According to some studies, scoliosis affects up to 12 percent of the U.S. population, yet it does not receive the same media attention as other medical conditions that affect less than 4 percent (Autism, Alzheimer’s, and Multiple Sclerosis). Only 23 states require public school screening for scoliosis (Illinois is not one of them). Even those diagnosed or familiar with scoliosis may not be aware that most cases are preventable and correctable if discovered early enough — without braces or surgeries.

Scoliosis is a three-dimensional deformity where the spine curves sideways and rotates, developing into a C-shape or an S-shape. Many cases involve extreme rotation of the spinal segments correlating with the concavity of the curvature. Scoliosis is mostly an idiopathic condition — meaning we do not know what causes it. In its early stages, many symptoms are so subtle that they go unrecognized. These include decreased lung capacity, muscle imbalances, irregular periods, skin problems, and fatigue. Pain is not always the reason that those with scoliosis seek medical or chiropractic care. People often detect scoliosis when a child’s clothes begin to hang unevenly on the shoulders or during activities like swimming or gymnastics where a teen wears clothes that allow the shoulder blade, rib, and spinal deformities to show.

In Idiopathic scoliosis, curvature progression occurs during growth spurts after puberty. States requiring scoliosis screenings often screen girls in the 5th/6th grade and boys in the 7th/8th grade. However, recent studies contradict the belief that scoliosis curvatures do not progress after skeletal maturity. As such, college freshmen should be screened also.

Many adults come into my office with back pain only to learn they have scoliosis after I evaluate their x-rays. Most cases involve mild curvatures between 10 and 20 degrees, but people are still shocked and worried about needing to wear a brace or have surgery. These widely accepted treatments for scoliosis in adolescents are rarely pursued for adults with mild forms of scoliosis because it is mistakenly believed that their curvatures are stable and will not progress further. I advocate taking the least invasive approach first. With any surgical procedure involving implantation, hardware failure is always a risk. Recent studies have shown that "average loss of spinal correction post-surgery is 3.2 degrees in the first year and 6.5 after two years with continued loss of 1.0 degrees per year throughout life." This often results in multiple surgeries to maintain corrections.

Advances in chiropractic techniques over the last 25 years prove that bracing and surgery are not the only options. The Pettibon Institute, Chiropractic Biophysics (CBP), and the CLEAR Institute have all published numerous...
Applelicious Sandwiches

INGREDIENTS
- 1 (5-oz.) container blue cheese crumbs
- 1 (16-oz.) package thin bread slices
- 1 (8-oz.) package cream cheese, softened
- 2 Gala apples
- 1 cup chopped walnuts
- 2 tablespoons butter or oil
- 1 tablespoon honey
- Freshly ground pepper to taste
- 1 (16-oz.) package thin bread slices
- 1 (5-oz.) package arugula, thoroughly washed
- 2 tablespoons butter or oil

DIRECTIONS
Thinly slice apples. Heat chopped walnuts in a small nonstick skillet over medium heat, stirring often, 3 to 5 minutes or until toasted and fragrant. Combine cream cheese, blue cheese crumbs, honey, and toasted walnuts until blended. Add freshly ground pepper to taste. Spread 1 side of each of 28 thin bread slices with 1 Tbsp. cream cheese mixture. Divide 1/2 of the arugula among 14 bread slices. Top with apple slices and remaining 14 bread slices, cream cheese mixture sides down. Melt 1 Tbsp. butter on a griddle over medium heat. Cook 7 sandwiches 3 to 4 minutes on each side until golden and cheese is melted. Repeat procedure with 1 Tbsp. butter and remaining sandwiches.

Yield: Makes 14 appetizer sandwiches

Source: http://www.myrecipes.com/recipe/applelicious-sandwiches-10000001842428/print/

SCOLIOSIS IS A DIAGNOSIS, NOT A DEAD END — CONTINUED FROM PAGE 1

case studies of chiropractic care being a safe, successful, and cost-efficient means of non-surgical scoliosis correction. Treatment methods address the muscle imbalances and retrain the spine into its optimal position. Chiropractors who use these treatment methods provide hope to those suffering from scoliosis.

Many view scoliosis as just a physical deformity like crooked teeth or clubbed feet. In reality, as the curvatures progress, they directly influence organ systems. Curvatures alter lung function through rib cage deformities, direct spinal pressure on the lungs, and inhibited nerve conduction. Some studies concluded that scoliosis can decrease life expectancy by up to 14 years. Twenty-seven percent of scoliosis patients showed asymmetry issues in the brain stem. Emedicine describes scoliosis as “rather insidious [in its onset], its progression relentless, and its end results deadly.”

Traditional methods of screening for scoliosis include the Adam’s Test and viewing/palpating the spine. In the Adam’s Test, a child bends forward with the feet together and knees straight while dangling the arms. Any imbalances in the rib cage or other deformities along the back could be a sign of scoliosis. Unfortunately, this method cannot detect Lumbar scoliosis, and will rarely identify scoliosis curvatures less than 12 degrees. This is why the scoliometer is an encouraging new way to test for scoliosis.

Using the scoliometer properly can detect curvatures with relative accuracy compared to the Adam’s Test. While it is not effective at predicting the degree of curvature, a skilled doctor can use it to determine when radiographic examination is warranted well before such recommendations would be made using the Adam’s Test. Scoliometer readings of 7 degrees strongly indicate developing scoliosis with 86 percent specificity.

Scoliosis prevention is severely under-studied. During weeks three to seven in pregnancy, maternal nutrition is critical in the development of organ systems affected in scoliosis. Other studies correlate endocrine dysfunction and scoliosis. Another accepted theory is disruption of the vertebral body growth plates from compressive forces traditionally seen in gymnastics, dance, martial arts and cheerleading to name a few. Regular chiropractic exams for children engaged in these activities can provide early detection of biomechanical dysfunction that could lead to scoliosis if untreated.

Increasing scoliosis awareness is a passion of mine. No child should have to suffer when we can take measures to prevent, detect and correct scoliosis with the proper protocols. Join me on October 16 at IWU in the Davidson Room of the Memorial Center to learn more. (see page 4 for more information)
The Safer Path

Fight the Bite! Mosquitoes and West Nile Virus

By Laurine Brown, PhD

Mosquito Menace

“When you look at all the things that convey disease, the mosquitoes are at the top of the heap. They carry malaria, dengue fever, and yellow fever. They carry things from person to person because of their nasty habit of sucking up on person’s blood, then sucking another person’s blood,” explains Nils Daulaire of the Global Health Council. Along with being an itchy nuisance, worldwide, mosquito-borne diseases sicken more than 700 million people and kill over one million people annually. While traveling to infected areas can be risky for mobile Americans, fortunately, many serious mosquito-borne killers (especially malaria, dengue fever, yellow fever) have been successfully controlled in the U.S. over the past century. But a recent upsurge in serious cases of potentially deadly West Nile Virus (WNV) has heightened our fears again of being bitten by these needle-nosed pests, even at home.

What is West Nile Virus?

People catch the WNV from the bite of an infected mosquito. Mosquitoes become infected when they feed on infected birds. Since the first U.S. case was discovered in New York in 1999 over 30,000 Americans have reported getting sick from WNV. Unfortunately, this year so far (by end of Sept. 2012) the highest number of annual cases since 2003 has been reported to the Centers for Disease Control (CDC). While these numbers (in U.S. 3,545 cases and 147 deaths, and in Illinois 120 cases and 3 deaths) still pale in comparison to the global sickness toll from other diseases, WNV has heightened our fears again of being bitten by these needle-nosed pests, even at home.

Fortunately, severe reactions (encephalitis—inflammation of the brain) are extremely rare (less than 1% of cases). Most of us (~80%) will develop no symptoms, and up to 20% experience very mild symptoms: fever, headache, body aches and occasionally a skin rash on the trunk of the body or swollen lymph glands. Elderly (and likely the very young or sickly) are at greatest risk. The good news is that if you were infected (and never knew it) you’re probably immune from West Nile for life.

Fight the Bite! Your Habits and Backyard Control

How can you best protect yourself? Before simply reaching for bug sprays, know your opponent and your surroundings. Check CDC’s resources to see if you live in, or will be traveling to, high-risk areas; if so take extra precautions (for West Nile see http://www.cdc.gov/ncidod/dvbid/westnile/). Make yourself and your home or yard less hospitable to mosquitoes — they often like it dark, damp and still.

• Avoid going outside at DUSK and DAWN when mosquitoes tend to feed most (although some feed during the day also). If eating outside, blow away bugs with an outdoor fan. Keep house and porch screens in good repair.

• COVER UP bare skin with long sleeve shirts and pants. Bright, floral colors may attract the buggers, so stick with light, dull colors. Cover baby carriers with netting.

• DISCOURAGE mosquito breeding in your YARD. Eliminate standing water (empty wading pools, plant drip plates, buckets, clogged roof gutters, toys, garbage cans, etc.). Change pet water regularly and bird baths weekly. Plant scented geraniums, lemon thyme, marigold, tansy, citrosa plants, sweet basil and/or sassafras. Make your yard friendly to natural predators, like ladybugs, bats, dragonflies, preying mantis, spiders and birds.

Fight the Bite! Smart Use of Bug Repellants

When outside, the CDC recommends applying bug repellent to your skin or clothes that contains an “EPA-registered active ingredient”. This means it has been scientifically shown to be effective (and relatively safe) when used according to directions. Repellents don’t kill mosquitoes; they likely interfere with their ability to sense prey (you). For decades, DEET, a chemical pesticide developed by the U.S. Army for jungle warfare, was the only insect repellent endorsed by CDC. While it does offer long-lasting protection, safety concerns have arisen, especially for children where it has been linked to neurological problems.

Fortunately, in 2008, the CDC also gave a nod to picaridin, (like DEET, a conventional “pesticide” repellent), oil of lemon eucalyptus and IR3535 (both natural/bio-pesticide repellants); see CDC — http://www.cdc.gov/ncidod/dvbid/westnile/repellentupdates.htm. Research is ongoing, and other natural products (like plant essential oils) may offer promise (though they may need more frequent application for better effectiveness), including neem or geranium oil, catnip, a soy-based product called Bite Blocker, Buzz Away which contains citronella, eucalyptus, lemongrass. Below are examples of products with the four “EPA-approved” ingredients. Also check out EPA’s handy tool help find the best repellent: http://cfpub.epa.gov/opprepellent/:

• DEET — DEET-containing products from OFF!, Cutter, REPEL, Sawyer, etc. are familiar to many of us. Caution: For children, the American Academy of Pediatrics says most cases of toxicity involved overdose and misuse of DEET formulated at 10% to 50% concentrations (some 100% formulations are even sold). Pediatrician Phil Landrigan of Mt Sinai School of Medicine advises parents that DEET concentrations of 10% or less (like OFF! Skintastic for Kids) are likely safe for children over 2 months if applied with caution. Avoid sunscreens with repellants. Adults should avoid products over 30% DEET. For other important cautions see: http://www.cdc.gov/ncidod/dvbid/westnile/qa/insect_repellent.htm

• Picaridin — Cutter Advanced™ Insect Repellent (7%), Cutter Advanced Sport™ (15%), Avon Skin-So-Soft™ Bug Guard Plus Picaridin (10%), Goready Insect Repellent™ (20%), Off Family Care Insect Repellent™ (10%) and Walgreens Light and Clean Insect Repellent™ (7%).

• Oil of Lemon Eucalyptus — Repel Lemon Eucalyptus Insect Repellent Lotion™ (30%), Repel Plant Based Lemon Eucalyptus Insect Repellent™ (40%) and Cutter Lemon Eucalyptus Insect Repellent (30%) and Off Botanicals Insect Repellent™ (10%).

• IR3535 — available exclusively through Avon Corporation as Skin-So-Soft™ Bug Guard Plus IR3535 Active Insect Repellent (7.5%) or Skin-So-Soft™ Bug Guard Plus IR3535 Expedition Insect Repellent (15-20%).

While some mosquito bites are inevitable, you can Fight the Bite and lower your risks of illnesses like West Nile Virus by making yourself and your surroundings less hospitable to mosquitoes, including smart use of bug repellants.

References available at www.iwu.edu/wellness
HEALTH STUFF AND MORE

Losing Weight after Menopause
For many women, gaining weight after menopause seems inevitable, and losing it nearly impossible. However, a new study from the University of Pittsburgh suggests that a few simple changes can make a big difference. Researchers followed 465 overweight and obese postmenopausal women for four years to evaluate weight-loss strategies that worked best. The women were divided into two groups. Those in one group underwent intensive nutrition and exercise counseling, while those in the other group received a more general weight loss program. All of the women kept a daily record of what they ate, and where they ate, for the duration of the study. When the investigators reviewed all the factors that made the difference for the women who successfully lost weight, they found that the winning strategy was replacing meats and cheeses in the diet with fruits and vegetables. Eating fewer desserts and drinking fewer sugar-sweetened beverages also proved important. The effect of substituting fruit and vegetables wasn't noticeable at the study's six-month mark but had the greatest impact on sustained weight loss and prevention of weight gain over the long-term, the researchers reported. The study was published in the September 2012 issue of the Journal of the Academy of Nutrition and Dietetics.


Are you getting enough Niacin?
Vitamin B3, also known as niacin, plays many vital metabolic roles:
• It lowers harmful cholesterol while raising good cholesterol, reducing the risk of heart disease.
• It may reduce the incidence of asthma-induced wheezing.
• It may be helpful in treating or preventing atherosclerosis, second heart attacks, Alzheimer’s disease and osteoarthritis.
Breads and cereals (fortified), chicken breast, tuna and veal are good dietary sources of niacin. It is recommended to take 50 mg of B3 as niacinamide as part of a B-complex that contains a full spectrum of B vitamins, including thiamine, B12 and riboflavin.


WELLNESS WORKSHOPS & EVENTS

Fifth Annual Wellness Chili Cook-Off and Pumpkin Carving Contest!
Thursday, October 25
Hansen Student Center Court, Noon-1:00 p.m.
“Wish I had time for just one more bowl of chili.”
Alleged dying words of Kit Carson (1809-1868), Frontiers Man and Mountain Man
That’s right, this year not only will you have an opportunity to flex your chili makin’ muscles but also to demonstrate your pumpkin-carving prowess! You can enter one, or the other, or both. Carve your pumpkin at home and bring it with you. Chili creations can range from traditional to off-the-wall.
This will be a friendly competition to see who can create the finest chili and carve the craziest pumpkin at IWU. This year’s winners will receive some great prizes! Bring out your best chili in a crockpot to keep it warm, and your pre-carved jack-o-lantern if so inclined.
TASTERS NEEDED!
Register to participate by Friday, October 19!
Email wellness@iwu.edu or call 3334.

Understanding Scoliosis: Prevention, Diagnosis, and Natural Intervention with Joe Ramirez, DC
Tuesday, October 16, Noon-1:00 p.m.
Davidson Room, Memorial Center
Dr. Ramirez will explain the current research-based understanding of the causes of Scoliosis. He will explore the severely overlooked topic of prevention and discuss the best detection methods. He will challenge the current medical model of “watch and wait,” bracing, and surgery, and provide a non-surgical solution for those seeking correction of this debilitating and progressive condition. Scoliosis impacts people of all ages. While this session will provide information for concerned parents, it will also provide information for adults living with Scoliosis.
Please feel free to bring a lunch and bring a friend.
To register for the session, contact Wellness at x3334 or wellness@iwu.edu