

HEALTH

Exercise suggested for shaping up

Special to Sentinel-Voice
Couch potatoes may trade the couch for "ouch" if they pursue an exercise program too aggressively.

"It's not too uncommon at this time of year for patients to complain of chest-wall pain near the rib cage," said Dr. Wayne J. Riley, a general internist and an assistant professor of medicine at Baylor College of Medicine in Houston.

"Often, they are sedentary people who have made a New Year's resolution to exercise. Instead of getting back into shape slowly, they try to achieve their athletic goals immediately by playing basketball for six hours or doing 50 stomach crunches on an abdominal-flexor machine," he said.

The chest-wall pain usually stems from a sprained muscle or an inflammation of the rib cartilage.

"If your left side hurts when you press on your ribs or take a deep breath or move your shoulder, that's a strong indication you have injured a chest muscle or rib cartilage," Riley said.

The injury can be treated with over-the-counter nonsteroidal drugs that decrease inflammation and pain. Riley also recommends applying an ice pack to the

chest during the first two days after the injury.

If the intensity of the pain does not decrease within 48 to 72 hours, see your physician. X-rays may be needed to determine whether you have broken a rib or dislocated a shoulder.

Rest at least a week before exercising again to allow time for the muscle to recover.

"When you resume exercising, start at a lower level of intensity and pace yourself to avoid re-injuring the muscle," Riley said. His recommendations:

- Instead of doing 50 abdominal crunches at the start, begin with 10 and increase the number by five each day until you reach your goal.

- Start weight-lifting routines with a moderate load and perform repetitions several times a week. Increase the volume by five to 10 percent as you become comfortable with the weight load.

- Limit tennis, basketball and other sports that require strenuous shoulder-arm movements to an hour of play the first few times, and build up to more strenuous workouts.

- "Those good intentions to improve your health by exercising can be salvaged if you expand your workout gradually and give your body time to adjust," Riley said.

Surgery procedure calms epileptic seizures

Special to Sentinel-Voice
Surgery to control epileptic seizures put Leslie Whatley in the driver's seat after more than 20 years of not driving.

"Since age 12, my life had been a roller coaster of medications to try to control my seizures," Whatley said. "I had no warning before my seizures, so I couldn't risk driving."

A brain surgery, called temporal lobectomy, has kept Whatley seizure-free since 1992.

"Many people are not aware that surgery may be an option when medication is not successful in controlling seizures," said Dr. Robert Grossman, chairman of neurosurgery at Baylor College of Medicine in Houston.

Epilepsy involves the uncontrolled and excessive discharge of nerve cells in the brain. The type of seizure varies depending on the part of the brain involved.

Temporal lobectomy offers relief for epilepsy patients whose seizures begin in the temporal lobe, an area located on both sides of the brain near the temples.

"Eighty percent of temporal

lobectomy patients will be seizure-free. Most can reduce their medication, and in some cases, stop their medication," Grossman said.

Patients with this type of epilepsy experience complex partial seizures, Grossman said. The seizures are complex because they involve systems having to do with memory and higher learning and partial because they do not involve the entire brain.

"These seizures are often characterized by an aura or feeling that a seizure is coming, unpleasant sensations in the chest or abdomen and a feeling of unreality or of familiarity with the scene," he said. "Patients then have a clouding or loss of consciousness and are unable to communicate."

Surgery candidates are examined to determine if their seizures originate in the temporal lobe. Brain imaging with MRI and SPECT scans, EEG recordings to measure electrical activity during seizures and memory test for words and visual patterns help to pinpoint whether the right or left temporal lobe is involved.

STRATEGIES

FOR SURVIVING THE '90s

Chocolate facts

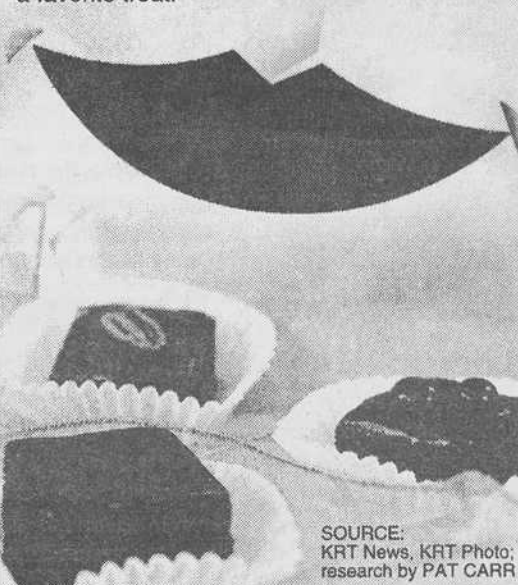
Some tasty pieces of information about a favorite treat.

■ **Store** fine chocolates in an airtight jar at temperatures between 50 and 60 degrees. Avoid refrigerating because condensation may form, changing the chocolate's appearance and taste.

■ **You** can eat chocolate that has melted, then hardened with a whitish cast, known as "bloom." This is caused by cocoa particles, sugar crystals and cocoa butter rising to the surface.

■ **Dark** chocolate contains chemical compounds similar to wine. Like wine, it improves with age. Aging helps acids and tannins soften into chocolate flavor.

■ **Fine** chocolates have a high cocoa butter content, which coats teeth with plaque-fighting agents; they do not promote tooth decay.



SOURCE: KRT News, KRT Photo; research by PAT CARR

■ **Avoid** feeding chocolate to dogs. One of the chemicals in chocolate, theobromine, can cause increased heart rate, heart failure and death.

■ **Use** caution in feeding chocolate to small children. While chocolate is not high in caffeine (the average bar has six milligrams per ounce, compared to 180 milligrams in a five ounce cup of coffee), it does have stimulating properties.

■ **Teenagers** rest easy. Chocolate does not cause acne.

New gene blamed for "reading" blindness

Special to Sentinel-Voice

A gene causing Stargardt disease, the most common hereditary cause of loss of central or reading vision, has been identified by researchers at Baylor College of Medicine in Houston in collaboration with three other research institutions. The findings appear in the March 3 issue of the journal Nature Genetics.

"This discovery gives us the first glimpse into how the disease attacks the eye," said Dr. Richard Lewis, professor of ophthalmology at Baylor and co-director of the Baylor research group. The project also included the University of Utah, the Howard Hughes Medical Institute at Johns Hopkins University, and the National Cancer Institute.

"This gene will provide better tools to assist early diagnosis and better understanding of the mechanisms and the cause of the disease," Lewis said.

Stargardt disease, which occurs in one in 15,000 people, is the most common form of inherited juvenile macular degeneration, a disorder characterized by a reduction of central vision, with peripheral vision usually remaining undamaged. The disease typically strikes between ages six and 15.

However, some people with Stargardt disease begin the slow loss of vision in their 20's and 30's. It is possible that the gene's effect may not be limited to juvenile-onset vision loss. Thus this discovery may aid the search for causes of age-related (adult-onset) macular degeneration, the leading cause of blindness in people over 65.

"The gene is the first to be

isolated for a common form of macular degeneration," said Lewis.

While the progression of Stargardt disease varies, legal blindness is often the end result. Glasses or contact lenses are unable to compensate for the

vision loss, due to degeneration of the central portion of the retina.

The disease often goes undiagnosed or misdiagnosed in the first few years of onset, due to minimal findings during eye examinations. The gene

may aid in a test for the direct diagnosis of the disease.

Currently, there is no effective treatment for Stargardt disease, but having the genetic "instruction manual" may assist in (See Stargardt, Page 12)

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Las Vegas' 2nd Annual BLACK HERITAGE WEEKEND FESTIVAL
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Noon to 9 p.m.

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MARCH 30
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