tissue such as that from Kyle.

The mouse will be studied over the next year to determine how the cells are behaving and progressing toward normal cartilage. If all goes well, the biodegradable polymer scaffold should disappear, leaving behind only Kyle's cartilage cells in the shape of an ear.

The hope is that an affected person's cells someday can be harvested, seeded onto similar polymer scaffolds and implanted under the patient's own skin

in the abdomen or back until they grow into replacement tissue. At that point, the new tissue could be removed and used to replace the patient's injured or defective tissue.

Because the ear cartilage would be grown from a person's own cells, the risk of rejection should be eliminated. The same concept could apply to cartilage for digits, joints and other tissues.

In Kyle's case, the surgery to sculpt a new ear using the current method worked well.

The preschooler bounced back to his normal, active self quickly and didn't complain much about pain, even from the incision in his chest, his parents said.

About a week after the procedure, his parents got to see their son's new ear for the first time when Murthy unwrapped the protective gauze to inspect his work.

“Are you ready to get this thing off?” Murthy asked Kyle, who sat stoically on the examining table.

Although swollen and slightly red, Kyle's right ear was the same shape and size as his left ear for the first time in

his young life. His mother snapped a few pictures for the scrapbook.

“It looks like an ear,” Murthy said, smiling with satisfaction.

“I think that really looks very, very good,” Kyle's father agreed.

At first, Kyle was protective of his new ear and reluctant to let his parents wash it or put water on it. Kyle's getting used to it now, though he occasionally stops to inspect the ear in the mirror or run his fingers over it.

He still wears a plastic protector over the ear at night and when he plays with other children.

He'll undergo another procedure in about five months to separate his ear from his head. Without the separation, it would be difficult, for instance, to wear glasses or sunglasses.

During that time, his parents also have the option of attempting to provide Kyle with hearing on his right side through a bone-anchored hearing aid that would transmit sound waves from his skull to his cochlea.

Roughly six months later, Murphy will perform a third operation to make final adjustments to Kyle's new ear.



McClatchy-Tribune News Service

**A med student** holds a vial that has cells from the cartilage of Kyle Figuray's malformed ear, in Dr. William Landis' lab in Akron, Ohio. The small cloudy area at the bottom tip of the container is the cell.

# Welcome

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Shawnae Jebbia  
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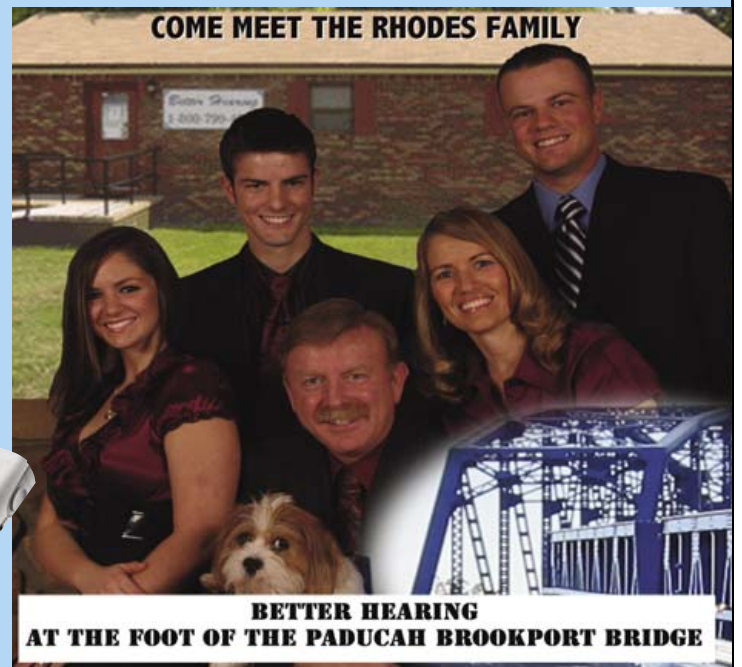
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