

IHA

Your Ally in Community Health
Late Fall 2007

Ithaca Health Alliance Newsletter

The Sleep & Nutrition Connection

by Myra Berkowitz

A nurse works the 3 to 11 pm shift. The cafeteria is closed then, but foods are ordered in and vending machines are available.

A babysitter stays up late several nights a week watching TV, doing homework, and snacking to help the time pass quickly.

A trucker drives through the night, needing an extra sandwich or two in order to stay alert.

A swim athlete arises before 6 am every morning in order to make it to early practice at 7.

A new parent is awakened several times in the wee hours to tend to the newborn's needs.

Have you often noticed that you feel hungrier when you stay up late, or on the following day when you are overtired? A common theme in the lives above is insufficient sleep at the expense of good nutrition. Each person in the examples has been missing zzz's and gaining weight—the nurse, babysitter, and truck driver rely on fast food, snacks, or an extra meal to help them stay up; the athlete skimps on breakfast but gets very hungry to the point of overeating at night; and the parent eats randomly during the day whenever there's a moment to spare.

New research on sleep and appetite reveals a consistent link between lower amounts of sleep and higher Body Mass Index (BMI, a ratio of weight-to-height that indicates overweight). Further, human and animal studies demonstrate that curtailment of sleep alters the levels of two hormones, leptin and

ghrelin, which are involved in the regulation of appetite and body fat. In one experiment, temporarily sleep-deprived people experienced greater cravings for sweet and fatty foods.

Weight gain is only one of the many side effects of insufficient sleep, but it can lead to long-term health problems, including diabetes. Although more sleep will not automatically result in weight loss, a regular sleep schedule helps control appetite and is more conducive to a healthy eating pattern.

Meanwhile, a little planning can greatly improve food selection and meal timing, even for those people with night shifts and unusual schedules. Foods that are lower in calories can be purchased or prepared in advance—for more assistance, consult a nutrition professional. For problems with chronic insufficient sleep, unusual tiredness, or sleep disturbance, please visit a medical professional.

More information on sleep, appetite, and weight gain can be found online at the National Sleep Foundation, www.sleepfoundation.org, and the Public Library of Science, www.plosmedicine.org. ●

Myra Berkowitz, MNS, RD, CDN, is a nutritionist at Cornell University Health Services.

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Ithaca Free Clinic Hours and Operations

Mondays: 2 p.m. to 6 p.m.
Thursdays: 4 p.m. to 8 p.m.
The fourth Tuesday of every month: 4 p.m. to 8 p.m for pre-employment physicals

Located at 225 South Fulton Street Suite B,
Ithaca, NY • (607) 330-1254

The Ithaca Free Clinic is a project of the **Ithaca Health Alliance**. More than 95 percent of the work we do in the community is through volunteer efforts. If you're looking for volunteer opportunities, call 330-1254 and ask to speak to the Clinic Coordinator.

The Ithaca Health Alliance

(IHA) was founded in 1997. Our mission is to facilitate access to health care for all, with a focus on the needs of the un- and underinsured.

Become a member!

IHA members receive discounts from participating health providers, and are eligible for financial assistance with preventive and emergency care through the Ithaca Health Fund. To join, call 330-1253 and ask for IHA's office manager, or visit our web site for more information. The IHA office is located at 225 S. Fulton Street, Suite B, Ithaca, NY.

Ithaca Health Alliance

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Alexander Technique: The Freedom to Change

by Mona Sulzman

Do you try to sit or stand with better posture, but don't succeed for long? Does discomfort or pain in your neck, back, or joints continue despite medical attention, a new chair, massage, or exercise? Are you trying to improve your skill in a sport, yoga, or a performing art, but feel frustrated with your progress? When you speak in public, do your nerves or fatigue get the better of you? Any of these challenging situations, plus many others, may be due to how you go about doing *what* you do.

That means what you think or don't think, as well as how efficiently and clearly you think, during the activity in question. I'm not referring to positive thinking, affirmations, or visualizations. And it's not about thinking with intense focus about your "center" or a specific part of your body, or finding sensation in specific muscles.

The thinking that informs the Alexander Technique (AT) comprises a unique refinement and re-coordination of how you, as a whole and integrated being, respond to any stimulus you meet. The stimulus might be someone shouting at you, your own intention to stretch out your legs, a desire to finish the project in front of you, or simply the desire to sit in the chair right behind you. Hitting the ball with your bat, playing a difficult passage on the piano, or balancing in dance and yoga are examples of activities that stimulate us to "try hard" and "get it right." That trying is a powerful stimulus that often triggers inappropriate and unnecessary tension that renders the goal harder to achieve.

How you respond to the entire range of stimuli, whether associated with simple everyday actions (walking and talking), the challenge of highly specialized skills (sports, performing arts), or all that lies in between (working at a computer, gardening), will affect not only how well you do what you do, but how these activities — from seemingly easy to clearly demanding — will affect your overall health and well-being.

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Alexander Technique, from page 2

Many of our habitual response patterns are “maladaptive.” They don’t support our ability to do what we do, do what we want to do, and not do what we don’t want to do. Put simply, we make it harder for ourselves. My job as an AT teacher is to guide people through a process of self-discovery that leads to more appropriate and supportive habits of response.

I use gentle touch (which is neither manipulative nor mystical) and simple everyday English to help my students notice and unlearn these unconscious, habitual patterns that get in the way of poise, ease, comfort, balance, and confidence. Students usually experience a welcome release from discomfort and unnecessary tension during and after their lesson.

As we work together, they are actively engaged in understanding and integrating the principles of AT. The ultimate goal is to use AT on their own for the rest of their lives.

For more information, contact mona@lightlink.com; call 277-7553; or search www.alexandertech.org. A good AT resource is *How You Stand, How You Move, How You Live* by Missy Vineyard, now in stock at the Bookery II. ●

Mona Sulzman is certified by the American Society for Alexander Technique. Along with over 20 years of experience in private practice, she has taught AT courses for the Theater and Music departments at Binghamton University and given scores of workshops, including several at Cornell University and Ithaca College.

An Analysis of Drugs Commonly Used by Patients with Asthma and COPD

by Edwin E. Salpeter

Asthma patients are being made aware of the findings from an analysis, known as a meta-analysis, of 19 published studies that included more than 30,000 patients, involving medications referred to as long-acting beta2-agonist or LABA drugs. These drugs include commonly used inhaled medications like Serevent, Foradil, and Advair. Study findings showed that use of LABA medications can lead to more exacerbations or reoccurrences of symptoms and increases in asthma-related deaths. Furthermore, use of LABA medications was found to decrease the effectiveness of short-acting rescue medications that physicians often prescribe as the first line of treatment for mild to moderate persistent asthma.

Another meta-analysis that included information from 22 trials with more than 15,000 participants

evaluated use of inhaled anticholinergic pharmaceutical products. Results showed that use of the medications reduced exacerbations and the number of deaths from respiratory causes in patients with chronic obstructive pulmonary disease, also called emphysema. On the other hand, use of beta2-agonist medications was associated with an increased risk of death from respiratory causes.

Researchers conducting the studies point out that each patient with asthma or COPD should discuss their individual case with their physician, but should be forewarned about LABA in particular. ●

*Salpeter, S. R., Buckley, N. S., Ormiston, T. M., & Salpeter, E. E. “Meta-analysis: effect of long-acting beta-agonists on severe asthma exacerbations and asthma-related deaths.” (2006). *Annals of Internal Medicine*, 144(12), 904-912.*

*Salpeter, S. R., Buckley, N. S., & Salpeter, E. E. “Meta-analysis: anticholinergics, but not beta-agonists, reduce severe exacerbations and respiratory mortality in COPD.” (2006). *Journal of General Internal Medicine*, 21, 1011-1019.*

Edwin E. Salpeter, Ph.D., is the James Gilbert White Professor Emeritus of Physical Sciences at Cornell University, and one of the researchers associated with both studies discussed in this article.

Foot Care for Winter: A Home Treatment for Plantar Warts

by Brooke Hansen

As flip-flops and sandals become replaced with shoes and boots, this is a good time to think about the health of our feet. A common affliction suffered by children and adults alike is the pesky plantar wart, *verruca plantaris*, caused by the human papilloma virus, or HPV. This condition is contagious, so care should be taken in gyms, pools and with the sharing of footwear. There are a number of treatments, which include scraping and blistering with liquid nitrogen, surgical excision, and laser treatments.

An unusual pain-free technique, which I have witnessed as effective, is called duct tape occlusion therapy (DTOT). This at-home, inexpensive treatment requires some commitment by the afflicted, as one must apply the tape over the wart every day, replacing it when it falls off, for a period of one to two months. Before the tape is replaced again, the foot should be soaked in warm water and the lesion area pumiced or scraped. While the medical establishment is wary of DTOT, there is scientific literature supporting it, including the study by Focht et al., which indicated an 85% success rate with DTOT. With medical expenses being a challenge for many, it is extremely helpful to come up with simple at-home solutions for common health problems. ●

Focht, D. R. III, Spicer, C., & Fairchok, M. P. (2002). "The efficacy of duct tape vs. cryotherapy in the treatment of *verruca vulgaris* (the common wart)." *Archives of Pediatrics & Adolescent Medicine*, 156(10), 971-974.

Recent Activity of Adenovirus, AD14

by Bethany Schroeder

In the last 18 months, a variant of the adenovirus dubbed AD14, which is a version of the virus that causes the common cold, has been blamed for 10 deaths and at least 140 illnesses. Those infected range from soldiers at a Texas air force base, where the illness was referred to as "boot camp flu," to hospitalized patients in Oregon, New York, and Washington. Not all sufferers have reported other serious illnesses, leading the Centers for Disease Control (CDC) to carefully track the mutated virus's activity. An epidemiologist for the CDC characterized the associated infection as "uncommon."

At the same time, experts point out that those with compromised immune systems stand a greater chance of being afflicted. No specific treatments exist for the virus, but effective comfort measures include aspirin, fluids, and bed rest. A high fever or trouble breathing are symptoms that warrant medical attention. Some people with the mutated virus have become so sickened as to require treatment and confinement in an intensive care unit.

Infrequently encountered in the past four or five decades, in 2006 AD14 is thought to have caused as much as 6% of the adenovirus identified in 22 medical facilities. ●

"New cold bug kills 10 over last 18 months." Available at <http://www.msnbc.msn.com/id/21820799/>.

Brooke Hansen, Ph.D., is Associate Professor of Anthropology at Ithaca College, and Bethany Schroeder, MFA, MS, RN, is a local writer and healthcare consultant.

Hanna Somatics and IHA Membership

Richard Eshelman, a Hanna Somatics instructor and a long-time IHA member, has offered to teach an 8 to 12-week Hanna Somatics class, the cost of which will include IHA membership. For more information, email Richard at upstatehse@gmail.com or call 607-280-6788.

COMMUNITY RELATIONS

The efforts of our Community Relations volunteers have been especially productive this fall. **Jenn Marks, IHA's Outreach Coordinator**, arranged for an art opening at the Clinic in October and has followed up that first successful venture with a second show, now on display. Jenn plans to make the art shows a regular feature of the Clinic, with monthly rotations and occasional artist appearances as time and resources permit.

Jenn and **Melissa Burns, the chair of the Community Relations committee**, are working with others on planning the annual Gala, which will be held the third week of March. This year volunteers hope to see more IHA members at the event. Look for a firm date in the next newsletter.

Outreach volunteers participated at an offering at Loaves and Fishes on November 1st. The event focused on providing basic healthcare information to people who are homeless. The IHA looks forward to being present at such events whenever staff or volunteers are available to make the commitment.

Julie Mao, Canvassing Coordinator for the Clinic in 2006, has applied for a community outreach grant through Cornell, where she is a student. If all goes well, Julie will use the grant funds to complete rural canvassing to let residents in the outlying areas know about the Clinic, its hours, and its services. Last year, Julie and her team of students at CU showed us all just how instrumental they could be in getting the word out to people who might not otherwise know about the Clinic. Thank you, Julie!

Finally, of note is work now being done by **Moving Box Productions and Current TV** to develop a short, web-based video about the IHA. The producers hope to tell the history of how the IHA, as well as its primary projects, such as our outreach work, fund program, and the Clinic, developed over the past ten years. Thanks to all the volunteers, staff, and IHA members who have agreed to share their memories and impressions with the producers of this project.

LIBRARY OUTREACH

This year the IHA is pleased to provide a \$500 grant to both the Durland Alternatives and the Tompkins County Public libraries. The funds will go towards the purchase of books and materials related to health care, alternative and integrative medicine, and pressing issues such as addressing the needs of the uninsured and underinsured in America.

The Library Outreach Project is an important part of the Ithaca Health Alliance's mission to educate the public and provide materials that everyone can access. If you have titles you would like to suggest and that you think would enhance the libraries' holdings, especially in the areas of self-care and particular alternative modalities (chiropractic, massage, etc.), please send your suggestions or requests to Brooke Hansen at kbhansen@ithaca.edu, or to Brooke Hansen at the Department of Anthropology, Ithaca College.

VOLUNTEER OF THE QUARTER

The IHA wants to recognize the enormous contributions of our many volunteers by saying a public "thank you" to one volunteer each quarter. Recognition will be published in this quarterly newsletter and will normally include a photograph of the volunteer.

This month we recognize **Catherine Devine**, who has been hard at work in behalf of the outreach group, developing informational materials and giving graphic design advice. Catherine has lived in Ithaca for 20 years. She refers to herself as "a professional computer geek with a specialty in multimedia." She also knits and is a textile designer. When asked if she had a recent photograph for publication with this announcement, she said she prefers to be on the other side of the camera. In keeping with the sentiments of many of us who volunteer with the IHA, she says she is "deeply ashamed that the richest country in the world doesn't provide health care for its citizens." Thank you, Catherine, for being right on in so many ways!



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