

Health & Fitness

HEALTHWISE

Camp Quality cares for kids

■ Every day's going to be a holiday this summer at Camp Quality.

This special week of fun, July 8 through 16, is for Arkansas children, ages 4 to 18, who have had cancer. Activities will include fishing, swimming, horseback riding, archery and arts and crafts. Each child will have a constant companion who is 18 or older. There is no fee to attend the camp.

The camp concept, originally started in Australia, has start-up money provided by the Reorganized Church of Jesus Christ of Latter-day Saints. This is the first year for the one in Arkansas, which will be held at Powderfork RLDS Campgrounds in Bald Knob.

Children who would like to attend the camp and anyone interested in being a companion should contact Lynn Smith at Camp Powderfork, Route 3, Box 407-M in Bald Knob, 72010. Or call 724-5520.

Sexy at sixty

■ Physically fit 60-year-old men and women have virtually no decline in sexual activity compared to people in their 40s, according to an article in *Longevity* magazine.

And while sexual interest was about the same for the two groups, 100 percent of 160 surveyed swimmers reported sexual activity at least once a week, while the general population peaked at 73 percent. The swimmers also more frequently reported a high level of sexual enjoyment.

According to Phillip Whitten, who conducted the survey, "Older people in excellent physical condition have sex lives more like those of people in their late 20s or early 30s. These swimmers were proud of their bodies and they felt younger."

Converting cholesterol

■ Low-cholesterol products may one day become obsolete.

Dr. Donald Beitz, a nutritional biochemist at Iowa State University's agriculture and home economics experiment station, and colleagues are trying to isolate an enzyme that converts cholesterol into coprostanol, a closely related compound that the human digestive system cannot absorb. And if it can't be absorbed by the blood it won't end up on the walls of your veins as plaque, which contributes to cardiovascular disease.

The scientists are working to extract this cholesterol dissolver from the leaves of cucumbers, corn, soybeans and peas. It could then be added to cream when making butter or to ground meats during processing. You could even sprinkle it over foods a few minutes before serving.

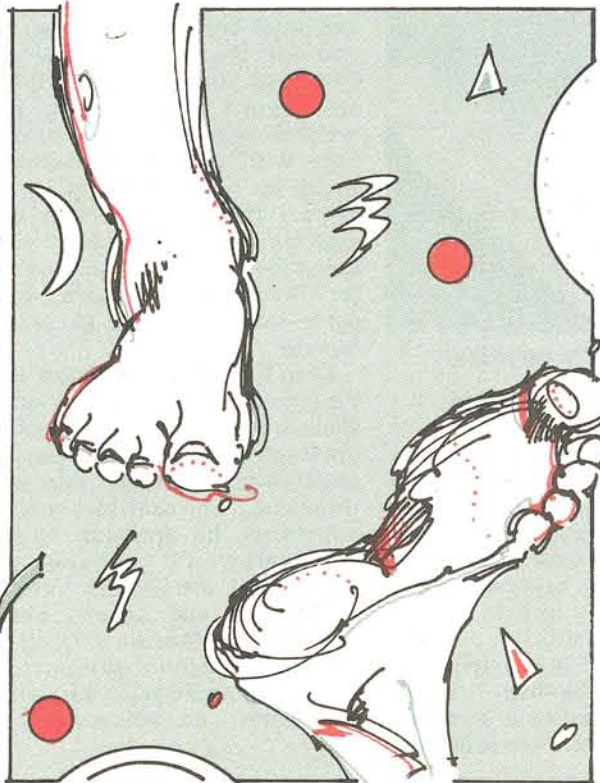
Catastrophic care coverage

■ Do you have questions about the new catastrophic health insurance coverage? Then call toll-free 1-800-888-1998 and you'll reach an information specialist who can explain the changes in Medicare.

But the new legislation may not be the answer to all your long-term care insurance needs. And to help you figure out what may be lacking, the U.S. Department of Health and Human Services and the Health Insurance Association of America have written "The Consumer's Guide to Long Term Care Insurance." For your copy, send 50 cents to the Consumer Information Center, Dept. 460T, Pueblo, Colo. 81009.

If you'd like a film on the subject, John Hancock Financial Services, consulting with the National Council on the Aging, has just produced a 30-minute program, "The Coming of Age in America."

The VHS or Beta videotape on long-term care is available for \$25. Write Multivision, Inc., 161 Highland Ave. Needham, Mass. 02194.

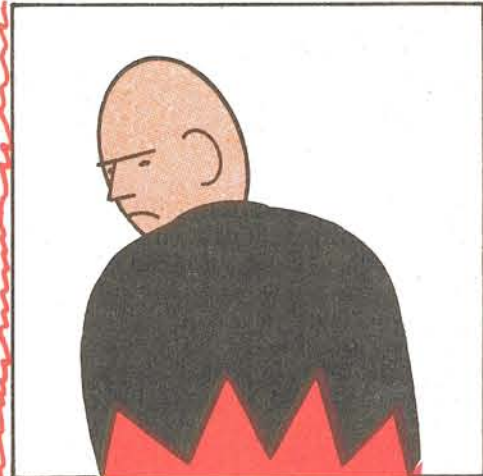


Foot fault can foul your fun

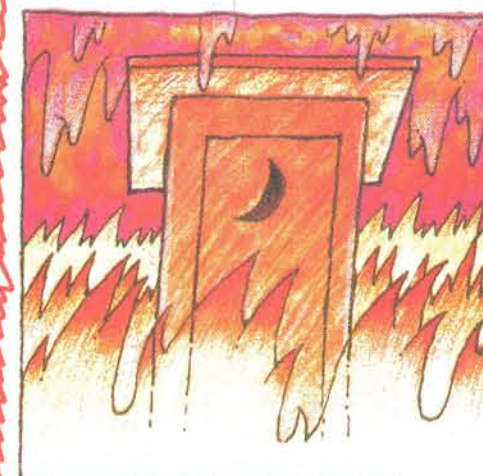
■ Tennis star Boris Becker dropped out of the Player's International tournament in Toronto because of a foot problem.

But it could happen to you — especially if you're a jogger or racketball player, says a report in the *Medical Tribune*.

The problem, called plantar fasciitis, typically affects people with very high or low arches. Hard impact on the ball of the foot causes microscopic tears in the connective tissue, producing intense pain. "It's more common than stress fracture," Dr. Allen Jacobs of the American Podiatric Medical Association said. "In fact, it is probably the most common sports-related injury that we are seeing in our offices now," he said. Treatment often involves rest, proper shoe padding, anti-inflammatory medicine and sometimes surgery, Jacobs said.



— Staff illustration by Dan Morris



— Staff illustration by Terry Brewer



— Staff illustration by Patt. Clark



— Staff illustration by Lori Bianchi after Edvard Munch

I N P A I N W I T H HEMORRHOIDS?

Here's what the doctors say

By Marilyn Myers
GAZETTE STAFF

Hemorrhoids may be the butt of a lot of jokes, but they're no laughing matter. Hemorrhoids can hurt. They also can burn, itch and bleed.

Hemorrhoids, sometimes called piles, are enlarged veins and supporting tissue inside or outside the rectum or a downward displacement of that lining protruding through the anus.

As long as hemorrhoids are inside the rectum — the last segment of the digestive tract — they are relatively painless because that lining has few nerve endings. However, when the swollen veins and lining are pushed down by a hard bowel movement, they can rupture and bleed. Also, the lining itself can protrude (or prolapse) through the anus and need to be pushed back up.

Or blood from a ruptured vessel can get trapped under the skin. And when this blood blister pouch is pushed below the mid-point of the anus there can be considerable pain.

Unlike the rectum, the anal canal — the short buffer zone between the rectum and the outside world — has a high concentration of nerve endings.

If further disturbed, this thrombotic hemorrhoid can bleed, or the inflammation can settle down with the blood being reabsorbed. Still, even when that happens, a little tag of the lining skin remains, and it can become irritated at a later time.

People disagree a little on that, said Dr. Gary Woods, a Little Rock family practitioner who also teaches at the University of Arkansas for Medical Sciences, "but for all practical purposes, that's what hemorrhoids are."

So what causes all this aggravation and grief?

Some people may simply be predisposed, Dr. Charles Crocker, a Little Rock proctologist, said. Others inflame the hemorrhoidal veins and arteries because of the irritation that comes with diarrhea or the straining that accompanies constipation — which may be brought on by pregnancy, some medicines or lack of fiber in the diet.

Treatment centers on eliminating the situations that cause the inflammation of the anorectal vascular structure in the first place.

And both Woods and Crocker initially recommend adding fiber to the diet. "Fiber goes to the colon undigested, it holds water, and passes more easily," Crocker said.

"Fiber is found in beans, fruit, vegetables and whole grains. If adding dietary fiber isn't sufficient, the next step toward a soft-formed stool

is a psyllium additive — over-the-counter medicines like Metamucil being an example.

"Soft stools prevent trauma to the [rectal] pad, they keep it from getting inflamed," Woods said, and "they minimize recurrent injury."

It's equally important to drink plenty of water and to have regular bowel movements. "One should pay attention to Mother Nature," Woods said, "but not be obsessive compulsive about it."

In that regard, both doctors cautioned against remaining on the toilet for any length of time since that causes increased pressure on the veins. To that end, Crocker recommended taking the library out of the bathroom.

Beyond adding fiber and straining less, there also are medical procedures to help hemorrhoid sufferers. Woods has successfully stretched the anal sphincter muscles in some patients so that they won't be so tight. And he cited a British study comparing hemorrhoid treatment based on the pressure of the anal sphincter muscle when it is resting. High pressure equates with tight muscles, low pressure with loose muscles.

In the research reported in late 1979, anal dilation was the most effective treatment for the high-pressure group, though about half of that population responded with a high-fiber diet.

The low-pressure group had the most success with rubber band ligation, a procedure that strangles the damaged tissue so that it can be sloughed off. However, even in this group — characteristically made up of older people — about a fourth responded to diet alone.

Crocker has had good results injecting the damaged tissue with a solution that promotes scarring and that, in effect, glues or scars the offending vessels down.

And then as a last resort surgery can remove the hemorrhoidal tissue completely, though Crocker noted that it's a mistake to treat it if it's not causing any problems. "You put up with them until you're tired of putting up with them," Crocker said. "They don't become anything else."

The biggest worry, Crocker said, is that rectal bleeding is a serious sign. "And if you've had bleeding for three or four years, you've lost the fear that it may be something else."

Rectal bleeding also is a warning sign of colorectal cancer. "Don't assume bleeding is a hemorrhoid," Woods said. "Get it checked out regularly. Rectal bleeding should always be considered serious until proved otherwise. It's a shame to lose a life over something so simple as a hemorrhoid."

Are medicines any help?

So, do doctors really recommend Preparation H?

Well, yes and no. Dr. Gary Woods, a Little Rock family practitioner who also teaches at the University of Arkansas for Medical Sciences, said over-the-counter hemorrhoid ointments like Preparation H probably work — as a lubricant and to reduce inflammation. And since many come with applicators, they're probably better to use than something applied digitally, like Vaseline. "Any instrumentation is better than no instrumentation," Woods said.

Dr. Charles Crocker, a Little Rock proctologist, said Preparation H probably doesn't do any harm, but it probably doesn't do any good either. "It gives you something to do until nature heals," Crocker

said. "The best treatment is to get in hot water, then get out and lie down." But he added, "They have always used Preparation H by the time I see them. It may make them a little bit more comfortable."

And at least the over-the-counter medicines for hemorrhoids are more effective now than they were 10 years ago. Dr. Dan Spadaro, who teaches in the college of pharmacy at UAMS, pointed out that the review of these medicines by the Food and Drug Administration several years ago resulted in drugs that are safer and "doing what the drugs said they'd do," Spadaro said.

That review process classified ingredients as

(See MEDICINE on Page 4E.)

These shoes are made for walking

By Karen Knutson
GAZETTE STAFF

LOS ANGELES.

Walking became a big sport in the 1980s because there were so many dropouts from other athletic pursuits who still wanted to get in shape somehow. And it works.

That's the theory presented by Dr. Suzanne Levine, a podiatric surgeon on the teaching staff of Mount Sinai Hospital in New York City, and an enthusiastic advocate of walking.

There are 60 million walkers in the United States (who walk for exercise, not just to get around), and 65 percent of them are women, according to Levine, an author, lecturer and consultant who has discussed walking and foot care on TV's "Oprah Winfrey Show" and "Hour Magazine."

"Walking has become popular because it's a sport nearly everybody can do," she said. "Unlike many other sports, it doesn't require great athletic ability or fancy equipment, and can be done almost anywhere and on your own time."

Athletes are born, not made, in Levine's

estimation: "You're predisposed to be a runner. And not everybody was meant to be a ballet dancer, or a hotshot at tennis. But that doesn't mean you can't improve your physical condition. So walking has gradually become a sport."

Besides, she said, "We're an aging population, and even those who have been running for years may eventually grow weary of it or injure themselves and not be able to do it anymore. Jogging is not a normal activity for most humans;

(See WALKING on Page 4E.)

Change begins at home

By Mike Wilson
KNIGHT NEWS SERVICE

Change is scary. As much as we'd like to change our lives or our personalities, most of us can't easily do so. When we do succeed, the cost in misery and tissues often is high.

Why is change so hard? Change is hard because we make it hard. As the old cigarette ad said, most of us would rather fight than switch. "People feel a certain sense of security even when things are miserable," Jerry Poliacoff, a psychologist in South Miami, Fla., said. And it makes sense: How many people do you know who say they want to change jobs or see the world — but never do it?

Some people resist change for subtler reasons. Some never take a chance. Some dodge their problems — like the troubled child who tries to get parents' attention by raising hell at school. Trouble is, misbehaving doesn't help the child to change; it doesn't address what's really bothering him. The parents, unable or unwilling to see their own role in the child's unhappiness, may focus on only the symptoms, not on the real problem.

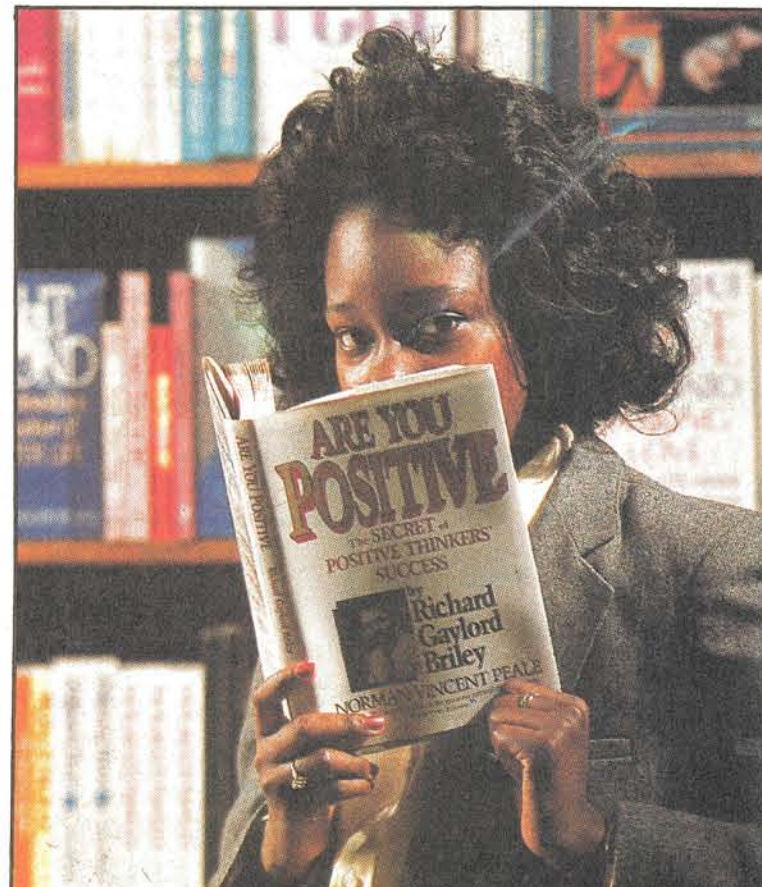
Those of us who do want to change are often unrealistic about it. We'd like to think that, just by willing it, we could be more patient with our spouses or be more accepting of our limitations or whatever. Failing that, we sign up for est or study exotic religions, all in the hope of quickly making ourselves over. We want change and we want it NOW.

Maybe that's why self-help books sell so well. Self-help books, at their best, make us think about ourselves and our options. Dr. Barry Crown, a South Miami psychologist, calls them "first aid." They may give us permission to change, he said, but they alone can't bring about change.

Most of the time, first aid is all we give ourselves. We read lots of how-to books, but we don't delve deeper into ourselves, don't seek the sources of our problems. Harry Stein wrote about the problem in his Ethics column in *Esquire* magazine in February 1981:

"There is, obviously, no task more difficult for any of us than to begin to close the gap between what we are and what we fervently wish to be, but there is also none more worth undertaking. Alas, there is no

(See CHANGE on Page 4E.)



— Staff Photo by Kelly Quinn