

Try a heart-healthy version of a classic snack! See page 14

WINTER 2008

WOMEN'S healthTODAY

**Skin
solutions**

**PUT AN END
TO ACNE!**

**Weighing your
weight-loss
options**

**RISING TO THE
CHALLENGE**

How **Kathryn Morris**
achieves better health

**IS YOUR
CHOLESTEROL
IN CHECK?**

The Christ Hospital
2139 Auburn Avenue
Cincinnati OH 45219

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Stop suffering in silence

Unfortunately, millions of women continue to suffer from a variety of distressing medical conditions in silence. These conditions include pain disorders such as bladder pain and pelvic pain syndromes, psychosocial diseases, urinary incontinence, migraine headaches, fibromyalgia, female sexual dysfunction, irritable bowel syndrome and a variety of menstrual disorders, to mention a few. Many times, women and their health providers downplay these problems, and women either don't seek medical advice or are unable to identify physicians who can help them.

In this issue of *Women's Health Today*, you'll find an article about a devastating pelvic pain syndrome called vulvodynia ("When sex hurts: Help for vulvodynia," page 20). This little-known condition may affect one in six women at some point in their lives, yet many don't seek treatment. If you suffer from this condition or any other condition that is unique to females and unfamiliar to your physician, please seek out the information you need to find a knowledgeable health provider. Many support groups or even medical societies are available that can point you in the right direction on a variety of conditions.

You're the most important member of your health care team. I hope you'll use the information in this issue and on our Web site, www.womenshealthexperience.com, to be proactive about your health and seek out the care you need.



Sincerely,

MICKEY M. KARRAM, MD
PRESIDENT AND CO-FOUNDER
FOUNDATION FOR FEMALE HEALTH AWARENESS

Dr. Karram and his wife, Mona, are the founders of the Foundation for Female Health Awareness, a nonprofit organization dedicated to improving women's health by supporting unbiased medical research and educating women about their health.

THE MAGAZINE OF
THE FOUNDATION FOR FEMALE HEALTH AWARENESS

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The information contained herein is not a substitute for professional medical care or advice. If you have medical concerns, seek the guidance of a health care professional.

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Boning up on calcium

By Vinita Kamath, MS, RD, LD, clinical dietician, The Christ Hospital

It's a heavy hitter among minerals. Calcium keeps your bones strong—and helps you avoid the debilitating consequences of osteoporosis, or porous bones. It also plays an important part in how your body functions, affecting hormones, muscles, nerves and your heartbeat. Increased calcium intake, along with fresh fruits and vegetables, has been found to reduce blood pressure.

What's right for you

Ensuring you take in enough calcium is important because your body doesn't manufacture the mineral. Adults ages 19 to 50 should take in 1,000 milligrams (mg) a day (1,200 mg a day for adults over age 50). Splitting your daily intake into several smaller doses (500 mg or less) a day allows your body to absorb calcium more efficiently. Getting enough vitamin D helps, too. Adults ages 19 to 50 need 200 international units (IU) of vitamin D a day, while those ages 51 to 70 should

up their intake to 400 IU a day. Some medications may interfere with calcium absorption, so ask your doctor how much calcium you need.

For the lactose intolerant

If you're one of the many Americans who experience bloating, gas and diarrhea from consuming dairy products, consider these calcium options:

- **Try lactase enzymes.** They help you digest the milk sugar that can cause digestive problems. Look for pills or dairy products with lactase enzymes added.
- **Cook up nondairy calcium.** Kale and collard greens, canned salmon with bones, tofu, almonds and dried beans are good sources of calcium.
- **Try calcium supplements.** Follow the directions on the label—some work best when taken with a meal.
- **Enjoy calcium-fortified foods.** These include orange and cranberry juices, waffles, breads, hot and cold cereals, soy and rice milk and hot cocoa mixes. **WHT**

Got milk?

These calcium-rich foods can help you build more calcium into your diet.

FOOD SOURCE	MILLIGRAMS OF CALCIUM*
1 cup nonfat plain yogurt	450
1 cup collard greens, cooked	357
1 cup low-fat fruit yogurt	315
1 cup skim or low-fat milk	300
1 cup calcium-fortified orange juice	300
1 oz. Swiss cheese	272
1 cup calcium-fortified tofu	260
2 oz. sardines, drained	248



Let us help!

For a copy of our book of calcium-rich recipes, produced by staff at The Christ Hospital Women's Imaging Center, please call Dana Johnson at (513) 585-0215.

*Refer to nutrition labels for exact amounts of calcium per serving.





Learn more!



For more information about knee replacement options from The Christ Hospital, check us out online at www.thechristhospital.com.

A knee to call your own

women's knees. As more and more women have knee replacement surgery, it's become clear that traditional knee replacements, while highly successful in alleviating pain, may not feel or move like a woman's natural knee. That's because a woman's knee tends to be narrower and her hips wider than a man's, which causes the knee to move and track differently. The *Gender Solutions* Knee is designed to

By Edward Lim, MD, orthopedic surgeon, The Christ Hospital

For more than 30 years, knee replacement surgeries have been highly successful. In fact, according to the National Institutes of Health, nine out of 10 patients who undergo the procedure report improved pain relief, knee function and overall health-related quality of life. An exciting new breakthrough, the Zimmer *Gender Solutions*TM Knee, is making now a better time than ever for women to have a knee replacement. It's the first and only knee designed and shaped to fit a woman, and it's available at The Christ Hospital.

The sexes aren't created equal

Women and men are different in many respects, including their knees. Traditional knee replacements are sized and shaped to fit an average of men's and

accommodate those differences.

The *Gender Solutions* Knee addresses research-documented, shape-related differences typical of a woman's knee. It's thinner in front, so the knee feels natural, not bulky. It features a contoured shape that more closely matches the narrower anatomy of a woman's knee. These modifications help to create the knee's more natural movement that can accommodate a full range of motion, from standing to deep bending.

Better treatment, faster recovery

The *Gender Solutions* Knee can be placed using minimally invasive techniques, allowing women to recover faster and get back on their feet and do the activities they enjoy sooner. **WHT**



Edward Lim, MD, is the chairman of the Department of Orthopedic Surgery at The Christ Hospital.

INFERTILITY: just the facts

By Daniel B. Williams, MD

As a woman ages, the chance of having fertility problems becomes greater, affecting one in seven women at ages 30 to 34 and rising to one in four women by ages 40 to 44. Males and females are affected equally, with about 40 percent of cases resulting from male factors and another 40 percent from female factors. The remaining cases result from a combination of both. That's why it's important for both partners to be evaluated by a physician before treatment is initiated.

What is infertility?

Infertility is defined as the inability of a couple to conceive within one year of trying. (In women over 35, the time is shortened to six months.) If pregnancy hasn't occurred during that time, it's appropriate to schedule a doctor's appointment. Women who have a history of irregular or painful periods, have had pelvic or tubal infections, are age 40 or older or have had multiple

miscarriages should see their doctor or get a referral to an infertility specialist before trying to conceive.

To diagnose infertility, a semen sample is analyzed under a microscope to look at sperm counts, motility and morphology, or appearance. A number of tests are performed to determine whether a woman ovulates.

Correcting the problem

If no cause is found, the couple is said to have unexplained infertility. Typical treatment for patients with no specific treatable cause for their infertility ("empiric therapy") is based on two principles: increasing the number of eggs and placing sperm and eggs closer together. These two objectives can be met by using fertility pills, injectable hormones plus intrauterine insemination or assisted reproductive technologies, such as *in vitro* fertilization (IVF). Although IVF has the highest success rates, pregnancy rates are largely determined by the female partner's age. **WHT**

! Help is here!

The Centers for Reproductive Health at The Christ Hospital feature nationally respected reproductive endocrinology physicians who specialize in the treatment of infertility and other hormonal disorders, including endometriosis, polycystic ovarian syndrome, thyroid disease, menstrual irregularities and difficult perimenopausal or menopausal problems. To make an appointment for a consultation, call (513) 585-2355. Learn more by visiting www.ucfertility.com.



Daniel B. Williams, MD, is the medical director of the IVF Program at The Christ Hospital. He is board certified in reproductive endocrinology and infertility.



health

Good news, coffee lovers!

Drinking three or more cups of java—or the equivalent in tea—a day may help protect older women’s cognitive abilities. That’s the conclusion of a four-year, 7,000-person study published in the journal *Neurology*. Women who drank three cups showed less decline in memory and verbal skills than women who drank one cup or less, and the benefits grew with age: At 65, coffee drinkers were 30 percent less likely to experience a decline, and the benefits grew to 70 percent for women over age 80. Results were consistent even after researchers adjusted for factors impacting memory, including age, education, disability, depression, high blood pressure and medication. Men didn’t reap the same benefits as women, nor did caffeine seem to significantly reduce the incidence of dementia.

All in the family: Breast cancer survival



You’ve probably heard that breast cancer runs in families. Now experts tell us that survival does, too. In a Swedish study of nearly 2,800 mother-daughter pairs and more than 830 sister pairs, researchers found that daughters faced a 60 percent higher risk of dying from breast cancer if their mothers didn’t survive five years with the disease. Sisters faced an 80 percent greater risk of not surviving than women whose relatives had a good prognosis. The correlation in prognosis—good, medium or poor—was strongest in mother-daughter pairs when mothers were younger than age 40 at diagnosis. The report was published in *Breast Cancer Research*.

headlines



Soft drinks may be hard on your heart

Enjoying a can of diet soda will help you avoid the 150 or so empty calories in 12 ounces of regular soda. But, diet or not, drinking soda creates a 44 percent increased risk of developing metabolic syndrome, a group of heart and diabetes risk factors. Framingham Heart Study researchers observed more than 6,000 participants, comparing those who consumed less than one soft drink a day with those who consumed one or more. Soda drinkers paid for their pleasure with higher blood sugar, lower levels of HDL (or good) cholesterol, more abdominal fat and elevated triglycerides. Authors of the study, published in *Circulation: Journal of the American Heart Association*, emphasize that diet soft drinks don't cause an increased risk of heart disease but that the link between the two needs to be explored.

Smokers risk early menopause

Women who smoke face the whole spectrum of cigarettes' well-known health risks, but according to research published in *BMC Public Health*, they're also more likely to begin menopause before age 45. In a study of more than 2,100 women ages 59 and 60, current smokers were nearly 60 percent more likely than nonsmokers to have undergone early menopause. The heaviest smokers nearly doubled their chances. Compared to current smokers, women who kicked the habit at least 10 years before menopause were significantly less likely to have stopped menstruating before age 45. Menopausal women can experience bone loss, changes in cholesterol levels and increased heart disease risk.





SEX & GENDER MATTERS

The latest findings on women-specific health from the Society for Women's Health Research

By Jennifer Wider, MD

The age-HRT link

What new studies show about hormone therapy use

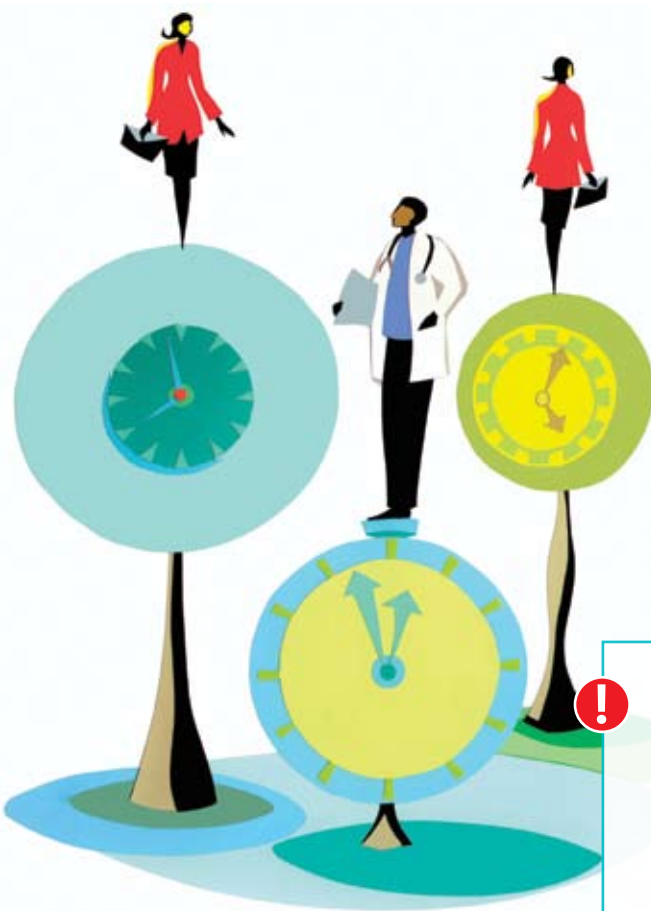
The question of whether to use hormone replacement therapy (HRT) and for how long is one every woman must answer as she approaches menopause. Although research hasn't always provided clear-cut answers, some new studies indicate that the age at which a woman begins HRT plays a role in its safety and effectiveness.

New results

A study published in the *British Medical Journal* (*BMJ*) confirms that HRT shouldn't be prescribed to prevent chronic conditions, such as heart disease, in older women who are well past menopause. However, the same study also concluded that HRT might be a safe, short-term option for younger menopausal women to relieve symptoms and improve quality of life.

"If the woman is healthy and has no risk factors, short-term, low-dose HRT use should confer only a small risk to her health," says Helen Roberts, MD, MPH, a senior women's health lecturer at the University of Auckland in New Zealand. Dr. Roberts, who wrote an accompanying editorial to the *BMJ* study, also states that women with risk factors such as a previous heart attack, stroke, blood clots, breast cancer or a high risk of heart disease shouldn't use HRT.

Some studies, however, primarily tracked women who began using HRT long after menopause, which limits the results' conclusiveness. Researchers are still trying to determine the long-term effects of HRT if treatment begins in the early stages of menopause. Some data suggest the health risks are lower for these women, but more studies are needed. **WHT**



Learn more!

The Society for Women's Health Research is a nonprofit research, education and advocacy organization that works to improve women's health through sex-specific research, education and advocacy. For more of the latest news and research on women's health, visit their Web site at www.womenshealthresearch.org.

Jennifer Wider, MD, is a medical advisor for the Society for Women's Health Research in Washington, D.C.

on the cases

KATHRYN MORRIS challenges herself to better health



"I DON'T OVERLY OBSESS about things, including foods."

By Bonnie Siegler

When she's not investigating unsolved murders as her alter ego Detective Lilly Rush on the hit drama "Cold Case," actress Kathryn Morris' life is no less challenging. As a participant in the 2007 Toyota Pro/Celebrity Race, the Ohio-born, Connecticut-bred TV star sped around the track in a car racing at 185 mph. "At least I didn't end up in a pile-up," she says. "But it did require more of myself on a concentration level. And I felt like a new person after getting out of that Indy race car. I wouldn't say I'm an adrenaline junkie, but I definitely feel like every once in a while, I have to try something challenging. For me, it's an important secret to having a happier and healthier life—I'm asking a little bit more of myself."

Daring to be healthy

Pushing the envelope helps the 5-foot-7-inch willowy actress maintain a healthy balance with a down-to-earth approach to her health and fitness. She fuels her energy with a healthy mix of foods. Chicken, vegetables, salads, hearty lentil soups, raw almond snacks and limited amounts of red meat are the nutritional staples you'd find around her Hollywood Hills home. When she's on the run, Morris typically grabs some organic yogurt and a peanut butter nutrition bar. And although she also tries to eat organically, she admits she's not fanatical about it. "I don't overly obsess

about things, including foods. I'll have pasta once a week, and if I have a craving, I might have that one cookie—just not a bunch of them," Morris says.

But don't call those cookies a guilty pleasure! "I probably have a guilty pleasure-type category, but I think that's a dangerous place to get in your head," she says. "If I wake up in the morning and want pomegranate juice and scrambled eggs with a piece of bacon, I don't ask why. It's what my body is asking me for; I've always been in tune with listening to my body. I think it's very unhealthy to get into a funky head space about food because it can really screw up your system forever. Wouldn't it be better if you could really enjoy what you want to eat and then have some fun with exercise?"

Morris balances her dietary whims with a healthy portion of yoga, Pilates and running, among other activities. "I just took up tennis because I had never tried it before. It's a great way to take your concentration to another level and try something totally different. I guess it's another way I'm challenging myself."

The mind-body connection

But Morris doesn't just focus on her physical health. The 39-year-old actress credits her childhood—which included traveling to different locations with her family as a gospel singer—with giving

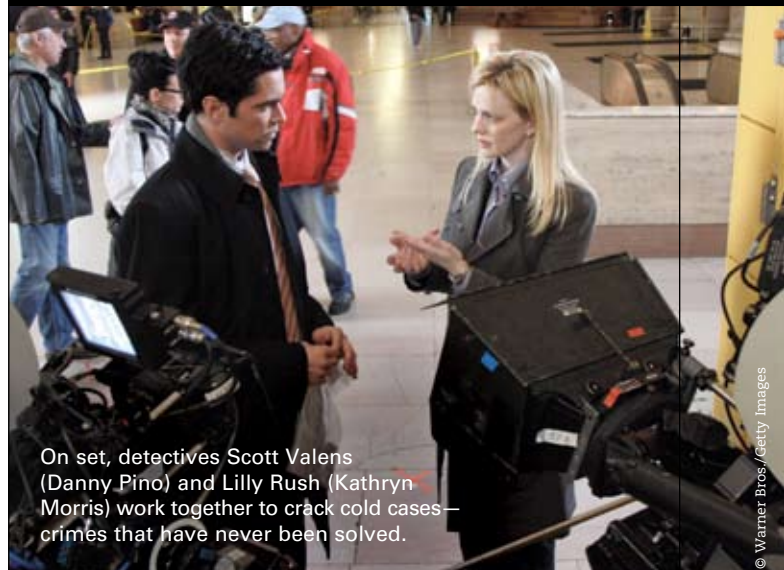
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“I’ve always been in tune with **LISTENING TO MY BODY.**”

continued from page 11

her perspective and improving her mental health. “I’ve learned a great deal about tolerance of all types of people from different classes and different backgrounds. I’ve learned to be interested in others—what you can learn from someone and what makes them interesting, what they eat, what kind of music they listen to, how their family life and culture is lived. Those are other types of challenges I give myself—being a curious individual and a more open-hearted one as you start your day.”

A curious approach to health? Maybe so, but Morris believes in taking care of the mind, body and spirit. “I really try to take care of myself with these three elements, and I do have a few boundaries,” she says with a laugh. “Some people have no boundaries at all. For me, if I feel people around me are not positive people going somewhere in a way of positive energy, I just turn and go down another hall. I hang out with people who want to live life instead of crossing roadblocks and drama. I think emotional health is extremely important. Sometimes I’ll just take a break from work, get in the car and take a drive. Sometimes I can spend a few days with myself taking photographs, having lunch ... just having quiet time by myself. Those are great moments, too.” **WHT**



On set, detectives Scott Valens (Danny Pino) and Lilly Rush (Kathryn Morris) work together to crack cold cases—crimes that have never been solved.

© Warner Bros./Getty Images

Kathryn cares

“Cold Case” has partnered with CBS Cares, a campaign that aims to raise public awareness on a variety of health-related topics, and Postpartum Support International to educate the public about postpartum depression. The public service announcement, which debuted nationally in 2007, features “Cold Case” stars Kathryn Morris and Danny Pino. To watch the announcement at home, visit www.cbs.com/cbs_cares.



If you're looking for something ...

REFRESHING

Ice-cold low-fat or skim milk; vegetable juice; mineral water with a slice of lemon, lime or orange; frozen grapes or bananas; or frozen fruit pops. Make a fruit slush: In a blender, puree fresh fruit, a splash of juice and ice cubes.

CREAMY

Low-fat yogurt or cottage cheese; a banana, a papaya or a mango; or low-fat pudding. Whip up a fruit smoothie: blend one cup of skim milk with several ice cubes, fresh fruit and a dash of vanilla, cinnamon or nutmeg.

CRUNCHY

Raw, cut-up vegetables like asparagus, green beans, peppers, broccoli, cauliflower, celery, zucchini or carrots; an apple; unbuttered popcorn (sprinkle with garlic powder or other spices); almonds, walnuts or sesame seeds; rice cakes; baked tortillas with salsa; or whole-grain crackers, bread sticks or pretzels.

JUICY

Applesauce, berries, cantaloupe, grapes, an orange, a grapefruit, a tangerine, a nectarine, a plum, watermelon, a pear, a cucumber or a ripened tomato.

HEARTY

A hard-boiled egg, low-fat granola, a slice of turkey, whole-grain cereal with skim milk, a bran muffin, nuts or cheese. Spread peanut butter on apple or pear slices, whole-grain crackers or bread. Dip triangles of whole-grain pita into hummus. Mash half a banana into a spoonful of peanut butter and spread on a toasted whole-wheat mini bagel or half an English muffin.

SWEET

Low-fat fruit yogurt, applesauce, angel food cake, pudding, frozen fruit pops, whole-wheat fig bars, dried fruit, sorbet or low-fat sweetened popcorn.

Go ahead— grab^a snack!

Satisfy your hunger with healthy choices

For many of us, snack is a word with an evil ring. It brings to mind images of forbidden foods like ice cream, crunchy cookies and crisp potato chips.

Grab a snack and you may expect to hear the echo of your mother's voice: "Don't eat between meals—you'll spoil your appetite."

Why Mom was wrong

Despite mother's advice to the contrary, snacking can be a healthy part of your life. In fact, it's not at all unnatural to feel hungry between meals.

If you don't eat something about every four hours, your blood sugar dips, which can make you feel tired and mentally sluggish.

Although many people believe that snacking causes weight gain, the reverse is often true. People who force themselves to resist snacks are more likely to be ravenous at mealtime and probably will overeat.

Quality and quantity

Of course, having permission to snack doesn't mean it's OK to pig out on pretzels. Rather, approach snacking as you would any other meal, being careful about what you eat and how much you eat. Think of those between-meal bites as an opportunity to add vital nutrients to your diet.

Yogurt, for example, is a healthful food, rich in calcium and protein as well as riboflavin, phosphorus and vitamin B₁₂. But how often would you eat yogurt with a meal? If you're like most people, not often. However, at 11 a.m., when you're hungry and running out of steam, a cup of yogurt might be the perfect pick-me-up.

And when you're in a mood for something not-so-healthy, recipe modifications are an easy way to give comfort foods a nutritional punch. (See "Tortilla snacks" for a healthier version of a traditional snack.)

Portion control

What makes a snack a snack instead of a meal? The portion size. Generally, the amount of calories in a snack should be about a quarter of those in one meal. Have your snacks when you feel hungry, light-headed or lethargic.

Next time you feel hungry between meals, don't deprive yourself. Instead, remember that choosing the right snacks can actually improve your health by supplying your body with the fuel it needs when it needs it. **WHT**

Tortilla snacks

Serves 8

Whether you're watching a video or having an impromptu get-together, this heart-healthy version of a classic snack is quick to assemble and oh-so-easy to eat.

- 1 cup finely chopped tomatoes
- ¼ cup finely snipped fresh cilantro
- 2 tbsp. minced green onion (green and white parts)
- 1 tbsp. fresh lime juice
- ¼ tsp. salt
- ⅛ tsp. cayenne
- ⅓ cup nonfat sour cream
- ½ tsp. ground cumin
- 4 6-inch corn tortillas
- ½ cup shredded reduced-fat sharp cheddar cheese

- Preheat oven to 475° F.
- In a medium bowl, stir together tomatoes, cilantro, green onions, lime juice, salt and cayenne. Set aside.
- In a small bowl, stir together sour cream and cumin. Set aside.
- Put the tortillas on a baking sheet. Sprinkle with cheese. Bake for three minutes, then cut each tortilla into fourths.
- To assemble, drain tomato mixture in a colander. Spoon about 1 tbsp. of mixture onto each wedge. Top with about 1 tsp. sour-cream mixture. Serve immediately.

Per serving: 57 calories, 1.5 g total fat, 5 mg cholesterol, 143 mg sodium, 8 g carbohydrates, 1 g fiber, 3 g protein

Adapted with permission from the *American Heart Association Low-Fat, Low-Cholesterol Cookbook: Delicious Recipes to Help Lower Your Cholesterol* © 2004. Published by Clarkson Potter/Publishers, a division of Random House, Inc. Available from booksellers everywhere.

Complementing tradition



© Gregor Schuster/zefa/Corbis

Once on the fringe, many complementary therapies have moved into the mainstream

It wasn't long ago that the idea of nonstandard medical treatments conjured up images more akin to sandal-wearing holistic healers than experienced physicians practicing leading-edge medicine. But as the popularity of these treatments has grown, so has their acceptance and credibility.

Today, therapies that have data showing their effectiveness and are combined with traditional medical care fall under the term *complementary medicine*. Here's a look at two of the more common treatments making their way into the mainstream.

Acupuncture

In acupuncture, small, fine needles are inserted into the skin at various points on the body. Acupuncture is based on the Chinese idea that energy, or *qi* (pronounced "chee"), flows through the body along pathways called meridians. By stimulating specific points along the meridians, acupuncture is believed to balance the flow of *qi*, restoring health.

Qi and meridians don't correspond with known

nerve or blood-circulation pathways. However, acupuncture points are believed to stimulate the central nervous system to release body chemicals—like endorphins (body chemicals that ease pain and improve mood), hormones and opioids—to act as pain relievers or stimulate the immune system.

Thousands of physicians, dentists and acupuncturists use the technique for various health conditions and/or to relieve and prevent pain, according to the National Institutes of Health. Research shows acupuncture may be effective in reducing nausea and vomiting after surgery and chemotherapy and in treating conditions such as drug addiction, dental pain, headache, menstrual cramps, tennis elbow, fibromyalgia, myofascial pain, osteoarthritis, low-back pain, carpal tunnel syndrome and asthma.

Massage therapy

The theory behind massage therapy, which involves kneading and stroking the body's soft tissues (your skin, muscles and tendons), is that the manipulation raises the production of endorphins and flushes wastes, such as lactic acid, from the muscles. The most common form practiced in the United States today is Swedish massage. Other styles include deep-tissue, sports and neuromuscular.

Evidence suggests that massage stimulates the nerves, increases blood flow and oxygen supply to cells and aids lymph circulation. Many patients find the experience deeply relaxing, a state often enhanced by soothing music and dimmed lighting.

Some studies report that massage can decrease stress, anxiety, depression and pain; increase alertness; improve concentration; lower blood pressure; and aid insomnia and chronic fatigue. In addition, massage therapy often is used to relieve joint pain and stiffness, increase mobility, rehabilitate injured muscles and reduce head and back pain. **WHT**

Blemishes be GONE

Solutions for adult acne

Nearly 85 percent of people experience acne at some point in their lives, according to the American Academy of Dermatology. But if you think it's only caused by poor hygiene, you don't know the whole story.

Acne occurs when the skin's sebaceous glands produce too much oil, or sebum, which blocks the hair follicles and combines with bacteria, explains Zoe Diana Draelos, MD, editor in chief of the *Journal of Cosmetic Dermatology*.

Although diet, stress and environmental factors may play a role, oil overproduction is typically caused by hormonal changes in the body. The timing of those changes often correlates with the times acne is most prevalent.

"Teens get acne during puberty, when rising estrogen levels stimulate sebum production," Dr. Draelos says. The resulting blackheads and whiteheads typically appear on the forehead, nose and chin.

After puberty, nearly half of all women experience acne flare-ups and increased facial oiliness around the time of their periods.

Acne becomes increasingly common as women reach menopause and estrogen levels decline. That's when women begin to notice tender, red, cystlike bumps along their jawline.

Keeping acne at bay

"To prevent acne from occurring, it's important to remove the oil and bacteria from your face with daily cleaning," says Dr. Draelos. "Minimizing stress is also important because hormonal changes are often mediated by stress."

When acne is severe, a dermatologist may



choose from a variety of medications to treat the condition. Oral contraceptives are frequently prescribed to control hormonal fluctuations. An anti-androgen medication, called spironolactone, can lower the male hormone's effect in the female body, which prevents excess oil production and results in fewer outbreaks, Dr. Draelos explains.

Because hormonal medications aren't for everyone—women who smoke or are at risk for breast cancer are not considered candidates—other options include oral or topical antibiotics that control bacteria growth and may be used in combination with antimicrobials, which reduce inflammation and kill bacteria.

Topical retinoids are sometimes prescribed because they've proven effective at unclogging pores and preventing blackheads and whiteheads from forming. And newer laser and/or light treatments appear to target excessive oil production and bacteria growth. Studies are still ongoing to determine these methods' effectiveness.

With so many options available, the best way to treat acne is with your health professional's advice, suggests Dr. Draelos. He or she can evaluate your condition and determine what's most effective for your needs. **WHT**

Weighing your weight-loss options

For every extra pound you carry, there are at least 10 reasons why you should lose it. Excess weight can lead to heart disease, diabetes, high cholesterol, high blood pressure, sleep apnea, osteoarthritis, urinary incontinence, menstrual problems, gallstones and some forms of cancer—not to mention hurt your quality of life!

But losing weight is easier said than done. The battle of the bulge is often an ongoing conflict, and many severely overweight people find themselves facing two options: the conventional route of diet and exercise or weight-loss surgery.

If you find yourself at this fork in the weight-loss road, read on for help in choosing your path.

The old-fashioned approach

Losing weight involves making a real commitment to drastic lifestyle changes. Changing your eating habits means consuming plenty of fruits and vegetables, whole grains, lean protein and calcium-rich foods like fat-free milk. You'll need to limit saturated fats and sodium. Exercise is essential, and you'll want to get at least 60 to 90 minutes of moderate activity a day to spur weight loss.

THE GOOD NEWS: Experts agree that diet and exercise are the best ways to peel off pounds and keep them off.

THE BAD NEWS: Admittedly, losing weight this way can be frustrating. The recommended loss of





Tired of not seeing results?

The Christ Hospital and UC Surgeons' Surgical Weight Loss Services may have the answers you've been looking for! Learn more at a FREE informational session at The Christ Hospital. Call **(513) 475-7770** for dates and times.

1 pound to 2 pounds a week can seem like a drop in the bucket. And without fast results, it's easy to fall off the wagon. But remember: Losing a pound a week translates to 52 pounds in a year!

Surgical options

Surgery sounds like a quick fix, but it, too, requires a lifelong commitment and carries additional risks. However, potential or existing health problems caused by obesity may outweigh those risks. If you have a body mass index (BMI) of 40 or higher (100 pounds overweight for men, about 80 for women) or you have a BMI of 35 to 39.9 and weight-related health problems, you may be a candidate for weight-loss, or bariatric, surgery.

Bariatric surgery helps you lose weight by restricting the amount of food you can comfortably consume. Gastric bypass, the most common surgery option, also limits calorie absorption by surgically bypassing sections of your small intestine. (For information about other types of bariatric procedures, see the illustrations below.)

THE GOOD NEWS: Weight comes off fast, with most people losing at least 50 percent to 60 percent of their excess weight within the first two years after surgery. Obesity-related conditions like type 2 diabetes, high blood pressure, high cholesterol and

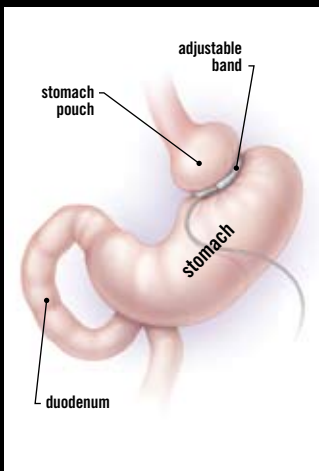
sleep apnea can be improved or resolved.

THE BAD NEWS: Although surgery can produce dramatic weight loss, these procedures may be dangerous to your health. There's a chance of postoperative infection, blood clots and other surgical complications, some life threatening. You'll still have to adopt drastic lifestyle changes, particularly when it comes to your eating habits, and adjust to severely limited quantities of food. After some surgeries, your stomach will be about the size of a walnut. You may not be able to have a drink with your meal because your stomach can't hold both food and liquid. Eating too much or too fast may cause vomiting or intense pain.

A weighty decision

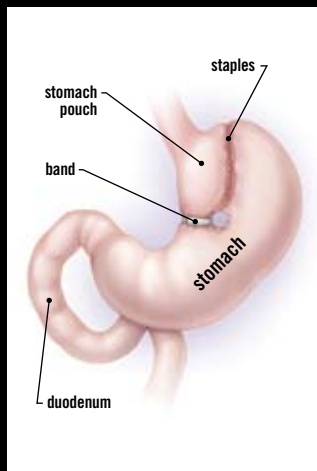
Traditional weight loss or surgery? Each option is a major undertaking, but remember that no matter what route you choose, you're working toward a worthy goal: a healthier you. **WHT**

4 TYPES OF BARIATRIC SURGERY



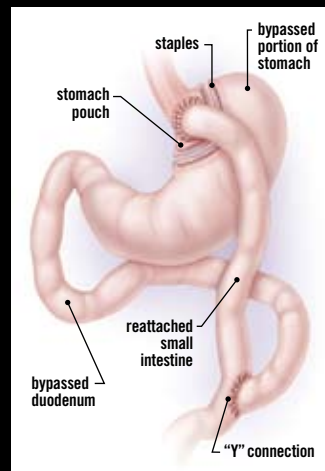
ADJUSTABLE GASTRIC BANDING

Surgeons place a band around the upper stomach to create a small pouch and a narrow passage into the rest of the stomach, limiting food intake to 1–3 ounces. The band can be tightened or loosened over time to change the passage's size.



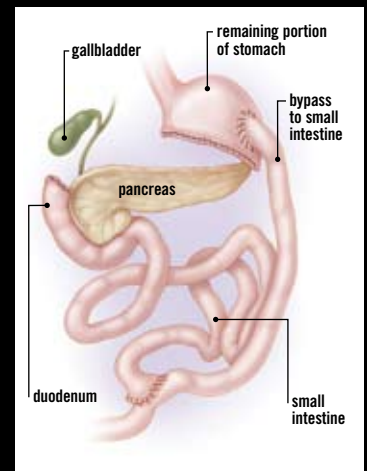
VERTICAL BANDED GASTROPLASTY

This procedure is similar to adjustable gastric banding, except that staples and a plastic band are used to create the stomach pouch and the narrow opening into the rest of the stomach.



ROUX-EN-Y GASTRIC BYPASS

Surgeons create a small stomach pouch to restrict food intake. Then, they attach a Y-shaped section of the small intestine to the pouch to allow food to bypass the lower stomach and parts of the intestine. The procedure is often done laparoscopically.



BILIOPANCREATIC DIVERSION

This operation is more complicated than the Roux-en-Y procedure. It involves removing about 70 percent of the stomach and then connecting the smaller pouch to the lower part of the small intestine. This restricts food intake to make you feel full more quickly.

WHEN SEX HURTS:

Help for vulvodynia



At-home relief

Self-help measures may help alleviate vulvodynia pain. Talk with your doctor about trying these at-home treatments:

- **Use cold compresses.** They can lessen pain and itching when applied to the external genital area.
- **Avoid tight-fitting pantyhose and underwear.** Restrictive clothing limits airflow to the genital area and can lead to irritation. Try thigh-highs and cotton underwear.
- **Don't overdo washing.** Excessive washing or scrubbing of the genitals can increase irritation. Use plain water and gently pat dry.
- **Watch out for triggers.** Harsh clothing detergents, perfumed soaps and shampoos are some items that may irritate the vulva and are best avoided.
- **Take an antihistamine before bed.** It may help reduce itching and allow you to get more sleep.
- **Keep moving.** Chronic pain can be helped by regular exercise. Just make sure to avoid activities that put pressure on the vulva, like bicycling.

You don't want to talk about it, but that mysterious pain just won't go away. It's no secret: Vaginal pain can be embarrassing to discuss, even with your doctor. But if you're experiencing genital burning, soreness, itching, stinging, rawness, throbbing or painful intercourse, seeking help is important. You could have vulvodynia—a chronic pain disorder that may affect one in six women at some point in their lives.

Pain that won't go away

The vulva is comprised of the fatty tissue at the base of your abdomen, the labia, the clitoris and the vaginal opening. "Like a lot of pain disorders, why it occurs is unknown," says Mark D. Walters, MD, professor and vice chair of gynecology at the Cleveland Clinic's Center for Urogynecology and Reconstructive Pelvic Surgery. However, prior vaginal infections, prior vulvar surgical procedures or laser treatments, vulvar nerve irritation and allergies or hypersensitivity in the area can all contribute to the condition.

"Vulvodynia is defined by persistent, generalized pain or localized pain that only hurts when touched," Dr. Walters says. "Pain is usually severe when it's localized. Touching the area lightly with a Q-tip will hurt." It can also last months or years—or simply vanish one day.

Finding relief

Although vulvodynia may not cause physical harm if left untreated, it can take an emotional toll. Anxiety and depression stemming from the pain, sexual dysfunction and decreasing quality of life can occur, Dr. Walters says.

Still, many women don't seek treatment. That may be because vulvodynia doesn't show physical signs.

Talk it out

Join us for *Let's Talk, Ladies*, a quarterly educational seminar series covering a variety of women's health topics including heart health, pelvic floor disorders, reproductive health, cancer prevention and more. E-mail dana.johnson@healthall.com to be added to the mailing list or for information about the next seminar.



Some women may have low expectations of what can be done for their symptoms or they may simply be reluctant to talk about the pain, Dr. Walters says.

Complicating matters is that many doctors also don't understand vulvodynia. "Initially, patients may be misdiagnosed with vaginal or sexually transmitted infections," Dr. Walters says. "Patients tend to go from doctor to doctor before being properly diagnosed." To pinpoint vulvodynia, doctors first rule out other possible culprits, such as yeast infections and herpes.

Once a diagnosis has been made, several treatment options can be explored:

- Oral medications, such as antidepressants, may help control nerve irritation, and anticonvulsants can lessen chronic pain.

- Topical ointments, such as lidocaine gel, can numb the area and allow women to have intercourse (low-dose estrogen creams for estrogen-deficient women can also be beneficial).

- Physical therapy, such as massage and pelvic floor exercises, addresses pelvic floor muscle problems contributing to vulvodynia symptoms.

- Reconstructive surgery may be effective when all other options fail.

Although vulvodynia isn't always curable, treatment can help you enjoy a pain-free lifestyle again. **WHT**

Ask the doctor

YOUR QUESTIONS ANSWERED
BY AN EXPERT

Featuring *Barbara Levy, MD*

Q: I had a total hysterectomy. When can I have sex with my husband again? Do I need to worry about infections? Also, now that my cervix isn't there, does that affect our sexual relationship?

A: Total hysterectomy means removal of the uterus with the cervix. This procedure entails an incision at the top of the vagina, which needs to heal before resuming intercourse. However, sex with your husband without vaginal penetration is fine whenever you're comfortable. I always tell my patients and their partners to get

creative and have some fun in the six weeks or so after surgery when vaginal penetration should be avoided. After four to six weeks, your surgeon should examine you to determine how well the vagina has healed, and then he or she can tell you when intercourse is OK.

The absence of the cervix has not been shown to have any effect on sexual sensation for women or their partners. There was an excellent study done in which half of the women had total hysterectomies while the other half had sub-total hysterectomies with preservation of the cervix. The women weren't told which procedure they had. Sexual function after surgery was determined by how good sexual function was before surgery and had absolutely nothing to do with cervix removal or preservation.



Barbara Levy, MD, is the medical director of the Women's Health & Breast Center at St. Francis in Federal Way, Wash.

AFRAID TO GET FIT?

How to conquer your fitness and health club fears

The trouble with exercising isn't getting started—you've probably done that more than once—but sticking with it.

Taking local fitness classes or joining a health club may give you the motivational push and variety you need. But perhaps you just can't get up enough nerve to step into an unfamiliar world of intimidating exercise equipment and fancy aerobic footwork.

It's normal to feel apprehensive or embarrassed when you're pushed out of your comfort zone, and it takes some courage to walk through those health club doors for the first time. But you can overcome apprehension by arming yourself with fear-tackling strategies and build the confidence you need to get moving. Ready to conquer your fitness phobia? Read on to find out how.

THE FEAR: “I’m a workout newbie—and I don’t want to look silly or uncoordinated.”

Relax—it only seems as if everyone else knows what they’re doing. Gyms and classes are full of beginners, and unlike the ads you see on TV, most health clubs aren’t swarming with buff bodies.

THE FIX:

- **Shop around.** Different health clubs have different clientele and atmospheres: Some are large and busy with loud music, while others are smaller and quieter with more mature members. Visit the gym at the time of day you plan to work out, since its atmosphere can change with the clock. (Mornings tend to be quieter than evenings.) Gyms may offer a day pass or a short-term trial membership so you can try before you buy.
- **Try a ladies-only facility.** If you’re a woman who feels self-conscious working out around men, consider a female-only facility. Or, if your schedule permits, visit a co-ed gym when more women than men work out.
- **Hire a trainer.** You’ll learn what to do and how to do it safely. Take advantage of free training sessions offered at many gyms when you sign up.
- **Take a class for workout novices.** Your comfort level will increase if you’re among others at your ability level. Look for introductory classes on everything from swimming to yoga to weight training. For intermediate classes, arrive a few minutes early and introduce yourself to the instructor. Don’t be shy about letting him or her know you’re new and discussing any concerns you have. This is the perfect opportunity to get some one-on-one pointers about equipment use, proper form and safety issues.

THE FEAR: “I’d like to work with a trainer—but it scares me.”

Good trainers don’t want you to look or feel stupid. Try talking to your trainer if he or she makes you feel weak, clumsy or foolish. If that doesn’t work, find a new trainer.

THE FIX:

- **Get a reference.** Word-of-mouth is often helpful. In the gym, keep an eye on trainers you may like

to work with. Do they seem supportive and at ease with clients? Do they give clients their full attention or seem distracted and bored?

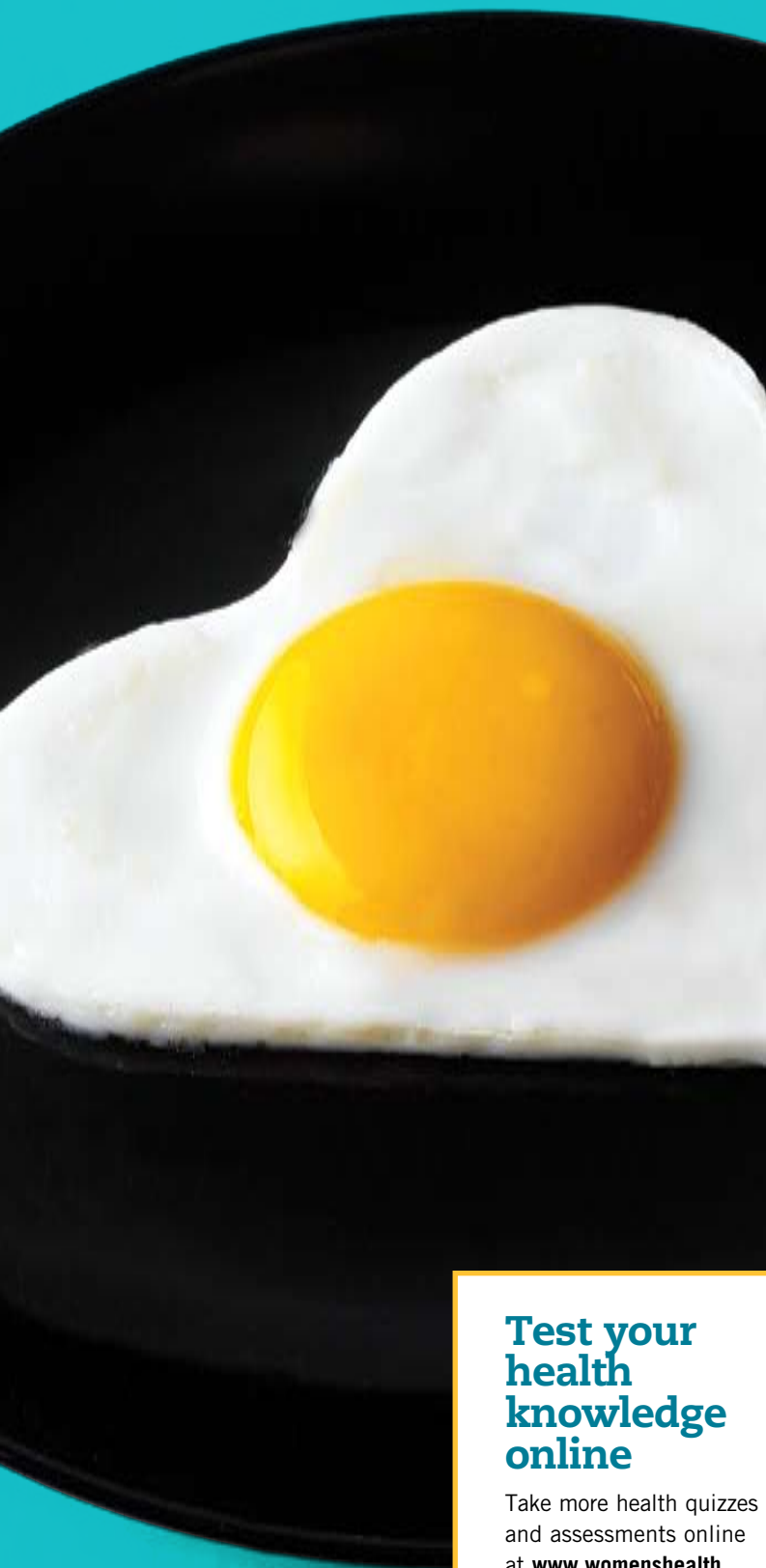
- **Have a consultation first.** Discuss your goals, any health limitations you have and your past exercise difficulties. Listen to the responses before writing out a check.
- **Sign up for one session.** Don’t commit to more unless you feel strongly that you and your trainer will have a good working relationship. Results won’t come immediately, but you’ll know whether things “feel right.”

THE FEAR: “I’m too unhealthy/too heavy to work out.”

Fitness magazines are full of before-and-after photos of people who were once “too heavy or too unhealthy” to exercise—proving the excuse wrong. You just need to take certain precautions.

THE FIX:

- **Talk to your doctor.** Find out what activities are safest for you right now. Start slowly. If you haven’t exercised in years, a 15-minute walk is a great start. Use a heart monitor if necessary.
- **Get professional help.** Doing too much too soon can lead to muscle soreness or fatigue that makes you quit. A knowledgeable trainer considers your health status and conditioning level when designing your workout program.
- **Talk to your instructor.** If you have a medical condition such as arthritis or asthma, don’t be bashful. Your instructor may also provide modifications if you’re new to exercising or you need lower impact or lower intensity moves. Some classes are tailored for specific groups, like classes for older people or exercisers who need a low-impact workout.
- **Go at your own pace.** Forget about keeping up with the competitive cyclist or the gym rat next to you. And, don’t worry about how much you’re sweating or how vigorously you’re moving—just enjoy a variety of activities every day to keep things exciting and stay on the path toward achieving your personal fitness goals. **WHT**



Is your cholesterol in check?

Cholesterol: We all have it, but we don't all know how to control it. Test your knowledge about cholesterol by answering true or false to the statements below. Then check the answers on this page to see how you did.

TRUE OR FALSE?

1. Your pancreas produces most of your blood cholesterol.
2. Headaches and sudden weight gain are the most common symptoms of high cholesterol.
3. High cholesterol increases your risk for atherosclerosis.
4. Baked goods may be a “hidden” source of cholesterol.
5. If you have high cholesterol, you have to take medicine to bring it into the normal range.

ANSWERS

1. **FALSE.** All the cholesterol your body needs—about 1,000 mg a day—is produced by your liver. An additional 200 mg to 500 mg can also come from your daily food intake.
2. **FALSE.** High cholesterol doesn't have any symptoms. That's why it's important to have your cholesterol checked by your health care provider every five years, beginning at age 20.
3. **TRUE.** Atherosclerosis, the fatty buildup of plaque on artery walls, can block blood flow to part of the heart and cause a heart attack. In addition, atherosclerosis in arteries in or leading to the brain can cause a stroke.
4. **TRUE.** Although the nutritional label may list a low amount of cholesterol or none at all, baked goods may be hiding cholesterol-raising trans fats (listed as hydrogenated fats and oils in the ingredients list). Trans fats, along with saturated fats, are the main dietary causes of high cholesterol.
5. **FALSE.** Although some people need to take medicine, lifestyle changes like exercising more and eating healthier can also help lower your cholesterol. If you have high cholesterol, work with your doctor to find a treatment plan that works for you.

Test your health knowledge online

Take more health quizzes and assessments online at www.womenshealthexperience.com. Plus, find out what other women are saying by participating in our online polls!