

Shingles.

Shingles (herpes zoster) is an extremely painful viral condition that affects the nerves in the skin. It can affect people of any age, however is most common in those over 50 – and it is on the march in Australia. Its incidence has doubled in the past decade with Hospital emergency departments report a 2-6 per cent increase in cases each year. Experts advise it is best to get out of its way, particularly if you are healthy and over 50.



The initial symptom of shingles is often burning or tingling pain, numbness or itch in one particular location on only one side of the body, usually around the abdomen, the neck or the face. It may be accompanied by 3-4 days of slight fever, fatigue and anxiety. This is followed by an inflamed painful rash with reddened skin and fluid-filled blisters (resembling those of chicken pox) in the same place, sometimes in a band or line called a dermatome. (The rash follows the path of the nerve in which the virus is present, and this determines the location of the symptoms on the skin.)

Pain can range from mild to severe.

The same virus that causes chicken pox (the varicella-zoster virus, a member of the Herpes family of viruses) also causes shingles. People who have had chicken pox are usually immune from getting it again. However, the virus lies dormant in the spinal cord and nerve tissue, and may be re-activated years later, causing shingles. Shingles occurs in approximately 10-20% of people who have had chicken pox, and the risk increases with age.

The reasons for shingles occurring are not yet fully understood, however it appears that situations that affect the immune system, such as illness, stress or trauma, can cause the virus to be re-activated. The condition is more common in people with weakened immune systems (e.g. due to HIV/AIDS, cancer, chemotherapy, or high/long-term stress).

Some people continue to experience pain for a long time after the shingles rash resolves. This is referred to as post-herpetic neuralgia, and becomes more common with age. The pain can be severe and debilitating and may be aggravated by stress. It may be intermittent or continuous over a long period, but generally lessens over time. The pain of post-herpetic neuralgia may be described as burning, aching, piercing, or like an electric shock.

The best way to avoid this painful condition is with a vaccine that will cost you \$220 however, few people know of this because the vaccine is in short supply and is not being promoted.

In 2008, the Pharmaceutical Benefits Advisory Committee recommended listing the vaccine on the National Immunisation Program for people aged 60 and a catch-up for people 61-79. Had

this listing gone ahead, more than 3.5 million Australians would have been eligible over the catch-up period, but attempts at listing were stalled because, since then, there has been almost no vaccine in the country.

Now there are 5,000 doses, says Sharon McHale (right), senior director of public affairs for CSL, which holds the licence to distribute it. The vaccine, Zostavax, is manufactured by American company Merck & Co, which expects to meet Australia's needs by the end of 2013. McHale says CSL is now working with the government in the hope of implementing the recommendation by the start of 2014. This requires several steps, including funding approval from the government. In the meantime, anyone wishing to have it needs a private script and a family doctor to administer it. Although it doesn't guarantee preventing shingles, it reduces the burden of disease in more than 60 per cent of cases. It also reduces pain and complications in those who still develop shingles.



Although shingles is less contagious than chickenpox, recent research has found the shingles virus in human saliva, meaning it could be more contagious than previously thought. People with shingles are advised to avoid contact with others who may be susceptible, especially pregnant women and people with low immunity. When all lesions have crusted, the rash is considered non-infectious.

Some people think shingles is an adult form of chicken pox. This is not so! Chicken pox in adults can be extremely serious, as the pox can occur in the lungs and the brain and in rare cases, be fatal.

Who says cigarettes kill??



I'm 48 and still feeling great!!

Joggers!! I don't trust joggers, they are always the ones who find all those dead bodies.

Snoring.

Mayo Clinic

Snoring is the hoarse or harsh sound that occurs when your breathing is partially obstructed in some way while you're sleeping and is often a nuisance to your partner. Sometimes snoring may indicate a serious health condition. As many as half of all adults snore sometimes. Snoring occurs when air flows past relaxed tissues in your throat, causing the tissues to vibrate as you breathe and creates those irritating sounds.



Lifestyle changes, such as losing weight, avoiding alcohol close to bedtime or sleeping on your side, can help stop snoring. In addition, medical devices and surgery are available that may reduce disruptive snoring. However, these aren't suitable or necessary for everyone who snores.

Depending on the cause of your snoring, your symptoms may include:

- Noise during sleep
- Excessive daytime sleepiness
- Difficulty concentrating
- Sore throat
- Restless sleep
- Gasping or choking at night
- High blood pressure
- Chest pain at night
-

You should see your doctor if:

- Your snoring is so loud it's disrupting your partner's sleep
- You wake up choking or gasping

These may indicate your snoring is caused by a more serious condition, such as obstructive sleep apnoea.

If your child snores, ask your pediatrician about it. Children can have obstructive sleep apnoea too. Nose and throat problems, such as enlarged tonsils, and obesity often can narrow a child's airway, which can lead to your child developing sleep apnoea. Treating these conditions may help your child in many ways.

The Risk factors that may contribute to snoring include:

- **Being a man.** Men are more likely to snore or have sleep apnoea than are women.

- **Being overweight.** People who are overweight or obese are more likely to snore or have obstructive sleep apnoea.
- **Having a narrow airway.** Some people may have a long soft palate, or large tonsils or adenoids, which can narrow the airway and cause snoring.
- **Drinking alcohol.** Alcohol relaxes your throat muscles, increasing the risk of snoring.
- **Having nasal problems.** If you have a structural defect in your airway, such as a deviated septum, or your nose is chronically congested, your risk of snoring is greater.
- **Having a family history of snoring or obstructive sleep apnoea.**

Habitual snoring may be more than just a nuisance. Depending on the cause of your snoring, it may result in:

- Daytime sleepiness.
- Frequent frustration or anger.
- Difficulty concentrating.
- A greater risk of high blood pressure, heart conditions and stroke.
- An increased risk of behaviour problems, such as aggression or learning problems, in children with obstructive sleep apnoea.
- An increased risk of motor vehicle accidents due to lack of sleep.
- Disruption of bed partner's sleep.

If you're having snoring problems you should see your family doctor or a general practitioner first. They could refer you to a doctor who specializes in treating sleep disorders who could order a sleep test for you or you could be referred to a doctor who specialises in ear, nose and throat problems.

Because appointments can be brief, and because there's often a lot to talk about, it's a good idea to arrive well prepared. Here's some information to help you get ready for your appointment, and what to expect from your doctor.

- Write down any symptoms you're experiencing, including any that may seem unrelated to the reason for which you scheduled the appointment. Ask your partner to describe what he or she hears or notices at night while you're sleeping. Or, better yet, ask your sleep partner to go with you to your appointment so that he or she can talk with your doctor about your symptoms.
- Make a list of all medications, as well as any vitamins or supplements that you're taking.
- Write down questions to ask your doctor.



Your time with your doctor may be limited, so preparing a list of questions can help you make the most of your time together. For snoring, some basic questions to ask your doctor include:

- What makes me snore when I sleep?
- Is my snoring a sign of something more serious, such as sleep apnoea?
- What kinds of tests do I need?
- What happens during a sleep test?
- What treatments are available for snoring, and which do you recommend?
- What types of side effects can I expect from treatment?
- Are there any alternatives to the primary approach that you're suggesting?
- Are there any steps I can take on my own that will help my snoring?
- I have other health conditions. How can I best manage these conditions together?
- Are there any brochures or other printed material that I can take home with me? What websites do you recommend visiting?

Your doctor is likely to ask you a number of questions. Being ready to answer them may reserve time to go over any points you want to spend more time on. Your doctor may ask:

- When did you first begin snoring?
- Do you snore every night or only once in a while?
- Do you often wake up during the night?
- Does anything you do seem to improve your symptoms?
- What, if anything, appears to worsen your symptoms?
- Does your bed partner ever tell you that you have pauses or irregularities in your breathing during sleep?

While you're waiting to see your doctor, here are some tips you can try:

- Don't drink alcohol or take sedatives before bed.
- Try over-the-counter nasal strips.
- Sleep on your side, instead of your back.
- If nasal congestion is an issue, try an over-the-counter decongestant for a day or two.

Depending on the severity of your snoring and other symptoms, your doctor may want to conduct a sleep study. This will normally need you to stay overnight at a sleep centre to undergo an in-depth analysis of your sleep habits – this is called polysomnography. In polysomnography you're connected to many devices and observed overnight. During the sleep study, your brain waves, blood oxygen level, heart rate and breathing rate, sleep stages, and eye and leg movements will be recorded.



Depending on your severity, your doctor could prescribe a CPAP (Continuous positive airway pressure) machine. This approach involves wearing a pressurized mask over your nose while you sleep. The mask is attached to a small pump that forces air through your airway, which keeps it open.

Although CPAP is the most reliable method of treating obstructive sleep apnoea and it's effective, some people find it uncomfortable or have trouble adjusting to the noise or feel of the machine. Your doctor may be able to make adjustments to the device if you're having trouble adjusting to the machine, such as adding a heated humidifier or nasal pillows, that might help make you more comfortable.

I've had for a few years and swear by it, if you are a serious snorer, consider one, they are marvelous.

"If you fall, I'll be there!"

Floor.

Menopause weight gain: Stop the middle age spread

Most women gain weight as they age, but excess kilos aren't inevitable. To minimize menopause weight gain, step up your activity level and enjoy a healthy diet.

As you get older, you might notice that maintaining your usual weight becomes more difficult. In fact, many women gain weight around the menopause transition. Menopause weight gain isn't inevitable, however. You can reverse course by paying attention to healthy-eating habits and leading an active lifestyle.

What causes menopause weight gain?

The hormonal changes of menopause might make you more likely to gain weight around your abdomen than around your hips and thighs. Hormonal changes alone don't necessarily trigger menopause weight gain, however. Instead, the weight gain is usually related to aging, as well as lifestyle and genetic factors.

For example, muscle mass typically diminishes with age, while fat increases. Loss of muscle mass decreases the rate at which your body uses calories, which can make it more challenging to maintain a healthy weight. If you continue to eat as you always have and don't increase your physical activity, you're likely to gain weight.

Genetic factors also might play a role in menopause weight gain. If your parents or other close relatives carry extra weight around the abdomen, you're likely to do the same.

Sometimes factors such as the stress of children leaving (or returning) home, divorce, the death of a spouse, or other life changes might change your diet or exercise habits and contribute to menopause weight gain.



Menopause weight gain can have serious implications for your health. Excess weight increases the risk of heart disease, type 2 diabetes and various types of cancer, including colorectal cancer and breast cancer. Unfortunately, there's no magic formula for preventing, or reversing, menopause weight gain. Simply stick to weight-control basics:

- **Move more.**

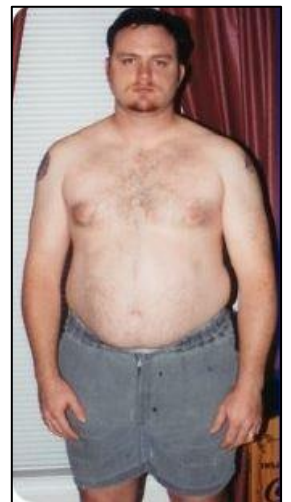
Aerobic activity can help you shed excess pounds and maintain a healthy weight. Strength training counts, too. As you gain muscle, your body burns calories more efficiently which makes it easier to control your weight. For most healthy adults you should partake in moderate aerobic activity, such as brisk walking, for at least 150 minutes a week or vigorous aerobic activity, such as jogging, for at least 75 minutes a week. In addition, strength training exercises are recommended at least twice a week. If you want to lose weight or meet specific fitness goals, you might need to exercise more.

- **Eat less.**

To maintain your current weight, let alone lose excess pounds, you might need about 200 fewer calories a day during your 50s than you did during your 30s and 40s. To reduce calories without skimping on nutrition, pay attention to what you're eating and drinking. Choose more fruits, vegetables and whole grains. Opt for lean sources of protein.

- **Seek support.**

Surround yourself with friends and loved ones who'll support your efforts to eat a healthy diet and increase your physical activity. Better yet, team up and make the lifestyle changes together.



Remember, successful weight loss at any stage of life requires permanent changes in diet and exercise habits. Take a brisk walk every day. Try a yoga class. Swap cakes and biscuits for fresh fruit. Commit to the changes and enjoy a healthier you!

You can see where you stand in the weight stakes by clicking [HERE](#).

Bananas.

Amazing fruit, try this: Take the INSIDE of the banana skin and rub it directly onto your shoe...polish with dry cloth.!!!

Losing weight myths.

Myth #1: Crunches and Ab Exercises Help Bust Belly Fat

Truth: While exercises that target the abdomen can help tone and strengthen the muscles near your belly, they won't make that paunch go away on their own. The human body doesn't get rid of fat just in certain areas; when you exercise, fat loss is a full-body phenomenon. To

minimize belly fat, focus on intense cardio workouts, supplemented by a weight lifting regimen (which should, of course, include core exercises like crunches). And most importantly, fix your nutrition!

Myth #2: Women Should Stick to Light Weights to Avoid Bulking Up.

Truth: The vast majority of women simply don't have enough testosterone in their bodies to build the Arnold-like muscle mass that some want to avoid. In fact, lifting heavy weights will instead help women lose weight, gain increased definition, and build confidence.

Myth #3: Sweat is a Good Indicator of How Hard You're Working

Truth: While a sweat-soaked t-shirt might make you feel super satisfied after a tough workout, there's really no relationship between how much you sweat and how hard you're working. So next time you're at the gym, consider leaving that 90s style sweat suit at home.



Myth #4: No pain, No Gain

Truth: There's a big difference between pain and discomfort, says Michael Lagomarsine, an expert based out of Boston University's Athletic Enhancement Center. While you may have some minor muscle soreness after a particularly hard workout, anything that actively hurts while you're doing it could be causing you damage. Extreme muscle pain for more than a day or two after a workout likely indicates injury or overtraining.

Myth #5: Stretching Before a Workout Helps Prevent Injuries

Truth: Multiple studies have found that stretching before a workout actually does nothing to prevent injuries. In fact, those who stretch before a run actually tend to wind up with more

injuries than those who don't. Stretching *after* exercising seems to be the best option for those who want to avoid delayed onset muscle soreness. Instead of using stretches before a workout, try to warm-up with some simple jogging, jumping jacks or anything that'll warm-up the muscles you'll be using for your workout.

Myth #6: Low Intensity Cardio Burns Fat Best

Truth: You're probably familiar with the "fat burn" zone on your favourite piece of cardio equipment, but there's really no backing for the idea that lower intensity cardio is better than high intensity cardio when it comes to losing weight. According to exercise specialist and fitness author Tom Holland, fat loss is all about burning calories, and the more intense your workout, the more calories you'll burn.

Myth #7: Weight Machines Are Safer Than Free Weights.

Truth: This myth may actually put you at a higher risk for injury. Many gym enthusiasts stick to weight machines rather than learning how to use free weights because they believe that the machine will correct their form and ensure that they don't hurt themselves. But there are still *tons* of ways you can use a weight machine that can damage your muscles and joints, from height and length adjustment to using weights that are too heavy to using the wrong muscle groups to push or pull. Whether you choose to use free weights or weight machines, make sure you have a qualified trainer show you the ropes before you get started.

Advances in medicine.

This is unreal – see [HERE](#)

A Blonde goes to Spotlight to buy curtains. She says to the salesman, 'I would like to buy a pair of pink curtains. 'The salesman assures her that they have a large selection of pink curtains. He shows her several patterns but the blonde seems to be having a hard time choosing. Finally she selects a lovely pink floral print. The salesman then asks what size curtains she needs. The blonde promptly replies, "Seventeen inches". "Seventeen inches ?' asked the salesman. 'That sounds very small, what room are they for? 'The blonde says, 'They aren't for a room silly, they are for my new computer monitor.' The surprised salesman replies, 'But Miss, computers do not need curtains !' The blonde says, 'Helllllooooooo mine has Windooooows.....!'

Sorry Rupe!

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