

THURSDAY SEPTEMBER 28 2006 ☆☆☆ SECTION E www.theoaklandpress.com

# GOODHEALT



### **INSIDE**

Couple who embrace diversity sickened by racist family member

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## Program to tout benefits of alternative therapies

By ELIZABETH H. VOSS

from pre-menstrual syndrome and the unpleasant side effects of pregnancy, menopause, stress and more using complementary therapies, according to health care providers from Henry Ford's Center for Integrative Medicine in Northville.

"There are many wonderful benefits people experience aside from the one symptom that brought them into the office," says Beth Kohn, an acupuncturist and one of three of the Northville alternative speakers slated to appear Oct. 4 at a program called, "From PMS to Menopause: Alternative Therapies to Help

at All Stages of Life." Oakland Press

Nohn, who specializes in traditional Chinese medicine, will speak about using acupuncture and Chinese herbal

therapy to alleviate symptoms of premenstrual syndrome and menopause and for fertility support. When fertility problems are related to stress, traditional Chinese treatments can help, she says. Herbs and nutritional sup-

plements can be used to alleviate mood symptoms, hot flashes, osteoporosis and vaginal dryness, according to Dr. Michael Seidman, co-director medicine center.

Because he was unhappy



Photo by Elizabeth H. Voss

Acupuncture can be used to alleviate discomforts women face from menopause, pre-PLEASE SEE **RELIEF**/E-2 **ganancy**, **stress and more**.



Andrew Nelson, 9, smiles — as does his mother, Diana — after hearing good news from Barbara Moore (right), director of the Enuresis Treatment Center in Farmington Hills.

# RESTORING SELF-ESTEEM

## Enuresis Treatment Center believes wetting the bed is not an accident

By CATHY NELSON

ven though it was more than 30 years ago, time has not dimmed Barbara Moore's memories. has not dimmed Barbara Moore's memories.

There were the invasive procedures, the painful surgery that didn't work, followed by psychological therapy and a prescription for an anti-depressant. Moore vividly recalls it all — even though she wasn't the patient.

Instead, it was her then 6-year-old daughter, Gaile Nixon. Nixon was suffering from enuresis, or bed-wetting, and Moore believed her daughter's condition didn't warrant the extreme treatments.

Unlike primary enuresis — where someone has always wet the bed and is often blamed on an immature or small bladder — Nixon had secondary enuresis, meaning she had not always wet at night. The condition is often attributed to stress.

When physical procedures failed, doctors blamed it on Nixon's reaction to her brother, who was born with multiple birth defects. "It was very frustrating," said Moore, 64, who has three children and two stepchildren. "The doctors told me, 'Don't worry, she'll outgrow it.' She wasn't outgrowing it."

That's when Moore, a single mother at the time, took matters into her own hands. She

PLEASE SEE **BED-WETTING**/E-2

### **Basics of bed-wetting**

WHAT IT IS: There are two types of bed-wetting. Primary enuresis, where a person has always wet the bed at night, and secondary enuresis, where a child who has been dry at night starts bedwetting. Bed-wetting often runs in families and is more common among boys. Experts estimate only 1 percent of cases are related to physical causes such as bladder infections or diabetes.

WHEN IS IT A PROBLEM: According to Dr. Lisa Pavone of Beaumont Medical Center, Lake Orion, nighttime bladder control usually doesn't happen until a child is between the ages of 5-7, and is not something to worry about until it interferes with socialization.

WHAT NEXT: Many families begin with a trip to the pediatrician, who may refer them to a pediatric urologist. After ruling out physical causes, physicians commonly use motivational and behavioral therapy, bladder exercises and some-

The Enuresis Treatment Center, Inc. in Farmington Hills adheres to the theory that bed-wetters have an inherited deep sleep disorder and treat the patient through changing sleep patterns and bladder exercises. Drugs are never used.

**MORE INFO:** For the Enuresis Treatment Center, 31500 W. 13 Mile Road, call (800) 379-2331, email help@nobedwetting.com or visit www.nobedwetting.com.

For more information on bed-wetting, visit the American Academy of Pediatrics Web site at www.aap.org and click on Health Topics, or visit Beaumont's Web site at www.beaumonthospitals. com and type bed-wetting in the search box.

### MEDICAL NEWS



**LEE BOWMAN** 

## Poor circulation in legs not necessarily inevitable

ears ago, older people com-plained of poor circulation in their legs and feet, and they and their doctors pretty much wrote off the problem as an inevitable sign of aging.

Today, doctors know that poor circulation is usually not caused by a general decline in efficiency of the arteries, but rather by the same sort of clogging and narrowing of the blood supply lines that cause heart attacks and strokes.

Hardening of the arteries in the lower

extremities is called peripheral artery disease, and it is estimated that 10 million Americans have it.

"We call it arterial disease below the belt," said Dr. Alan Hirsch, a specialist in tracking vascular disease, of the University of Minnesota and Abbott Northwestern's Vascular Center.

Two out of three people with impaired circulation in the lower body don't have any noticeable symptoms at first, but the disease progresses to cause pain in the area near a blockage.

"It's as if someone had your leg in a vice," Diane Treat-Jacobson, an assistant professor of nursing at the University of Minnesota, quotes a patient as saying. I could no more walk a mile than fly," another patient told

Peripheral artery disease (P.A.D.) can become severe enough that circulation is lost entirely. This can mean emergency surgery to replace or bypass the blocked artery or even amputation of a toe, foot or leg.

Additionally, having blocked arteries in the lower body dramatically boosts the odds of developing similar blockages inside the heart, brain or abdomen.

The National Heart, Lung and Blood and other organizations, launched a campaign this week to encourage everyone over age 50 to talk to a doctor about the risks for peripheral artery disease and to be alert for symptoms.

But most people with peripheral artery disease don't notice anything wrong. That's why you should ask about a test — called the ankle brachial index test. It is basically a bloodpressure test done with the cuff around an ankle rather than the upper arm. If the blood pressure is much lower or substantially higher in the ankle than in the arm, it's a warning sign of circulation trouble in the legs.

The good news is that most people can see improvement through lifestyle changes, exercise therapy and taking the same sort of drugs that heart-disease patients use to reduce narrowing of arteries.

If the blockage is more than drugs can handle, there are surgical interventions available, including balloon and stent-insertion procedures, grafts and bypasses.

"Early diagnosis and proper treatment can improve quality of life and reduce cardiovascular events for people" with the disease, Hirsch said. But he noted that recent studies show such patients are less likely to receive lifesaving treatments than those with better-known forms of vascular disease. "There are still a lot of physicians who don't take this seriously enough, and one of our goals is to change that, too."

Diabetes is the biggest single risk factor linked to peripheral artery disease: diabetics are four times more likely to have circulatory problems than non-diabetics. And blacks, who have higher rates of diabetes and high blood pressure than the rest of the population, also face increased risk.

Age also plays a role. By age 70, one in five people has peripheral artery disease. Smoking, abnormal cholesterol levels, high blood pressure and a family history of heart attack, stroke or other vascular disease also contribute to the risk.

Here are common warning signs: ■ Fatigue or pain in legs, thighs or buttocks that always happens when you walk, but goes away upon resting ■ Foot or toe pain that often dis-

turbs your sleep
■ Skin wounds or ulcers on the feet or toes that are slow to heal, or don't heal, even after eight to 12 weeks.

Lee Bowman, health and science reporter for Scripps Howard News Service, writes a weekly column on new medical developments. Contact him at Bowman@SHNS.com



## **COMING FRIDAY:** material from its

The Who is coming to The Palace, with first new studio album since 1982. Gary Graff gets the story from Roger Daltrey and Pete Townshend.



### FROM PAGE ONE

## If you go ■ What: "From PMS to

Menopause: Alternative Therapies to Help You at All Stages of Life," a Hot Topics in Women's Health program of Henry Ford Health System. Light refreshments to be served

■ Where: Shenandoah Country Club, 5600 Walnut Lake Road, West Bloomfield, MI 48323

**■ When:** 5:30-6 p.m. registration; 6-7:30 p.m. presentation, Wednesday ■ Cost: Free

**RELIEF** FROM PAGE E-1

with the quality of many available supplements, Seidman started his own company, Body Language Vitamin Company (www.bodylangvitamin.com), nine years ago.

"I'm a strong believer in FDA-inspected labs," says Seidman, who will also speak during the Oct. 4 program. In addition to being a nutritionist, Seidman is an ear, nose and throat surgeon, and director of Henry Ford's depart-



ment of otologic and neurotologic skull base surgeons.

The power of the mind can be harnessed to alleviate discomforts women face, according to Robert Levine, codirector and head of research at the Northville center. Levine, a mind-body therapist and Ph.D. scientist in pharmacology, will speak about hypnosis and mindTherapies to Help at All Stages of

PMS to

Beth Kohn,

an acupunc-

turist, is one

of three

speakers

slated to

Wednesday

at a program

called "From

Menopause:

**Alternative** 

appear

Photo by Elizabeth

Life."

body strategies. Health care providers at the Northville center work with patients' regular doctors, says Kohn.

Even though health insurance plans still often don't cover alternative therapies, they are growing in popularity because they work, says Kohn. Northville's center is four years

### **ADVICE**

## Couple who embrace diversity are sickened by family racist

that his purpose in life is

Dear Abby My husband and I find ourselves in a situation that, in our wildest dreams, we wouldn't have believed could happen. We have four married, happy and successful

children. One son-in-law, "Guy," chooses to work "under the table" jobs and has never had a steady income. Although they have a son, Guy chooses not to provide care for the boy when he's not working. In

his words, "taking care of kids is not my thing." For reasons we don't understand and no longer question, our daughter dotes on the man and apparently has no qualms about supporting him. All this time, we have gritted our teeth and let them make their own decisions, believing this is their choice and none of our business. Guy has now decided

**DEAR ABBY** 

to be a "skinhead." He has plastered his vehicle with racist slogans. My husband and I are sickened by his actions and have told our daughter we will not allow her husband to display his beliefs on our

property. She knows we believe that racism is an abomination, yet she stands by him because she loves him.

We, of course, fear that our grandson will be indoctrinated

into his father's beliefs. Also, our extended family embraces various ethnic backgrounds and religious beliefs that we now know our son-in-law hates. How should this situation be handled?

— Baffled and Disgusted Dear Baffled and Disgusted,

Cross your fingers and count your blessings. Because your son-in-law feels that taking care of kids is "not his thing,"

his influence on your grandson may be less than you fear. While a child might mimic the behavior of a parent who spends time with him, I'm not sure the same is true of a child whose parent ignores

It is clear from your letter that you are very uncomfortable around your son-in-law. The reverse might also be true. Your beliefs are so different from his that he, too, might like to keep contact at a minimum. If that's the case, you're home free. But continue to welcome your daughter and grandson.

If the boy starts spouting any of his father's racist dogma, personalize it for him. Example: "We don't feel like that in this house. Surely you don't feel that way about Uncle John or Aunt Sally or your cousins. They love you, and you know better than that!" It might start your grandson thinking independently or even make him ashamed. And that's the goal.

Write to Abby, P.O. Box 69440, Los Angeles, CA 90069.

### **BED-WETTING**

FROM PAGE E-1

became a one-woman research department, digging through medical texts at the library, desperate to help her daughter.

She came upon a 60-yearold study from Montreal's McGill University that literally changed her life. It focused not on bladder size or maturity, but sleep patterns. The study found that all bed-wetters share a common deep sleep pattern, leaving the brain unable to act on messages it receives from the bladder to empty or lock down, and concluded the only effective treatment is changing sleep patterns.

So Moore, through "trial and error," began monitoring and changing her daughter's sleep patterns. Eight months later, she was no longer wetting the bed.

"I was free to do as I pleased and enjoy social activities," recalled Nixon, 38, now dren. "I felt unencumbered for the first time.'

Eager to help others with her new-found knowledge, Moore began working out of her home, observing sleep patterns and gathering data on friends' children who were bed-wetters.

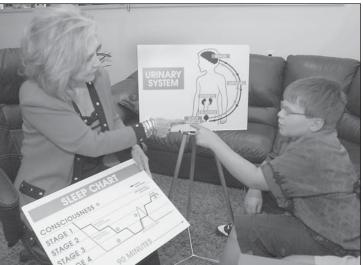
Her successes led to expansion and, today, mother and daughter head up the Enuresis Treatment Center Inc., 31500 W. 13 Mile Road in Farmington Hills. Moore said her clinic has helped thousands and boasts a 97 percent success rate after six months of treatment, much of it with patients who have unsuccessfully tried traditional medical

The reason these avenues don't work is that "everyone is treating the symptoms, but no one is treating the cause," Moore said, adding deep sleepers are often misdiagnosed with attention deficit disorder because they awake tired and sluggish. "We explain there are no shots, no pills and no overnight visits. Most of these children have been through quite a bit

before coming here. Patients begin with an initial consultation where a history is taken. The consultation is \$75, the fee for the rest of the program varies. If a patient decides to continue, an individual program is developed in conjunction with psychologists, nurses and other medical professionals on the clinic's staff. It includes teaching parents how to intervene and disrupt deep sleep, along with bladder exercises. Patients then check in either

20 people with sleep disturbance, i.e. snoring, apnea, high blood pressure, chronic fatigue and so forth. One month trial in your home. No drugs or pills involved, but a simple cheap cure.

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The Oakland Press/CHARLIF CORTEZ

Barbara Moore, director of the Enuresis Treatment Center in Farmington Hills, explains the urinary system to Andrew Nelson, 9, during a patient assessment.

in person or via phone, fax or e-mail every two weeks, allowing people from around the world to be treated.

"The patient begins to respond and the amount of urine decreases," Moore said. "They begin to wake up on their own. The brain and bladder begin to make that connection.

Moore eschews standard medical treatments such as alarms, drugs and motivational therapy.

"Alarms don't work, because the child doesn't hear it," she said. "Or parents are advised to have a child help them wash sheets, but for an 8year-old, it's a punishment. To reward or scold them for something out of their control is not fair.'

Dr. Lisa Pavone, a family physician with Beaumont Medical Center, Lake Orion, said there is a lack of information on the causes of bedwetting, but physical reasons should always be eliminated

"The deep sleep theory is definitely out there, but it is controversial," Pavone said.

Ironically, Moore said physicians have brought patients to her. "Doctors bring their own children here," she said. "It is not a medical problem that is causing it, so of course pediatricians don't understand it."

One thing Moore and the medical community agree on is that bed-wetting is often

"If parents had a problem with nighttime bed-wetting, you are more likely to have a child with a problem," Pavone

Moore said that's because the deep sleep disorder that causes bed-wetting is inherit-

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ed — she had an uncle who was a bed-wetter into adulthood and often treats teens

Joan, a Royal Oak mother of three who asked that her last name not be used, learned about the genetic aspect firsthand. Her oldest son, Joe, now 14, was still wetting the bed at age 6. After going to pediatricians and trying medications, Joan turned

to Moore's clinic. "We didn't know it was a sleep problem, but things started to click," said Joan, adding she thought it was great she could vacuum without waking up her son. "That was a big enlightenment, to realize it wasn't severe and that it could be fixed.'

She started noticing results in Joe after two weeks; within eight months he was cured. So, when her younger son David, 7, was still wetting the bed at age 6, Joan didn't hesitate to return to the clinic.

"It was easier the second time around. We knew what we had to do with David," Joan said. "We already knew he was a deep sleeper, so we took him straight there."

David was cured in six months.

"It was such a relief to us," Joan said, adding her sons could finally enjoy sleepovers and summer camp.

Nixon, who struggled with her own childhood self-esteem issues, understands the social aspect, which is why she is so glad the clinic can help others.

"Every time I have an opportunity to help someone, it is an honor," Nixon said. "We've helped people in South Africa, Jamaica, Israel. That's the kind of difference we can make.'

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Breast Cancer Awareness

### **Growing Connections Conference & Organic Festival is Sept. 30**

The 6th annual Growing Connections Conference & Organic Festival will focus on getting healthy from the inside out and the

benefits of eating nutritionally dense foods.

The event, presented by Healthy Traditions Network, the metro Detroit chapter of the Weston A. Price Foundation, runs from 8:30 a.m.-6 p.m., Sept. 30 at Springfield Oaks Park in Davisburg.

This year's conference, "Extreme Makeover: The Health Edition," will feature a line-up of authors and experts who will speak on a vari-

ety of healthy living topics.

Among them will be Richard Morris, author of An Unburdened Life, who will present the keynote address free to all attendees. He will share his story of how following a nutrient-dense diet made up of real foods allowed him to lose 160 pounds and changed his family's life forever. Morris will also share his secrets of being a suburban gardener and 10 Steps to

Success with a Real Foods Lifestyle. There will also be a series of classes on Dr.

Weston A. Price's theory of nutrient-dense foods and traditional diets.

These classes are designed for the person who is just starting to understand the connection between the food they eat and their

Attendees can shop at the farmers' market, meet men and women who grow crops and raise livestock, and learn how to get fresh, nutritionally dense food all year long. There will also be other vendors offering health-conscious products.

Children's programs and activities tents will be open throughout the day, including a petting farm. Participants can enjoy music and purchase a healthy lunch as well.

Festival admission is \$10 per adult; children 5-12, \$5 and under 5 are free. Additional conference admission allows attendees to listen to as many of the lectures as they like for \$30 the day of the event.

Visit www.htnetwork.org or call (248) 828-8494 for more information.

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