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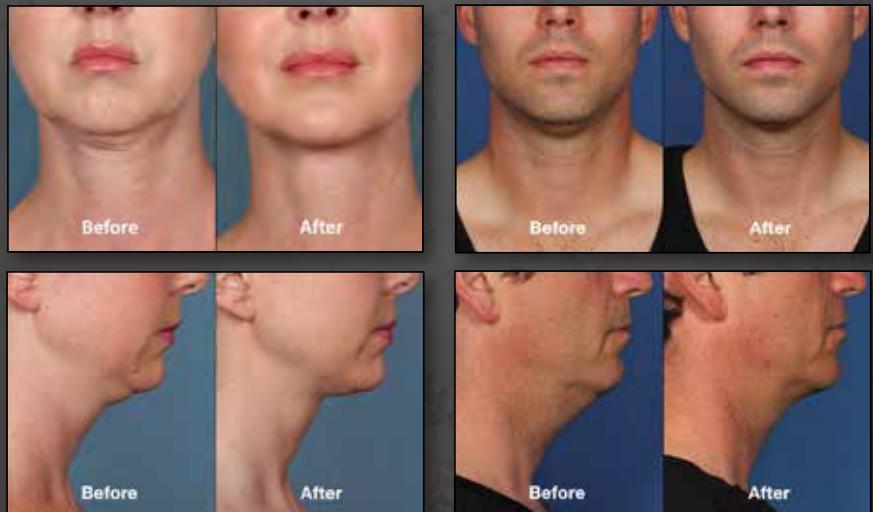


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PUBLISHER'S NOTE

As I stroll down King Street, lie languidly on Folly Beach or even wrestle with my aging lawn mower, many thoughts roll through my mind, including work, my fianceé, my parents and the previous night's basketball game.

Yet, despite operating a health magazine such as **HealthLinks Charleston**, my thoughts rarely coincide with my next doctor's visit or the fact that someone I love will one day need hospice care. That's because the second we think about medical is often when we need it the most.



At **HealthLinks Charleston**, our main objective is to relay pertinent medical information to the Low-country consumer. Through our pages and our website, **CharlestonPhysicians.com**, we take a look at medical topics ranging from allergies relevant to our area in the spring to which primary care doctors are accepting new patients.

You may have picked up a copy of **HealthLinks Magazine** in the past and discovered a resource for familiarizing your family with local physicians and practices. Although unique and informative, the previous version of our magazine benefited from updated content and design. The current **HealthLinks Charleston** will not only introduce new and current practices but will be driven by medical topics. Moreover, we will leverage our relationships with trusted medical professionals to help cover these topics in efforts to educate and inform our readers.

We recognize that becoming educated about medical topics and beginning a healthier lifestyle might appear as daunting tasks. Thus, our pages are designed to help you overcome these challenges, connect with new doctors and understand how healthy living allows us all to get the most out of our lives.

In this issue, the first of our redesign, we focus on specialty medicine, cancer survivors, winter colds, hospice care, tips for healthy teeth and other items we believe are important to Charleston's new and established residents.

As I sign off, our vibrant, healthy and resilient city comes to mind as the perfect inspiration. The unwavering strength that has allowed Charleston to shine through its darker times makes me proud to call the Holy City my home. Our hope is that **HealthLinks Charleston** will be another great asset to this great city. Thanks for reading and enjoying our redesigned **HealthLinks Charleston**.

Cheers to good health,

Cullen Murray-Kemp

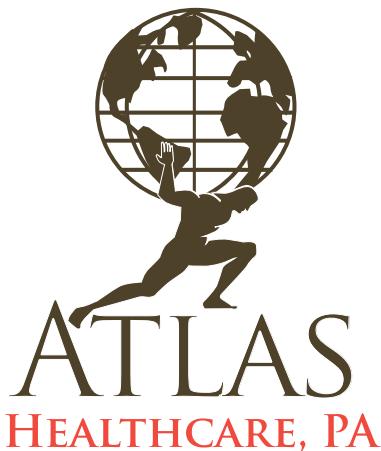
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**THE
DOCTOR
IS IN**

(the Know)

What's New in
Specialty Medicine

By Stacy E. Domingo

Every now and then, an individual must visit a doctor and sometimes a specialist in order to understand what is going on with her mind or body. But listening to a physician speak can be like learning something in a classroom; as soon as we get it, things change. New medications, new procedures and new research emerge, and the rest of us do our best to keep up. Thus, doctor visits can be daunting – but they don't have to be.

In this issue of Healthlinks, we explore some of the latest trends and technologies in the fields of podiatry, sports medicine and chiropractic. We spoke to three knowledgeable physicians and got the scoop – you're welcome.

Dr. Rahn Ravenell of Coastal Podiatry, for example, pointed out that while foot ailments have been around for centuries, there are new treatments that use ultrasonic energy. Amazingly, this technology was borrowed from the field of ophthalmology.

Meanwhile, regarding the increasingly sophisticated field of sports medicine, Dr. Andrew McMarlin of Winning Health explained how concussion management is changing. For some patients, low intensity exercise can be beneficial.

And Dr. Matt Murrin of Chiropractic USA discusses the rise in Neuropathy diagnoses and how many patients can be treated with amazing results through chiropractic. He encourages a focus on "wellness" so one can avoid "illness."

Want to learn more? Read on.

PODIATRY

Caring for the feet is a practice that has been traced to ancient Egypt – around 2900 B.C. – and then to Hippocrates, who recognized the need to remove hardened skin such as corns and calluses. Hippocrates invented skin scrapers, which were essentially the original scalpels.

It's also known that President Abraham Lincoln had a personal podiatrist, whom he sent to confer with the Confederates during the Civil War. A bit later, the first society of chiropodists, now also known as podiatrists, was established in New York in 1895.

Today, podiatry is the branch of medicine devoted to the study, diagnosis and medical or surgical treatment of disorders of the foot, ankle and lower extremities.

"The most common treated foot ailment is heel pain caused by plantar fasciitis," explained Dr. Rahn Ravenell of Coastal Podiatry. "The initial treatment still includes oral and/or topical anti-inflammatories, a focused stretching regime, ice massages, shoe gear modification and the use of custom-made orthotics."

However, those who suffer from chronic heel pain may receive advanced therapy, a changing field.

"I have recently begun using new technology that employs ultrasonic energy to remove chronically diseased ligaments through a very small incision that does not require suture to

close," Dr. Ravenell explained.

This technology was borrowed from ophthalmology, a field that has been using similar approaches for the removal of cataracts.

"I am able to locate diseased ligament or tendon and remove it under ultrasound guidance. This approach has allowed me to get patients back to activity sooner, with less pain," said Dr. Ravenell.

Further advancements in podiatry include promising research regarding the use of amniotic stem cells in the treatment of chronic tendon and ligament disease.

"We are seeing faster healing rates after injury and surgical repair of tendons using products impregnated with amniotic stem cells. These products have also been very useful with healing diabetic foot ulcers," Dr. Ravenell commented.

"We are seeing
faster healing rates
after injury and surgical
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products impregnated with
amniotic stem cells."





Early detection
of concussions can
make a difference
in quality of life.

SPORTS MEDICINE

The number of people who strive to be active in efforts to improve their health has led to a rise in sports-related injuries and, in turn, to the growing and increasingly sophisticated field of sports medicine. Most top sports teams have always employed team physicians, but it has only been since the late 20th century that sports medicine has emerged as a distinct field of health care.

Sports medicine physicians are experts in healing and preventing common sports injuries, including concussions, muscle cramps, arthritis, sprains, tears and breaks of most major body parts or joints. They can also diagnose less common injuries that could end an athlete's career or keep an older person from being physically active.

Sports medicine doctors stay up-to-date with the latest advances in the rapidly changing fields of medicine. For example, in the past, concussions were treated with dark rooms and inactivity. Today, according to Dr. Andrew McMarlin of Winning Health Sports Medicine, concussion management is changing.

"There are a lot of things you can do now instead of just stop playing. Once the post-concussion headache is over, low intensity activity, such walking or riding an exercise bike, is good for recovery."

For individuals who suffer from lasting concussion headaches, cognitive slowness, sleep difficulty or mood disorders,

there are a number of different types of therapies that may help them recover faster. For chronic headaches or dizziness while trying to focus the eyes, ocular therapy is a new option. A sports medicine physician may also refer a patient to a trained visual therapist.

For trouble with balance, vestibular therapy with trained and certified physical therapists might be helpful. For cognitive, mood or sleep disorders, there are several different classes of medications known for improving these symptoms, in both the short and long term.

"Early detection of concussions can make a difference in quality of life," said Dr. McMarlin.

"One easily doable action that has often been found to help patients is taking omega-3 supplements. These may help stabilize the neural membranes of the brain and help you recover faster. I believe there is definitely a role for quite a few of these different therapies, when correctly used in the appropriate individual. You should always consult your doctor before taking any kind of medication."

The science of joint injections has seen great advances in recent years. In the past – as well as in some current orthopedic offices – joint injections have been performed without any imaging guidance, referred to as blind injections. A recent large orthopedic study concluded that 60 percent of blind injections miss the joint, and, therefore, do not give patients much benefit.

"Today, I utilize musculoskeletal ultrasound for optimal placement and effectiveness of steroid, cartilage gel and PRP injections," explained Dr. McMarlin. "It gives me an almost 100-percent success rate in reaching the inside of the joint. It not only ensures that the injection is administered where it is supposed to be but also dramatically reduces the discomfort of the procedure."

CHIROPRACTIC

The origins of chiropractic can be traced to Davenport, Iowa. In 1895, Dr. D.D. Palmer performed the first chiropractic adjustment on a deaf janitor named Harvey Lillard. Immediately following his adjustment, Lillard could hear the wagon wheels tracing over the cobblestone streets outside. This would be the inspiration for Palmer opening a chiropractic school just two years later.

Chiropractic is founded on the principle that the nervous system controls all facets of the body, from skin to muscle flexion and extension and even autonomic functions such as digestion. If a nerve is affected by pressure or other forms of interference, the body will not function as designed and will begin to break down or become susceptible to disease.

"For a long time now, people tended to believe that chiropractic treatments can help only with headaches and back pain, but there is so much more to it," explained Dr. Matt Murrin with Chiropractic USA.

There has been a recent rise in neuropathy, and, according to Dr. Murrin, many of these patients can be treated and see amazing results.

"It's usually quite easy to fix, simply by taking pressure off of the pinched nerve. Even with diabetic neuropathy, chiropractic care yields great success. It just may take a bit more time."

The fundamentals of the chiropractic field – that the nerves control everything in the body – have stayed the same, but people's perception and acceptance is gradually expanding.

"We can attribute this to the fact that, simply put, chiropractic works," commented Dr. Murrin. "We need to continue to educate people about wellness and the chiropractic approach for treating the root of the problem, instead of masking the issue with drugs."

"I encourage anyone with numbness or tingling sensations to get checked. Also, we would love to help more soon-to-be mothers experience a more tolerable pregnancy, including



check-ing the infant afterward. The birthing process causes stress on a still-developing spine," Dr. Murrin continued.

"The resulting irritation to the nervous system can be the cause of many infant health complaints. I believe in treating the cause from the least invasive treatment, progressing toward the most invasive. Therefore, hands (chiropractic care) is paramount. If we begin to focus on wellness, we can start to avoid illness. Medicine and surgery should be a last resort."



What's Next in HealthLinks CHARLESTON

IN 2016 WE PLAN TO COVER THE FOLLOWING MEDICAL TOPICS:

PRIMARY CARE

What are the most important things to know when choosing the primary care physician who is right for you? Article will include directory of Charleston-area Primary Care physicians.

EYE CARE

Ophthalmologists, Optometrists and Opticians. Our "All About the Eyes" will cover everything from foods that help improve our vision to lasik surgery. Article will include a directory of Charleston-area vision specialists.

CHIROPRACTIC CARE

HealthLinks Charleston looks to unearth the true art of chiropractic care and take a look at how good spine health can lead to a better life. Article will include a directory of Charleston-area chiropractors.

SENIOR CARE

From dermatology to rehab to hip replacement, how are today's seniors feeling and looking younger than ever?

If you are interested in being included any of our upcoming stories, please send all inquiries to

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PLEASANT FAMILY DENTISTRY

By Stacy Domingo



Nearly three decades ago, Pleasant Family Dentistry began with two dentists and a small staff in Mount Pleasant. Today, the office has matched the growth of the area by expanding to 23 staff members and four dentists.

"I have seen Mount Pleasant double in size over the last 26 years, and the area does not show any signs of slowing down when it comes to growth," said Dr. Richard Jackowski, dentist and co-owner. "There are a lot of teeth moving to the area, and those teeth need maintenance. Even with fluoride in the water, we are still seeing cavities due to the processed foods that patients consume, along with poor nutritional habits."

Dr. Jackowski, along with co-owner Dr. Gregory R. Johnson, are transplanted South Carolinians, as are many of their patients. From New York and Virginia, respectively, the two saw the same beauty and optimism everyone else is seeing in the Carolina Lowcountry.

"We love our town," said Dr. Johnson. "We enjoy boating, jet skiing and paddle boarding in our beautiful waterways, as well as golf, music and walking downtown."

To accommodate the area's growth, Pleasant Family Dentistry is increasing from eight patient rooms to 14, two of which will be surgical suites. The practice also is implementing a new ergo-

nomic design throughout the office, adding a state-of-the-art call center and extending its hours to Monday through Saturday from 8 a.m. to 5 p.m., which allows them to better serve their new and existing patients.

"Dentistry has technologically advanced more in the past 30 years than in the previous 100," Dr. Rob Carimi, who joined Pleasant Family Dentistry two years ago, pointed out. "I see the dental field making continual advancements to make dentistry more efficient and comfortable for patients."

New technologies at Pleasant Family Dentistry include CEREC, Six Month Smiles, sedation dentistry and DIAGNOdent.

CEREC, an acronym for Chairside Economical Restoration of Esthetic Ceramics, is a durable ceramic material that matches the natural color of other teeth, allowing dentists to quickly and economically restore a patient's damaged tooth.

"CEREC allows us to perform a restoration in just one visit," said Dr. Lauren Callison, the newest dentist to join Pleasant Family Dentistry. "We also have Six Month Smiles, which is a practical and turnkey solution for adults with crooked teeth. By utilizing unique, clear brackets and tooth-colored wires, the system provides an alternative to adult patients who aren't keen on traditional orthodontic treatments."

Pleasant Family Dentistry offers its patients sedation dentistry, which is ideal for anyone who has high levels of anxiety, difficulty in getting numb, complex dental problems, the need to squeeze several procedures into a limited time period or a fear of needles and shots.

DIAGNOdent is a small laser instrument that scans a patient's teeth with a harmless laser light that looks for hidden decay. Locating hidden decay before it destroys tooth structure is a major goal for the dentists at Pleasant Family Dentistry.

"We treat everyone from kids to adults, so our demographic is very large," explained Dr. Callison, who is excited to have Mount Pleasant as her home. "We can cater to everyone's needs if they are nervous or just don't know what to expect on their first visit."



**Dr. Richard Jackowski
Dr. Gregory Johnson
Dr. Rob Carimi
Dr. Lauren Callison**

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BY THE NUMBERS

(Winter Cold Prevention)

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Cold & flu viruses account for **75 to 100** million physician visits every year, totaling **\$7.7 billion**



The first common cold was diagnosed in 1611 in Stratford, England.

Parents miss **126 million**

work days a year caring for sick children.



Americans spend **\$4.2 billion** on cough remedies.



Echinacea, often used in an attempt to treat colds, should NOT be given to children under **12 years** old.

Seven to eight hours of quality sleep can reduce the length of a cold.

about **1 BILLION** people suffer from the common cold in the United States annually.

\$175 million What Americans spend a year on hand sanitizing gel.

The CDC estimates that as many as **49,000** people die from the flu or flu-like illnesses each year.

Zinc supplements, if taken within 24 hours of cold symptoms, may speed up recovery.

1 daily dose of Vitamin C slightly reduces the length & severity of colds.

Prescription medications for cold and flu symptoms, such as antibiotics, add up to **\$400 million** a year.

YOUNG BODY, YOUNG MIND

Feeling Your Best During Later Years

by Barbara Millen Patrick

Horrors! How did 60 sneak up on you? How did the 30s, 40s and even 50s just zip by?

Today's senior citizens are not "old folks." While they may not be young in years, they are youthful and lead active lifestyles. These are the golden years, and the goal is to enjoy life to the fullest. There are places to go, sights to be seen and adventures to be had.

Yet, you're not as young as you used to be, and it is going to take a little extra effort to stay healthy and energetic. Our metabolism tends to slow as we age, and that means we should choose the foods we eat more carefully. It is more important than ever to shop the perimeter of the grocery store, loading up on fresh vegetables, fruits or seafood and avoiding all those processed foods that are high in calories, sugar, sodium and fat.

Perhaps the best thing you can do for yourself is exercise. You can join a gym, of course – but a good workout can be as simple as a brisk walk or bike ride through the neighborhood. You'll find that even 30 minutes several times a week can energize you, physically and mentally. Together with a healthy diet, regular exercise helps regulate blood pressure, which can prevent heart attacks and strokes.

"The key to having great years in your 70s and 80s is to make a point of staying physically active, starting in your 50s and 60s. Mind and body work best when people get about 40 minutes of sustained aerobic activity most days of the week," advised Dr. Rex Morgan, whose practice is East Cooper Coastal Family Physicians in Mount Pleasant.

But even with proper care, an illness can happen. Seniors are susceptible to a variety of conditions, including arthritis, pneumonia, osteoporosis and diabetes. Many seniors are prescribed multiple prescription drugs; a pill minder can help organize



these to avoid missed doses. If you are on multiple medications, check with your pharmacist about possible interactions.

One of the diseases many older people are susceptible to is shingles. As many as 30 percent of people will get shingles during their lifetime, and the risk only increases with age. If you've had chicken pox, the virus has been residing in your nervous system, unpredictable and liable to erupt at any time. The red, blistering rash is very painful and can last for weeks. Some patients report long-term nerve pain lasting months at a time.

"Shingles is a painful, burning rash that occurs on one side of the body. Shingles is a reactivation of the chickenpox virus; most of us got chickenpox when we were younger. A shingles rash occurs when the immune system gets weak, which usually occurs in older people," Dr. Morgan said. "The good news is, there is an effective vaccine called Zostavax to help prevent shingles from occurring."

The rash typically appears as a strip on one side of the body but can also be more widespread in patients with compromised immune systems. In addition to shooting, throbbing pain, you may feel sick with symptoms such as headache, fever, chills or nausea. And while shingles is not contagious, contact with the blisters can spread the virus, which can cause chicken pox. Eye complications can also result.

Most physicians advise that adults over 60 receive the shingles vaccination. It is not a guarantee against the virus – it's about 50 percent effective – but it is something you should discuss with your doctor.

Another risk for people over 50 is pneumonia, specifically the type caused by the pneumococcus bacterium, which can lead to hospitalization and even death. Those suffering from chronic conditions such as diabetes, heart or lung disease are especially at risk.

"The vaccines that are the most important include Zostavax, which is given once, and Pneumovax plus Prevnar to prevent pneumonia, also given once after 65." Dr. Morgan said. "I also advocate for yearly influenza vaccine."

Dr. Morgan advised that people should be proactive in their health care, recommending certain diagnostic tests for cancers that are easily treated when caught early.

"Diagnostic tests are dependent on the health of the patient and their age," Dr. Morgan said. "I recommend mammograms



for women every two years, from the age of 50 to 74. I also recommend colon cancer screening from ages 50 to 74."

If you dread the thought of colon screening, Dr. Morgan reassured that "there are several strategies to screen for colon cancer."

"I feel that the biggest health issue for seniors is the need to stay physically, mentally, emotionally and socially active," he remarked. "Once one retires, it can be easy to not stay involved in one of these important areas." 

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Nothing to **SNEEZE AT**

By Barbara Millen Patrick

SEASONAL ALLERGIES

It starts on the first beautiful day every spring. Your car is covered with a fine layer of sticky yellow dust. Your eyes begin to water, your throat itches, your head aches and you can't stop sneezing. It is allergy season. Let the suffering begin. It is the price we pay for the lovely flowers that bloom in the Lowcountry, people say. It's not just the flowers. Our favorite shade trees are among the biggest culprits.

“Studies have shown that allergy sufferers can experience impairments in sleep, coordination, reaction time, memory, attention, and decrements in work performance up to 40 percent.”

The truth is that the allergens are here almost year-round. There are just more of them in play during spring and fall. In the spring, most of the yellow stuff is caused by a variety of trees as they start their growing season. They include oaks – there are many varieties, and they are copious pollen shedders – and pecan trees, which are ubiquitous here. A collection of weeds, such as ragweed, plus certain grasses, make up the spring mix. That nasty ragweed is also very active in the fall when weeds and grasses re-seed for next year. The mix of pollen producers changes with the seasons.

The allergens settle down somewhat in the summer, only to come back full force during the fall months as grasses and weeds (yes, ragweed again!) flare up. When you inhale those allergens, your immune system mistakes the pollen for an enemy and gears up for battle by creating histamines. Those histamines make you feel miserable, bringing on nasal congestion, sneezing, coughing and fatigue. Your eyes, nose and throat itch. Your sinuses are inflamed so your face literally hurts. Those red watery eyes are not your best look.

For the 50 million seasonal allergy sufferers in the United States, it is practically impossible to avoid the pollen. It is not only on the car, it is in the car. It is tracked into your house by your pets and by you, your friends and your family members.

And, while food allergies are a different classification, you might be surprised to learn that they can have a cross-reaction with seasonal allergens. For example, ragweed is related to foods such as chamomile, melons, zucchini, bananas and celery, so enjoying these during times of peak pollen counts can make you feel even worse. You may not have a true food allergy, but the combination of airborne pollen and cantaloupe can make it seem so.

“Allergic rhinitis is more than a nuisance for many children and adults,” pointed out Dr. Meredith L. Moore, a physician at Charleston Allergy and Asthma.

“Studies have shown that allergy sufferers can experience impairments in sleep, coordination, reaction time, memory, attention, and decrements in work performance up to 40 percent. An allergist can help identify

what allergies you may have and get you on the right track to living at your full potential,” she said.

Simple solutions include showering after you’ve been outside to wash that stuff off your body and out of your hair. Neti pots are used by many people to wash irritants from the nasal passages. Your local drugstores also sell masks to control how much pollen you inhale, but most sufferers muddle through without this pseudo-fashion accessory.

If you need medicine, antihistamines help control the symptoms; over-the-counter brands include Zyrtec, Claritin and Benadryl. Decongestants might ease the congestion, but they can raise your blood pressure, so they must be taken with care. Nasal sprays also are useful but should be used short-term only. Serious sufferers may be forced to seek medical help to reduce the symptoms and avoid further complications such as sinusitis or even asthma.

“When allergies are not easily controlled with OTC (over the counter) medications, we recommend people see a board certified allergist to have allergy testing done,” explained Dr. Jeffrey J. Dietrich, also a physician at Charleston Allergy and Asthma. “An allergist can help with advising on environmental control and avoidance measures to decrease a person’s exposure to their particular allergens.”



Thanks to modern technology, it is possible to track the pollen counts daily. Good information about the amount of pollen day by day in your area can be found at www.charlestonallergy.com/pollen-count/.

"Working with the patient, an allergist can come up with an optimal treatment plan to control the allergies for that patient," Dr. Dietrich pointed out.

"For those who have incomplete control of their allergies despite medications, or who want to have less need for long term medication use, allergy immunotherapy can be their best option," he continued.

"Immunotherapy is the only disease modifying treatment for allergies, which can provide the most complete and long lasting effect. With a course of immunotherapy, many allergy sufferers can eliminate their need for daily allergy medications and eventually come off of immunotherapy with lasting benefits afterward." 

"An allergist can come up with an optimal treatment plan to control the allergies for that patient."

GOT ALLERGIES? VISIT THESE SITES.

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PEACEFUL SURROUNDINGS



Hospice Care

by Barbara Millen Patrick

*V*irginia DeWitt lived a good long life. She raised five children. She loved cooking, gardening and creating art. In her later years, the tables turned, and, instead of caring for her children, grandchildren and even great-grandchildren, she needed care herself. As her health declined, it became more difficult for her to live alone. Eventually, one of her daughters, Joyce DeWitt, gave up her job and became a full-time caregiver for her mom. Five years of constant care took its toll on Joyce, even with the assistance of home health care workers.

Few things are more difficult than preparing for a loved one's end of life. It is both physically and emotionally exhausting. Hospice care can help in many ways, providing in-home care as well as inpatient care to end the transition.

JoAn Rose, Virginia's other daughter, said the home health care workers advised the family that hospice care could provide more specialized care. When it became clear that the end was near, the family chose to have Virginia admitted.

"We knew Mama was not going to last very long," JoAn said, adding that Virginia needed more care than Joyce could provide.

An ambulance arrived to transport Virginia. The family followed to make sure she got settled and make the most of her time.

Fallon Rose Lawson, Virginia's granddaughter, knew her "Nana" was in good hands.

"They were friendly and very helpful," Fallon said. "They were caring and sensitive to the fact that we were going through a hard time."

Designed to help families through the most difficult of times, hospice organizations offer a variety of services including palliative care to manage pain and symptoms, respite for caregivers who are often in danger of burnout and emotional support before and after the bereavement. Some offer a memory care program for patients with dementia. Most physicians suggest that families familiarize themselves with the hospice concept and that they enroll early.

Hospice care has recently grown in popularity, and many more organizations offer these services. In the past, medical care – including extreme measures to keep patients alive – meant that most very ill people spent their last days in hospitals, rather than at home. Today, upon physician recommendation, patients with advancing terminal illnesses or a life expectancy of six months or less can receive quality medical care from a team including doctors, nurses, hospital aides and dedicated volunteers. Patients are kept comfortable and pain free. Unlike home health care services, which focus on recovery and rehabilitation, the purpose of hospice care is not to treat

the illness but to subdue pain and other symptoms of illness. Every effort is made to ensure that the patient's wishes are met.

Hospice also provides bereavement care for families. The death of a loved one is never easy, and many people find that support groups help to ease the grieving process. There are groups for families as well as for individuals. For children, programs include a weekend camping experience at Camp St. Christopher on Seabrook Island. Twice yearly, kids between 6 and 15 years of age can attend this beach camp to remember, laugh and cry with others who have lost a loved one.

CHOOSING THE RIGHT HOSPICE

Some states require a certificate of need in order to open a hospice facility. South Carolina is not one of those states, so hospice organizations have proliferated over the last few years and that can cause confusion for families. Whether for profit or non-profit, all hospices are mandated by law to provide specific services, including but not limited to skilled nursing, physician services, necessary equipment as well as respite services. So, how do you choose? Here are some tips:

- Is the hospice is Medicare certified?
- How long has the organization served the community?
- Ask friends for references
- Who are the physician directors?

"Once she was there, she wasn't doing well enough to engage in any activities, but they kept her comfortable until she passed," Fallon said about her grandmother. "I think she was there either three or four days."

The peaceful surroundings helped the family cope – there was even comforting music. It was a relief to know that Virginia was receiving excellent care.

"They did have a lovely piano in the lobby that everyone could hear from their rooms," Fallon remembered. 

GOOD TO KNOW

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Although there is no way to predict when death will occur, your physician and the hospice medical director generally must agree that the patient has six months or less.

You must choose to receive hospice care rather than curative therapies, although there can be exceptions to alleviate pain.

All hospices must offer mandated services but there may be differences in how services are offered.

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A PART OF YOUR FAMILY

All about *In Home* Hospice Care

by Barbara Millen Patrick

Tamara McKinney loves her job. As clinical director for Carolina Hospice Care, she meets families at a very special, but often stressful, time in their lives – the death of a loved one. Sometimes the family calls for assistance; other times they are referred by a physician, but the goal is always the same: to provide both patient and family with emotional support. McKinney makes the first contact, visiting the family with a case worker to create a plan.

"We provide education and information to explain the background of hospice to families so they can be fully prepared," McKinney said. "We visit the patient at the home or nursing facility."



According to McKinney, the case workers are "welcomed to a very personal chapter" in the families' lives.

"Patients tend to be accepting," McKinney said, adding that the death is often more difficult for the family member. Even though it is expected, "it is always a shock."

Because it involves more than just the patient, compassionate care extends to the family, whether it is a routine visit or

a panicked phone call late at night. Most patients prefer to remain at home or in a nursing facility for their remaining time.

"There is so much the community needs to know about hospice care," said Maryjane Lemire, executive director for Carolina Hospice Care. "By law, all hospices are required to offer the same services."

Lemire added that every hospice must accept patients without regard to their ability to pay. But beyond the regulations, the value of a hospice lies in the compassionate staff and their ability to lend emotional support when it is needed the most.

Patients are eased in seeing familiar faces at every appointment, even if temporarily moved to a hospital or nursing home. In effect, the Carolina Hospice Care staff becomes a part of the family. In addition to professionals, volunteers often find that it is very rewarding to work in this field.

"Anyone can volunteer if the heart is in it," Lemire said. "Our volunteers are sensitive and exude incredible energy."

Volunteers are hospice-trained and help with non-medical needs such as respite care.

In the end, hospice is about one family reaching out to another, to help, comfort and assist with a peaceful transition.

"The whole purpose is to allow the patient to pass peacefully," McKinney said. "And to enjoy the time that is left."

Carolina Hospice Care is family owned, and it feels like home to both Lemire and McKinney. Lemire commented that it is "very challenging but the right place to be." McKinney finds it "very satisfying" to be able to offer comfort and peace to families. The nurse-to-patient ratio is kept low to help assure excellent care.

"It's spiritually rewarding," McKinney concluded.

Carolina Hospice Care provides compassion and emotional support in addition to federally mandated services. For more information, visit CarolinaHospiceCare.com or call (843) 849-5910. 

GONE YESTERDAY HAIR TODAY



By Denise K. James

New Options for Hair Loss

When most of us think about hair loss, we picture a middle-aged man with a shiny bald head. But actually, hair loss does not discriminate; it can occur at any age and to anyone, male or female.

Hair grows almost everywhere on human skin, but certain factors can disrupt its growth on the head and face. These factors, according to Dr. Marcelo Hochman of The Hair Loss Treatment Center in Charleston, South Carolina, vary from genetics to hormones and even medications and trauma. Most often, however, genetic predisposition is the culprit.

"The quality of the hair gets thinner, as does the number of hairs," Dr. Hochman confirmed. "Men have the more pronounced pattern, whereas women have more patchiness or generalized thinning."

Because hair loss can happen at any age – from the 20s on up – and because men and women have different causes and concerns, the range of options for hair loss treatment continues to evolve and be customized for the patient. For example, if a 25-year-old female comes into Dr. Hochman's office in search of help, the doctor will assess her situation as a young female. Often, younger patients must be dealt with more conservatively, since it's probable that hair will continue to be lost.

"With younger patients, hair loss is ongoing, unlike for the

50-something-year-old who is nearly at hairline maturity," Dr. Hochman explained.

The newest and most revolutionary option for treating hair loss, recently approved by the Food and Drug Administration, is a technique known as a FUE (Follicular Unit Extraction) transplant. In the past, hair transplants were done by dividing the scalp into strips. It was much more noticeable, according to Dr. Hochman, since the technique was performed on bigger areas of the scalp.

"The strip technique takes a strip of scalp which needs to be closed," he said. "The larger the strip, the harder to close the space, so it's not the preferred technique now."

"Men have the more pronounced pattern, whereas women have more patchiness or generalized thinning."

The FUE technique involves "harvesting" the follicular unit in an area that Dr. Hochman called "genetically protected." This term refers to the area around the back of a person's head and near the temples – in other words, the "fringe" we think of on a balding man. The medical community has figured out how to take the healthy follicles from these protected areas and move them to other parts of the scalp. Then, once the hair growth cycle moves forward, a new hair grows from the follicle.

"As long as the donor site has the density, we can harvest from it," Dr. Hochman pointed out. "The new hair that grows from the replaced follicle won't fall out, since the follicle contains protected genetic information."

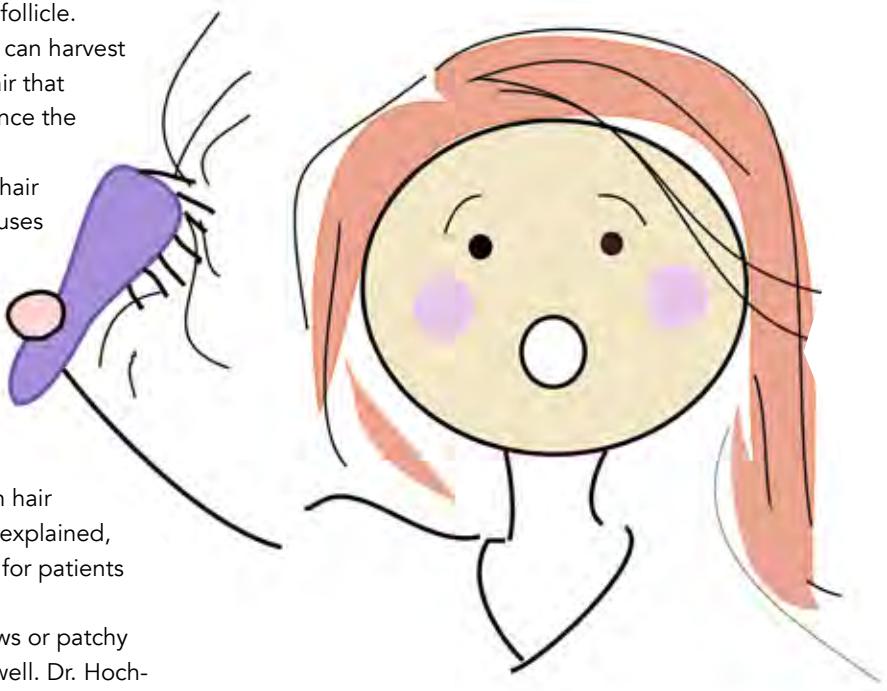
Aside from FUE transplants, other options for hair loss include PRP, or Platelet Rich Plasma, which uses the patient's own blood nutrients to stimulate growth; and Light Therapy, which uses LED bulbs to increase blood flow to the scalp. Both of these treatments can be done on their own in certain cases, or, more typically, to maximize results of the FUE transplant.

"We can perform PRP and Light Therapy by themselves, but there is no guarantee how much hair will grow without the transplant," Dr. Hochman explained, indicating that FUE is a more reliable procedure for patients with significant loss.

Other parts of the face such as sparse eyebrows or patchy beards can benefit from the FUE transplants as well. Dr. Hoch-

man pointed out that the human body will accept hair from anywhere, as long as it is from the patient's own body.

"We can do the same technique to restore eyebrows or to remedy patchy facial hair growth on men," he remarked. "It's just a matter of transferring the hair to wherever it is needed."



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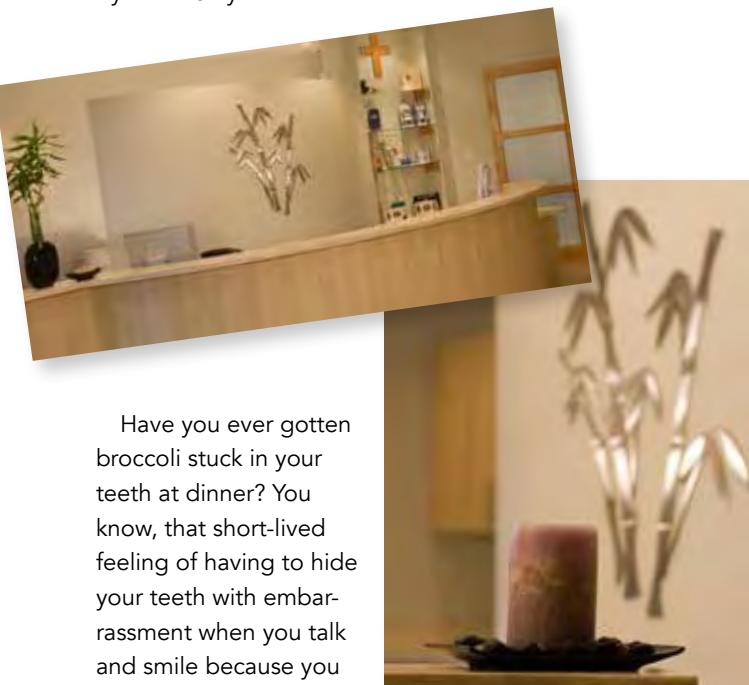
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PARK WEST DENTISTRY

By Erin Danly



Have you ever gotten broccoli stuck in your teeth at dinner? You know, that short-lived feeling of having to hide your teeth with embarrassment when you talk and smile because you don't want anyone to see? While that is only a fleeting moment for most, that's what Dr. Amanda Seay of Park West Dentistry in Mount Pleasant said life is like for many of her patients before they come see her.

Dr. Seay has a private practice with a focus on restorative dentistry that ranges from the fundamentals to fine art. She rebuilds her patients' smiles through the use of veneers, crowns, dental implants, bonding and more. Her work is not just smile-changing, but life-changing.

"It's an opportunity to make a difference. I can't think of a time where life hasn't changed for someone after treatment. They have a newfound confidence," she beamed.

Patients at Park West Dentistry can expect the newest in dental technology and procedures, plus close, personal attention at the small "boutique" practice.

"The way we run our practice, it's more of a family environment," said Dr. Seay. "It's not uncommon to see one patient the entire day."

Patients don't choose Park West Dentistry for convenience or insurance purposes, she said: "They come because they want something different. We are grateful that our patients value the time, skill and judgment we offer.

They come for the experience, which has helped even the most anxious in our relaxing environment."

Dr. Seay believes her dental team members are some of the best-trained in the area, due in large part to a focus on continuing education. She has her team complete CE continually, and she herself averages 128 hours of CE every year – way beyond the 14 hours the state of South Carolina requires.

"It's an opportunity to make a difference. I can't think of a time where life hasn't changed for someone after treatment. They have a newfound confidence."

Dr. Seay lectures nationally to dental groups on the clinical techniques she employs in her practice and is an accredited member of the American Academy of Cosmetic Dentistry, one of only seven such dentists in South Carolina. After earning her bachelor's degree in Biology at the University of South Carolina, Dr. Seay attended the New York University College of Dentistry, the first dental school to have an Esthetics Department. In her study of esthetic dentistry, she's learned how to handle cases of trauma, full-mouth rehabs, complex occlusal rehabilitation and more. She opened Park West Dentistry in 2004 in Mount Pleasant, where she lives with her husband and four young children.

In the end, all of the training and study is worth it to be able to improve the quality of life for her patients.

"Many patients I treat are happy people, but, because they're embarrassed or ashamed of their teeth, they hide it. After treatment, they come in with more confidence. It filters into different aspects of their life. It's an exponential effect of how it really helps them. A smile is contagious."

You only get one set of teeth for the rest of your life, so treat them well, said Dr. Seay.

"If somebody told you that you'd have one car for the rest of your life, how would you treat it? You want your teeth to outlive

you, so treat them like that. It's one of the only things you'll care about when you're well into your 90s, whether you have teeth to enjoy a good meal and smile. What you do today matters tomorrow," she said.



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A close-up photograph of a woman's face and upper torso. She is wearing a pink t-shirt and pink boxing gloves. A pink ribbon is tied around her neck, resting between her gloved hands. The background is a solid pink color.

KNOCK OUT BREAST CANCER

*Uplifting Options
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By Barbara Millen Patrick



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Diane Russell's hair began falling out the day before her second treatment. It was just 25 days after she learned she had breast cancer, and she was still grappling with the diagnosis.

She had noticed swelling, then lesions on her breast and thought she was suffering from an infection such as MRSA. As a medical professional at Roper Berkeley, she helped cancer patients. She never expected she would be one.

"I didn't think it was cancer," Russell said, her eyes brimming with tears. "I never knew I'd be on the other side."

Unlike many diseases, breast cancer can vary greatly in women. There are non-invasive cancers – those that do not need aggressive treatment – and invasive forms. According to Dr. Lynn Crymes of Lowcountry OB/GYN, "infiltrating ductal carcinoma is most common," accounting for 70 percent to 80 percent of all invasive cancers.

"I didn't think it was cancer."

Some women don't want to wait until a tumor appears and are opting for pre-emptive treatment. Dr. Crymes said there has been lots of press about Angelina Jolie, who carries the BRCA gene mutation and opted for a double mastectomy. The BRCA mutation has been shown to "significantly increase" the risks of both breast and ovarian cancer. Women with a family history should have a candid conversation with their doctor about genetic testing.

"I have seen quite a few women who have lost mothers, sisters, aunts and grandmothers to early breast cancer," Dr. Crymes said, adding that by determining the presence of the BRCA mutation "we are able to prevent these cancers and give women normal life expectancies."

Dr. Amy Bethea searches mammogram images looking for the smallest abnormalities.



Mammograms are advised for women over 50, although many doctors feel strongly that 40 would be a better starting point. Mammograms can detect many tumors, but, because they are two-dimensional images, they may miss them in very dense breasts or appear to indicate a tumor where none exists, resulting in additional testing.

Fortunately, there's a new game in town, and it will change the way breast cancer is diagnosed. Dr. Amy Bethea, a radiologist with Roper St. Francis, is excited about tomosynthesis.

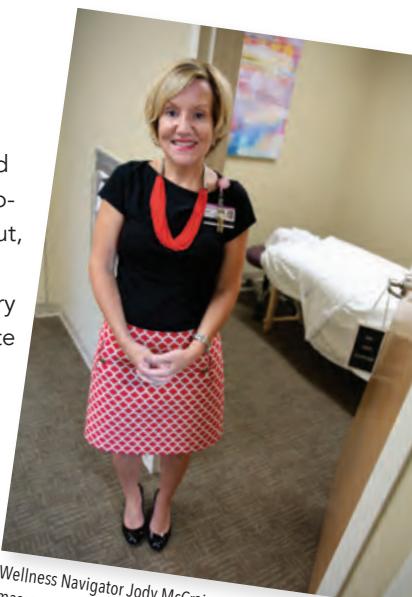
"It will be in each of our breast centers in September," Dr. Bethea said. "Instead of the two-dimensional mammogram images, we'll have three-dimensional 'sweeps' of each breast."

She added that not all patients will be candidates at first – until tomosynthesis becomes the standard – but she predicted that it will decrease the call-back rate and increase the early diagnosis rate.

Sitting in a recliner receiving infusion therapy at the Roper Cancer Center, Diane Russell spoke candidly about her feelings, how different it is to suddenly be the recipient of care instead of being the caregiver and the emotional moment when she realized she was beginning to lose her hair. It used to be long, but she had it cut so the loss wouldn't feel quite so traumatic.

Russell realizes she is in good hands at the Roper Cancer Center. She has an excellent oncologist that she likes, and the staff is dedicated to meeting her needs and making sure she is comfortable. With the opening of the Donna Fielding Cancer Wellness Institute at Roper, patients can receive help that goes far beyond surgery, radiation and infusion therapy.

Jody McCrain is a wellness navigator – one of several – who provides information and resources as well as a comfortable environment for patients and their families. Wellness navigators, some of them breast cancer survivors themselves, know the ropes and can offer guidance as well a hug or a few minutes to vent.



Wellness Navigator Jody McCrain stands in front of the massage room in the newly opened Donna Fielding Cancer Wellness Institute at Roper St. Francis.

"Breast cancer is the second most common diagnosis in women."



October turns pink to raise awareness about breast cancer.

The Cancer Center also features a small café, as well as The Healing Boutique, which features beautiful adornments (hello retail therapy!). The boutique also offers specialty items and fittings for mastectomy patients and private consultations for wigs. In addition to support groups, massage therapy by licensed practitioners and nutrition classes are among the services available to patients and even employees – because wellness and prevention go hand-in-hand.

"Breast cancer is the second most common diagnosis in women," according to Dr. Crymes, adding that the death rate from breast cancer has declined by about 20 percent over the last 10 years, the result of improvements in therapy and earlier detection through increased screening.

A **breast cancer diagnosis** is a journey into the unknown. But thanks to advancements in detection and treatment, more women are not only **surviving** but **thriving**. Just as important, there are wonderful people helping women every step of the way to a cure.

 **WELCOMING DR. MAGGIE RAY**

We are proud to welcome Maggie L.C. Ray, MD, to our practice. Dr. Ray is a board-certified OB/GYN, providing comprehensive care to women of all ages, with a special interest in the role of nutrition in high-risk pregnancies. A graduate of The Medical University of South Carolina, she completed her residency at Carolinas Medical Center in Charlotte. She is now accepting new patients!



Lynn Crymes, M.D. | Maggie Evans, M.D. | Natalie Gregory, M.D.
Molly Joseph, M.D. | Granger Osborne, M.D. | Maggie Ray, M.D. (not pictured)
Amy Warner, M.D. | Kate White, M.D. | Lara Wilson, M.D.
Katie Gibson, WHNP-BC | Debbie Erich, FNP-C (not pictured)

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 **OCTOBER IS BREAST CANCER AWARENESS MONTH**
Be sure to schedule your mammogram today!

Breast Cancer By the Numbers



About **1 in 8** women will be diagnosed with breast cancer

#2 cause of cancer deaths (lung cancer is #1)

85% of breast cancers are diagnosed in women with no risk factors

Currently **2.8 million** women have a history of breast cancer, including those who have completed treatment and those in treatment

Women with dense breasts are **6 times** more likely to develop breast cancer

60,290

new cases of non-invasive (in situ) breast cancer in 2015

Lifetime risk of breast cancer in men is **1 in 1,000**

Among those under **45**, African-American women are more likely to develop breast cancer



Estimated **231,840** new invasive breast cancer diagnoses in 2015

5 to 10% of breast cancers can be linked to gene mutations, such as BRCA1 and BRCA2

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*Close to
their
hearts*

By Natalie Caula Hauff

LOCAL WOMEN SHARE THEIR MASTECTOMY STORIES

*H*aving both breasts removed can leave physical and emotional scars, but, for some women a **mastectomy** is the only option that makes sense.

We spoke to four women who have had the procedure or were planning on having it done. While they share that in common, each woman told a unique story about how she handled the changes to her body and the struggle to maintain her femininity.



Loving the Now

Deborah Bailey spent five years living without breasts. After having a double mastectomy in 2010, doctors told her she couldn't have reconstructive surgery yet – not that she wanted to.

"I thought it was OK and wanted to show my daughter you don't have to be perfect," she said.

Despite the discomfort, Bailey wore prosthetic breasts. However, after years of gawking by strangers, the trying task of finding clothing that would fit and awkward pool outings, Bailey had had enough, particularly during one recent moment.

"I had one (prosthetic breast) fall out at yoga class. I said I was done. I'm done with these things. I can't relax when I have them on,"

she said. "I decided after five years to have the surgery and I'm glad I did."

It was a long journey for Bailey to get to this point. She was diagnosed with stage 3 breast cancer at the age of 36 after a mammogram, which most women don't have until the age of 40.

"If I'd waited until I was 40, I would not be here," she said.

So began a series of treatments – months of chemotherapy and her double mastectomy followed by radiation therapy. Bailey tested positive for a genetic variance and doctors

discovered cysts in her uterus, so she decided to also have a hysterectomy, which she calls the most trying of all the procedures she's had.

"From the hysterectomy, I would caution women. I wish I had known more. To have it is a huge life change – bigger than chemo, bigger than a mastectomy," she said. "I felt gutted for four years."

**"If I'd waited until I was 40,
I would not be here."**

However, about a year ago, Bailey began to feel like herself again. That's when she said she felt ready to have the surgery and get new breasts.

"I think that's what a lot of people don't realize – you don't just get implants, have great boobs, cancer's gone and everything's fine. For five years, I lived with a concave chest," she

said. "It looked like Zorro took his sword to my chest."

In June, Bailey had reconstructive surgery. She was not a candidate for implants because so much tissue had to be removed from her breasts. Instead, her reconstructive surgery involved removing tissue from her abdomen to construct her breasts. It's a complicated series of procedures. She recently completed the first of four surgeries.

Despite the emotional and physical roller coaster Bailey has been riding the last five years, she said life is good. She and her husband recently bought a puppy and Bailey's trips to the pool with her children are now focused on fun instead of dodging awkward looks. She has no idea what tomorrow will bring, but she is loving "the now."

"I don't feel like everything is hanging on a string anymore," she said. "I'm not looking in the rear view anymore."



Standing By Her Decisions

Nicole Ferraro is ready to feel "normal" again. Six years ago, she was diagnosed with breast cancer in her right breast. She had surgery, went through chemotherapy and radiation and became cancer-free. Then, earlier this year, as she puts it, "lightning struck twice" – a brand new cancer had formed in her left breast.

"I think I was in shock this was even happening again. My first reaction was that I was really pissed. I was really mad. You are always waiting for the other shoe to drop and hoping it doesn't," she said. "To have all this happen, I felt beaten down a little bit."

Doctors acted quickly and she went into surgery within a week and had a lumpectomy once again, this time on her left breast. Doctors removed the tissue with the cancer cells. For Ferraro, it was the tipping point that led her to

"I'm terrified to have it but at the same time knowing the relief it will give me after not having to do this roller coaster anymore is huge," she said during an interview a few weeks before having the procedure.

She's been through surgeries before, but, this time, most of her



Photo by Kate McKinley Photography

breast tissue would be removed. It's not a decision she made lightly.

"I don't think men can understand what you go through as a woman," she said. "Taking away that body part is huge."

Ferraro, who is a patient at Medical University of South Carolina Hospital, has no regrets about the way she's handled her treatment, like deciding against the mastectomies the first time she had cancer in 2009, even though that option was recommended by her doctors.

"I don't think men can understand what you go through as a woman."

"I stand by my first decision. I didn't feel comfortable then," she said. "I've never questioned it. But I am happy with my decision now going forward."

Ferraro is also a board member of Share Our Suzy (SOS), a local non-profit organization that provides financial assistance to local breast cancer patients.



Taking Each Day at a Time

Earlier this year during a mammogram, doctors saw something they didn't like in Sally Ramsdell's breasts.

"They said something doesn't look quite right," said Ramsdell. "So I got an MRI. That's how it all started."

Biopsies revealed that in one of her breasts, Ramsdell had an abnormal cell growth, which increases a person's risk of developing invasive breast cancer later in life. In her other breast, doctors also found a type of noninvasive breast cancer.

Ramsdell had two options: two lumpectomies, in which surgeons would remove the breast tumor and some of the normal tissue that surrounds it, or a bilateral mastectomy, the removal of her breasts. Ramsdell chose the second option.

"I just felt I couldn't take this risk," she said. "I just feel like this is the right thing to do before it starts spreading."

In May, Ramsdell had the bilateral mastectomy and reconstruction. Immediately, she said she felt a great sense of relief.

"It was the best feeling after the surgery was over when they said nothing else was there. They got everything," she said.

Emotionally, Ramsdell said her experience was made easier by the support of her husband, Craig, her family and friends, as well as the team at Roper St. Francis.

"I think Sally's calm demeanor is because she felt well-informed and had a good support system," said Shelley Usher, Ramsdell's assigned clinical nurse navigator. "We have some patients completely freaking out and some who take the bull

by the horns. I feel like knowledge is power."

For Ramsdell, the physical effects are a little harder to get used to. She was able to go home the next day, following her five-hour surgery. A few weeks later, the swelling got worse and the drains were uncomfortable.

"One of the hardest things for me was sleeping on my back. That has been by far the hardest thing I've had to go through," she said.



Photo courtesy of Sally Ramsdell.

"It was the best feeling after the surgery was over when they said nothing else was there." They got everything."

The next step for Ramsdell is to get used to her new body. She's pleased her plastic surgeon did exactly as she asked – giving her the same size breasts she'd had before.

"It's so weird to think I have these breasts that are just different than I ever had but knowing I'll get used to them," she said. "Overall, this was the best decision I could have made, and I'm taking each day at a time."



Peace of Mind

When breast cancer returned a second time within five years, Cheri Coleman said she'd had enough.

She'd already had a lumpectomy and radiation in her other breast, so she signed up for a double mastectomy in 2013 and had both her breasts removed.

For Coleman, who is 65, the decision meant losing both breasts permanently. High risk factors in her case didn't make her a viable candidate for breast reconstruction or implants, she said.

"I feel like I am missing something, I have to admit that," said Coleman. "I think if I were younger, I would have taken the risk of reconstruction. But at this age, I'm a little more realistic about things."

Coleman said it helped that her husband supported the decision. She also uses prosthetics, which are made of silicon and placed into a special bra. She said they help give her some sense of femininity.



Photo courtesy of Cheri Coleman.

"It doesn't take the place of breasts, by any means. But they do make me feel more comforted," she said. "Still, at the end of the day, you are taking the bra off." The decision to have the surgery, which was done at Medical University of South Carolina Hospital, came down to this: "When the second one (cancer) showed up, it was rather devastating. That is probably my main reason. I'd already faced it once. So I said, 'Let's just remove both breasts.' My peace of mind is better for doing that."

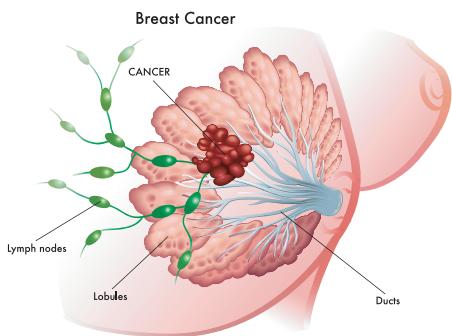
Coleman dealt with other complications stemming from the mastectomies, such as a hematoma in one of her breasts. However, despite the pain she went through, the discomfort of the draining tubes and the realization she would not have breasts, Coleman contends she felt relief following the surgery.

"Let's just remove both breasts.' My peace of mind is better for doing that."

"You cannot replace peace of mind," she said. "I think it's an individual decision based on how you feel about your body and how you feel about the cancer, also."

MASTECTOMY BY THE NUMBERS

A recent study in California showed that over 10 years, the survival rate was **83 percent** for those who had lumpectomy, **81 percent** for those who underwent double mastectomy and nearly **80 percent** for a single mastectomy.



Bilateral mastectomy (removal of both breasts) rate for women diagnosed with cancer in just one breast increased from **4.2 to 11.0 percent** between 1998 and 2003.

South Carolina's mastectomy rate among women: **56 per 100,000**. National rate is **58 per 100,000**.

Between 1998 and 2008, the rate of immediate breast reconstruction surgery increased from about **21 percent to 38 percent**.

Women who have a pre-operative MRI may be nearly **twice** as likely to elect to have a bilateral mastectomy.

Women who underwent double mastectomy were **twice** as likely to undergo reconstruction with implants compared to their single mastectomy counterparts.

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KNOWLEDGE IS POWER

Facts About Prostate Cancer

by Barbara Millen Patrick

You don't hear about prostate cancer much. It isn't like breast cancer, which seems to turn the entire month of October pink. No one seems to be racing for a cure. Did you know September is Prostate Cancer Awareness Month? It is.

Prostate cancer is confusing. It is estimated that 80 percent of all men will be diagnosed with prostate cancer – if they live long enough, it is almost a guarantee – yet there is great debate among doctors as to whether men should be routinely screened. It tends to be a slow growing type of cancer, and, even if you have prostate cancer, chances are you'll die first from another cause. But, like any other cancer, it can grow and become invasive, metastasizing to other parts of the body where it is likely to become a real challenge.

The prostate, which is underneath the bladder, looks sort of like a walnut. It has a tendency to become larger as men age and, because of its location, can start to cause a little trouble, such as having to urinate more often, especially at night.



Most men with early prostate cancer have no symptoms. In later stages, men may experience blood in the urine or erectile dysfunction. More urgent symptoms indicating likely metastasis can include pain in areas such as the spine, the hips or the chest or loss of control of the bowels or bladder.

Is There a Test for Prostate Cancer?

Most cases of prostate cancer are identified by the PSA test. PSA is a protein produced in the prostate gland that can be measured by a blood test. Although men with prostate cancer have higher PSA levels, a high PSA does not necessarily indicate that cancer is present. But if that number is high, most urologists will suggest further testing, including a DRE (digital rectal exam) and possibly an ultrasound or an MRI. A biopsy may be suggested so that a pathologist can determine the presence of a tumor.

The Urologist Diagnosed Cancer. Now what?

Depending on the type of prostate cancer and its stage, your doctor may recommend "watchful waiting." If it stays within the prostate, doesn't cause difficulty and grows at a very slow rate, you may need no treatment at all, avoiding possible side effects of surgery or medications.

Like any cancer, it is classified as stage I, II, III or IV. Signs that the cancer may have spread beyond the prostate include a high PSA number, a high Gleason score (scores range from 2 to 10 and are determined by microscopic study; the lower the number, the better) or bone pain. A variety of tests, such as a bone scan, may be done in addition to CT scans or MRIs to provide detailed images.

"The key indications for treatment are the Gleason score, the PSA test and the stage," said Dr. Louise Clay, a radiation oncologist with Roper St. Francis.

In addition to "watchful waiting" for stage I cancers, more aggressive treatments include prostatectomy, external beam

radiation, hormone therapy, brachytherapy or hormone therapy, with or without radiation. Side effects of treatment can affect the bladder, rectum and urethra, particularly in more advanced cancers

But what really excites Dr. Clay is CyberKnife.

"Our newest treatment is CyberKnife for low and low to intermediate grade patients, a very intense course of radiation over a short time, about five treatments over the course of two weeks," Dr. Clay explained.



Dr. Louise Clay is passionate about her work as a radiation oncologist for Roper St. Francis.

What is CyberKnife Therapy?

This is a non-invasive treatment which is extremely accurate in pinpointing only the prostate with high doses of radiation, sparing nearby healthy tissue. Two technologies have been blended together to treat tumors that were unreachable in the past: an image-guidance system to locate and track the tumor and a maneuverable robotic arm.

Unlike surgery, CyberKnife is painless, non-invasive and lasts only about 30 to 90 minutes. And patients are able to resume daily activities afterward. Roper St. Francis is currently the only hospital in the area to offer CyberKnife therapy.

How Can I Prevent Prostate Cancer?

There are no known preventive methods, but the best advice is to live a healthy lifestyle with a diet low in fat, include plenty of fruits and vegetables, add fish and reduce your dairy intake. Maintaining a healthy weight and regular exercise are always good ideas. And if you have a family history of prostate cancer, discuss that with your doctor. Knowledge is power.

And, by the way, there is a cancer awareness and fundraising event which takes place in September. Roper St. Francis Cancer Care holds the annual Burger Prostate Challenge Golf Tournament, named for writer Ken Burger, who underwent treatment in 2008.+

PROSTATE CANCER BY THE NUMBERS



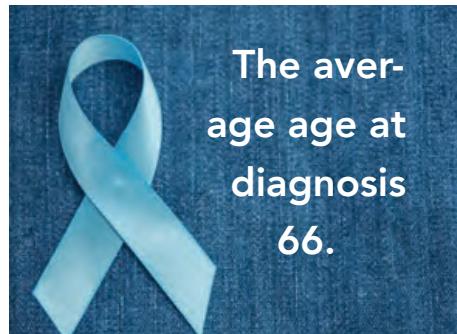
1 in 7 men are diagnosed with prostate cancer.

Approximately
220,800
new cases
will be diagnosed in
2015.

Ninety percent of men diagnosed with localized prostate cancer have a nearly **100** percent chance of living at least five more years.



There are **2.9 million survivors** in United States.



The average age at diagnosis
66.

Six cases in 10
are diagnosed in men
65 and older.

Prostate cancer is the **no. 2 cause of cancer deaths** - lung cancer is no. 1.



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The Shot That Could Dissolve Double Chins!

The Food and Drug Administration today approved a new drug that promises to get rid of double chins without surgery.

The drug is called KYBELLATM, and it is an injectable substance that dissolves fat under the chin.

Options at the moment have been to suck it out or cut it out! This is a GREAT BREAKTHROUGH for patients suffering with this issue!

I've been obsessing over my "slight double chin" for many years now. It runs in my family, and when I recognized it in my own profile I was super bummed. KYBELLATM has changed my life and my self image.

KYBELLATM (deoxycholic acid) injection is the first and only FDA-approved nonsurgical treatment that contours and improves the appearance of submental fullness, sometimes referred to as "double chin".

KYBELLATM has been the focus of a global clinical development program involving over 20 clinical studies with more than 2,600 patients worldwide, of which over 1,600 have been treated with KYBELLATM.

Customized treatment plans can help improve your chin profile. Many patients experience visible contouring of their chin profile in two to four treatment sessions spaced at least one month apart. Up to 6 treatments may be administered.

Take it from "K.T.", a local woman whose self image improved with the help of the KYBELLATM procedure.

"I've been obsessing over my "slight double chin" for many years now. It runs

in my family, but when I recognized it in my own profile, I was super bummed," she admitted. "KYBELLATM has changed my life and my self image."



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HERE'S WHAT YOU NEED TO KNOW:

What is it?

KYBELLATM is a version of deoxycholic acid, "a naturally occurring molecule in the body that aids in the breakdown of dietary fat,"..

How does it work?

"Submental fat is stored in fat cells that accumulate in the chin area," explained Dr. Jack Hensel. "KYBELLATM has been described as a "fat-melting" compound, which is not completely accurate. It works by disrupting fat cell membranes, which causes cell destruction. This process is also known as cell "lysis." When the membrane of the cell is destroyed, the fatty contents are released into the bloodstream and naturally metabolized by the body."

How much is needed?

A grid of tiny dots is drawn beneath the patient's chin and injections are made into each dot.

How long does it take?

It takes about five minutes to do the injections.

What's recovery like?

It takes two or three days to heal And no bandages are required.

Who isn't a good candidate for it?

According to Dr. Jack Hensel, KYBELLATM isn't a solution for every patient – for example, those with excess skin under the chin, as the procedure does not tighten loose skin. However, individual patients are encouraged to meet

with Dr. Hensel and discuss whether the procedure could benefit him or her.

Are there side effects?

Side effects could include bruising, swelling and temporary numbness.

Will insurance cover it?

Insurance will not cover this procedure, and cost differs on individual basis. In trials, patients received the injections once a month for up to six months before reaching the desired effect.

Why can't we use this in other areas of the body?

It would take significantly more product to remove fat from other areas of the body, and liposuction and other options would be more efficient.

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Leslie Haywood, diagnosed
with breast cancer at age 34

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someone I care about to learn
more about breast cancer. Bring
your mom, daughter, or friend
and join us under the live
oaks. We’ll enjoy delicious food,
sip delightful beverages and
learn more about this disease
that affects one in eight women.”
- Leslie*

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THEY DON'T JUST FEEL YOUR PAIN

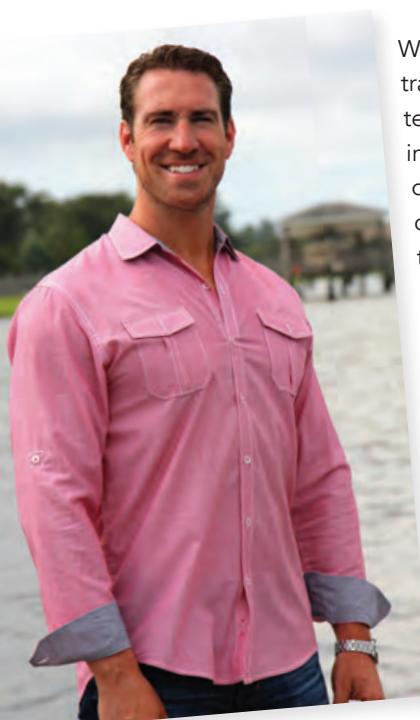
By Anne Toole

While many people may associate chiropractic strictly with back pain, ChiropracticUSA helps patients with a much wider range of health issues and offers healing solutions such as nutritional counseling, stress management, prenatal chiropractic, weight loss programs and sports and rehab chiropractic.

Matt Murrin, DC, BSc Kin, PFLC, CEP, opened ChiropracticUSA's doors in 2008 to help resolve patients' medical problems in a uniquely fun and exciting environment.

"Research shows that smiling, chuckling and laughing change the healing process," Dr. Murrin explained. "Having a good time is unique in a doctor's office, so we reach for excellence both in healing and customer service. We want you to have fun and feel like you are part of our family."

Dr. Murrin credited his team for providing a great patient experience.



Having the right team is key. We have fantastic people, and training together makes our team even more amazing. It's important for all of us to know our patients' wellness always comes first. We strive to make them feel at ease and at home here in the office during their journey to greater health."

After graduating highest in his class at Palmer College of Chiropractic, the birthplace of chiropractic, Dr. Murrin worked for the Indianapolis Colts football team, where he specialized in managing pain and improving performance. But during a mission trip to Bolivia, where he worked with three orphanages, he realized he wanted to do much more.

Photo courtesy of ChiropracticUSA.



"The children had a host of health complications, like chronic ear infections," Dr. Murrin said. "One child was paralyzed from the waist down and couldn't move his arm or control his bowels and bladder, all due to nerve pain. I was able to fix that nerve pain and allow him to regain use of his arm and control his bowels and bladder. I changed his life, and that was a game-changer."

ChiropracticUSA helps patients ranging from babies just hours old to those in their 90s, and from athletes to those who simply suffer from health problems. Dr. Murrin and his team have helped find solutions for patients suffering from rotator cuff issues, infertility, ear infections, colic, asthma, allergies and more.

"We're not a typical cookie-cutter back pain, neck pain and headache practice," he said. "We look for the root of the cause, as opposed to looking at the pain itself. For example, with carpal tunnel, the pain may be in the wrist, but that nerve wraps up around the elbow, up the shoulder and stems from the neck. There's the root of the problem."

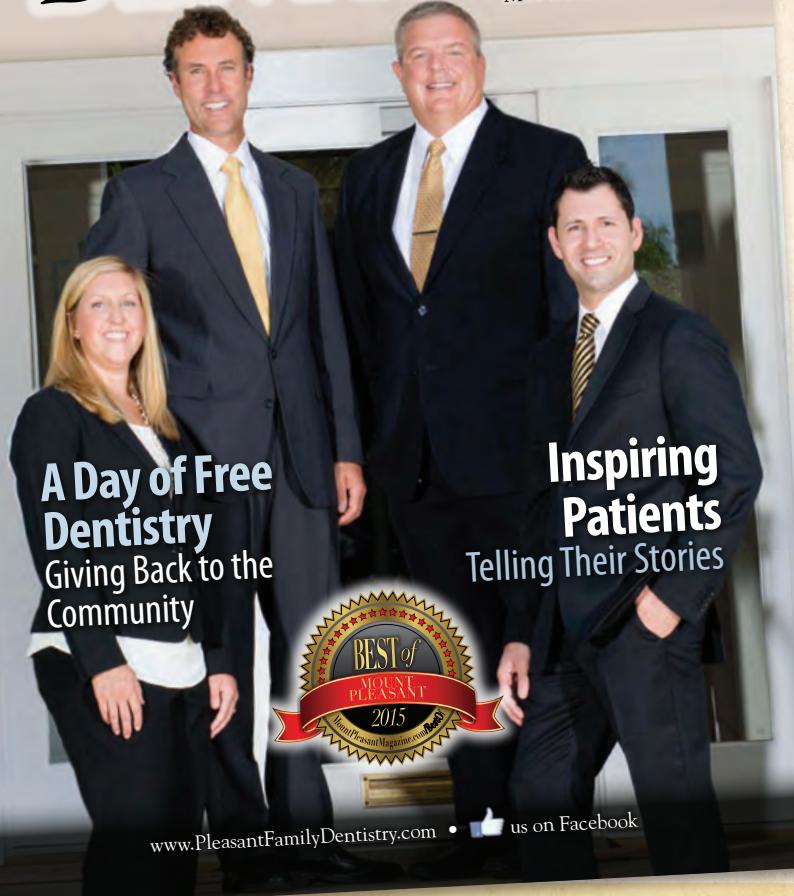
With a background in medical school before becoming a chiropractor, Dr. Murrin believes that honesty about health problems is key and that the least invasive approach to a health problem should be explored before resorting to prescription drugs or surgery.

"Sixty-four percent of people who go to a surgeon first wind up having surgery, but less than 2 percent of patients who go to a chiropractor first need surgery," Dr. Murrin explained. "I believe in treating the cause from the least invasive treatment, progressing toward the most invasive. Therefore, hands (chiropractic care), is paramount. If we start focusing on 'wellness,' we can begin to avoid 'illness.' Medicine and surgery should be a last resort."

Visit www.chiropracticusasc.com to learn more about how Dr. Murrin and his team at ChiropracticUSA can help find a solution to your health problems.

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SWEET & SOUR



PROTECTING YOUR **TEETH**

By Stacy E. Domingo

Candies, cakes and pies...oh my!

The final months of the year are upon us, and with them come sugary temptations that enrapture the young and old alike. Holiday candies and desserts will find their ways into homes across America.

Every culture and region has their favorite recipes – from fruit cake to dirt cake to empanadas, the selections are endless.

As you and your family reap the benefits of holiday festivities, remember to do it in moderation and remember your teeth. You know – those pearly whites that give you the ability to smile, eat and speak? A little caution and maintenance will go a long way.

According to the Centers for Disease control and Prevention (CDC), tooth decay remains one of the most common diseases of childhood. More than 25 percent of 2- to 5-year-olds have one or more cavities, and half of kids 12 to 15 years old have one or more cavities. Meanwhile, tooth decay affects two-thirds of 16- to 19-year-olds.

When eating sweets and sour candies, a person should follow up with plenty of water to help rinse the mouth. Dairy has also been found to be beneficial to protect teeth, and, when at all possible, brush about an hour after consuming candy, which gives your mouth's natural defenses a chance to work.

"Tooth decay is one of the most common childhood diseases," said Dr. John Assey of Assey Dental Associates. "Trying

to combat the number of processed foods and refined sugar, along with lack of appropriate hygiene, is a real problem. The food we have available to us is harder for our bodies to break down, which causes decay on our teeth."

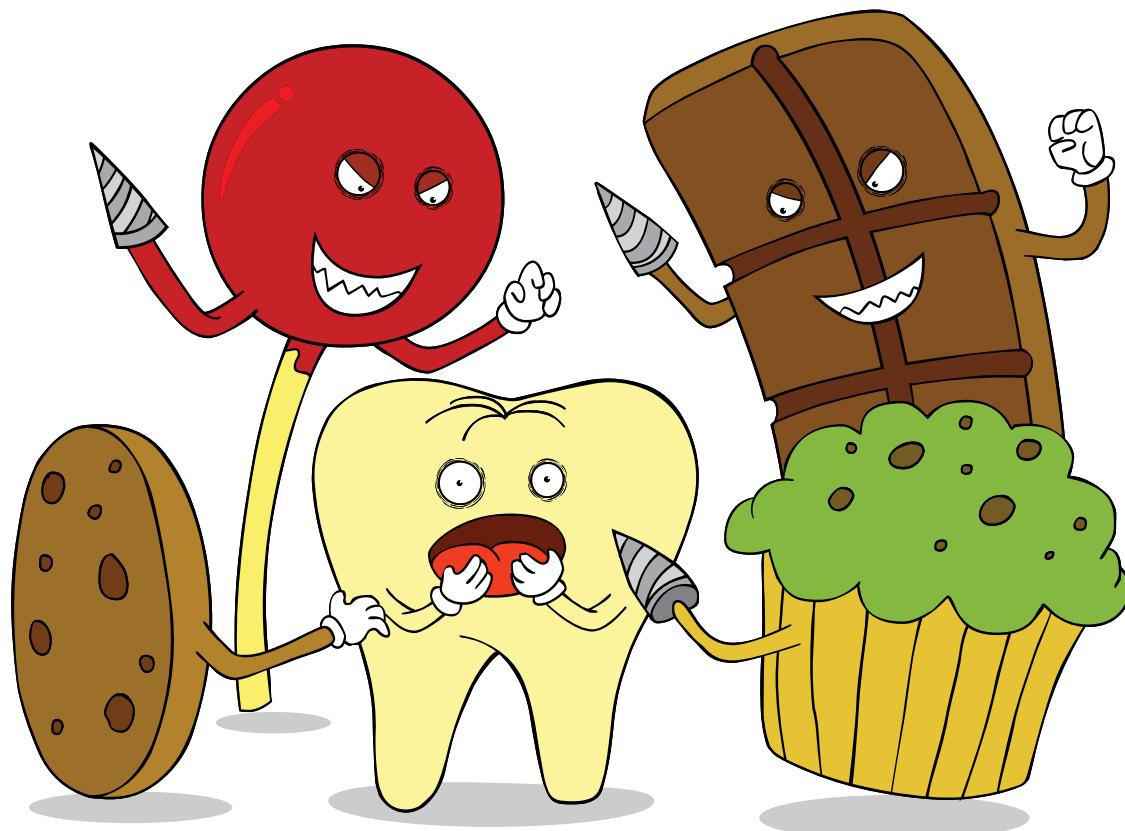
Without protective enamel, teeth are more prone to cavities, increased sensitivity to hot or cold food and beverages and discoloration.

Did you know that sour candy – a popular confection among children these days – is twice as harmful to your teeth as normal candy? It contains so much acid, it can actually dissolve tooth enamel directly on contact. Citrus fruits contain acid as well, and even though they can cause enamel damage, it is not to the same extent as sour candy.

"When dealing with sugar, I recommend brushing your teeth after a meal or using mouth rinse to help flush the debris out," said Dr. Assey. "It is especially important to do this when consuming citrus fruits. They are acidic and attack enamel by breaking it down. Citrus fruits are the worst because they are part of a healthy diet, and people aren't aware of the damage they are doing to their teeth."

"Sports drinks and energy drinks are another cause for concern."

"The problems we are seeing with teeth are tremendous due to power drink consumption," Dr. Assey pointed out. "Young children tell us they are drinking two a day, and these things are packed full of sugar. Parents feel these drinks are OK because they provide critical electrolytes, but it is best to avoid



them and hydrate with water, or instead, consume drinks such as Powerade Zero or G2 because they do not have the sugar."

Drinking water – specifically tap water – is beneficial to the teeth. Fluoride is known to help prevent and even reverse the early stages of tooth decay. The fluoride present in most tap water combats childhood tooth decay by delving into the structure of developing teeth and protecting the teeth when they come into contact with the surface of the gums.

For the past 60 years, additional fluoride has been added to community drinking water (amounts are determined by location). According to the CDC, in 2012, more than 60 percent of the population received fluoridated water through home water taps. The CDC considers community water fluoridation one of the 10 great public health achievements of the 20th century.

Parents should be aware that many bottled waters do not contain fluoride, although the market is changing. If fluo-

ride has been added, the manufacturer is required to list the amount.

"Bottled water is just not held to the same standard as tap water," explained Dr. Assey. "It is OK to alternate between the two, but this is why it is important to trust your dentist when they recommend a fluoride tray or rinse at the end of your visit. Some people just aren't getting enough fluoride."

Of course, routine visits to the dentist are extremely important. Cleanings and X-rays every six months are your best bet at early detection.

"Often, adults feel that if they brush their teeth several times throughout the day that they do not need to come in as often for cleanings, and this is untrue," Dr. Assey remarked. "When you brush your teeth, you are only reaching about 60 percent of your surfaces. There are five surfaces for a single tooth, and in between the teeth is the danger area that is missed." 



TEETH BASICS FOR ADULTS

- A normal adult mouth has 32 teeth.
- Typically, all 32 teeth arrive by 13 years of age.
- 8 total incisors.
- 4 total canines.
- 8 total premolars.
- 4 total wisdom teeth, which typically erupt by 18 years of age.
- The crown of each tooth projects into the mouth, while the root of each tooth descends below the gum line into the jaw.
- Teeth are used for chewing and speech.

TEETH BASICS FOR BABIES

- Dental care should begin prior to the first tooth appearing.
- Use infant toothbrushes with a tiny bit of ADA-approved fluoride toothpaste – about the size of a grain of rice should be used.
- Flossing can occur once teeth touch.
- Around two years of age, teach the child to spit while brushing.
- By three years of age, children should use a bean-sized amount of fluoride toothpaste.
- Always supervise children younger than six years of age, as fluoride toothpaste should not be swallowed.
- Never put a baby to sleep with a bottle or juice cup – the fluids can eat away at the enamel for hours, creating a condition called bottle mouth.

ITEMS TO AVOID FOR HEALTHIER TEETH

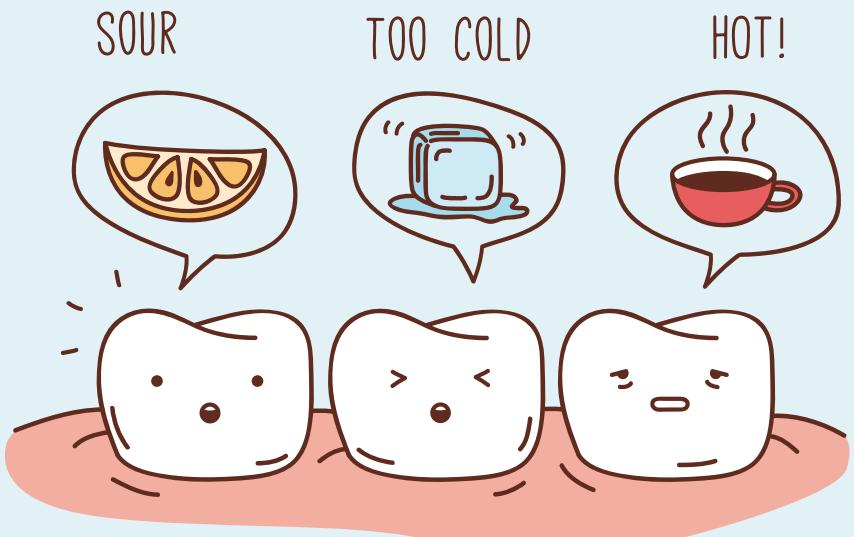
- Citrus fruits are highly acidic and can erode tooth enamel over time. Grapefruit & lemon juice are the top offenders.
- Regarding chewy candy, the stickier it is, the worse it is. Taffy and caramels are the top offenders.
- Hard candy tends to stick around long after it is meant to and will saturate your mouth.
- Pickles are also acidic, thanks to the vinegar in the pickling process, which erodes enamel.
- Carbonated soda contains sugar, which breeds cavities.
- Sports drinks may seem like a good alternative to soda, but they can be acidic and contain high amounts of sugar.
- Wine will stain your teeth.
- Crackers contain refined carbs, which convert to sugar and produce cavity-forming bacteria.
- Coffee will also stain your teeth. Imagine the inside of a white coffee cup and the stains that form; it does the same to your teeth.
- Black tea, which is used in iced tea, may stain your teeth worse than coffee, and some herbal teas have been found to erode enamel as well.

A TOUGHER SMILE

Tips for Sensitive Teeth

Are you wincing in pain after a steaming holiday cup of cocoa? Are you avoiding your iced cocktail until it reaches room temperature? If your teeth are sensitive to hot and cold foods and beverages, there are few techniques you can do at home to improve the situation.

- Choose a toothbrush with soft, comfortable bristles.
- Brush the right way. A circular motion is best – not back and forth.
- Try using toothpastes and mouthwashes for sensitive teeth.
- Swish your mouth with lukewarm water – not too hot and not too cold.
- Drink from a straw whenever possible, and particularly when enjoying an acidic or sugary drink. After a meal, rinse your mouth well, then brush 30 minutes later if possible.
- Take it easy on whitening. Bleach can erode the enamel too!



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HEALTHY WINTER RECIPES

By Stacy E. Domingo

Winter recipes are usually hearty, protein-rich dishes highlighting seasonal produce. Part of the comfort of these dishes is the aroma that fills your home while cooking. Whether you are the type to relish an entire afternoon in the kitchen or to throw a dish together with ease, there is something here for you. I hope you enjoy these various dishes as much as myself, family and friends do.

Fake Loaded Baked Potato Casserole, Starring Cauliflower as the Imposter

Servings: Family Size Casserole

Cook Time: 20 minutes

Prep Time: About 20 minutes



Ingredients:

1 head cauliflower cut in large pieces
(about 4 to 5 cups chopped)
2 cups low-fat sour cream
1 ½ cups shredded cheddar cheese
(You can use low-fat.)

6 green onions, diced
10 slices bacon, cooked and crumbled
(You can use turkey bacon or none at all.)
½ tsp. salt
1/8 tsp. black pepper

Steam cauliflower until tender and then dice into small pieces. Place in mixing bowl and add sour cream, salt, pepper, half of the chopped green onions, half of the cheese and half of the bacon. Stir until mixed well, then place mixture into a two quart baking dish coated with cooking spray.

Top evenly with remaining cheese and bacon. Bake at 350° for 20 minutes. Remove from oven and sprinkle with remaining green onions.

Notes: Microwavable cauliflower in a steamer bag works just as well if you are looking to shorten your prep time.

Greek Lemon Soup with Chicken

Servings: About 4

Cook Time: 30 minutes

Prep Time: 15 minutes

Ingredients:

6 cups low-sodium chicken broth
1/3 cup orzo pasta
6 large egg yolks

1 ½ cups shredded rotisserie chicken
¼ cup fresh lemon juice
(can substitute from bottle)
Salt and black pepper

In a large saucepan, bring the broth to a boil and add the orzo pasta. Bring to another boil until tender.

In a large bowl, beat the egg yolks while gradually whisking in 1 cup of the hot broth. Add the egg mixture to the saucepan, reduce heat to medium and continue cooking, stirring until thickened.

Add the chicken and lemon juice to the saucepan before seasoning with a dash of salt and pepper.

Notes: You can use egg substitute instead of egg yolks to reduce the cholesterol in this dish. Don't have a rotisserie chicken? A quick substitute is canned chicken, rinsed and diced.



HEALTHY WINTER RECIPES

CONT.

Ham, Cheese and Spinach Quiche

Servings: About 8
Cook Time: 40-50 minutes
Prep Time: 10-15 minutes



Ingredients:
3 cups packed baby spinach, diced
6 large eggs, lightly beaten
1 ½ cups half and half
½ teaspoon salt (can use salt substitute)

1-9inch pie crust (You can also cut strips and made mini-quiches with this)
¼ pound diced ham
1 ½ cups shredded cheese
(Swiss works well)

While preheating oven to 375°F, place a lined baking sheet with foil to warm. In a medium skillet (use cooking spray), over medium heat, cook spinach, stirring often, until wilted. Remove spinach to a towel-lined plate and pat dry with paper towel.

Combine eggs, half and half, and salt in a large bowl and whisk. Lay pie crust, then arrange spinach on top. Add ham and then sprinkle cheese before pouring egg mixture into the shell, covering the spinach, ham and cheese.

Place quiche on baking sheet and bake until filling is set and crust is golden, for about 40 minutes. Let stand 8-10 minutes. Serve in wedges, hot.

Notes: If you don't have fresh baby spinach, frozen spinach will work, too, just be sure to thaw and squeeze out excess moisture. Give it flare by substituting spicier shredded cheese and adding jalapeños.

All-Around Spaghetti Squash

Servings: About 8,
depending on size of the squash.
Cook Time: 30-40 minutes
Prep Time: 30-40 minutes

Ingredients:
1 spaghetti squash
1 head garlic

Salt and pepper
Olive oil
Canola oil



Preheat oven to 350°. Separate raw squash into halves and scoop out the seeds from the inside. You can do this with a spoon or ice cream scoop.

Place halves of squash on an oven safe cooking dish, face up. Add thinly-sliced garlic into the center of the squash. Add salt and pepper as desired and drizzle with a mixture of half olive and half canola oil. Be sure to cover the entire inside of the squash.

Bake for about 30-40 minutes, or until the squash separates from the skin with no resistance.

Remove from oven and allow it to cool for about 20 minutes. Then take a sturdy fork and separate the squash from the sides. As you scrape with the fork, this creates the spaghetti-like strands.

Use the spaghetti squash in the dish of your choice. It is great with marinara sauce or tossed with fresh vegetables.

Notes: If you serve with marinara sauce, be sure not to coat the noodles until serving, as it will become soggy. Jarred minced garlic can be used in place of fresh garlic. Spaghetti squash can be made ahead of time and stored in the refrigerator.



CARING

FACES and PLACES



Chad Straughan, PharmD is the owner/pharmacist at Tidewater Pharmacy & Medical Supply. Chad graduated from UNC-Chapel Hill and worked in the pharmaceutical industry for 12 years before opening Tidewater. Tidewater is the only full service pharmacy in the Mount Pleasant area. They offer the customary retail pharmacy service,

along with compounding, and medical supplies. He and his wife, Erin, and their three children live in Mount Pleasant.

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Dr. Kelli Johnston was born and raised in Sterling Heights, Michigan. She completed her undergraduate degree in Kinesiology at Michigan State University, and as well as her medical degree at the Michigan State University College of Osteopathic Medicine. In 2005, Dr. Johnston moved to South Carolina for her pediatric residency training at the University of South Carolina/Palmetto Health Richland Children's Hospital in Columbia. Upon finishing residency in 2008, she continued to live and work in Union, South Carolina, before moving to Charleston and joining Coastal Pediatric Associates.



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Dr. Meredith L. Moore is board certified in pediatrics, allergy, asthma and immunology for both adults and children. She received her undergraduate degree from the U.S. Air Force Academy in Colorado Springs. Dr. Moore attended the University of South Carolina Medical School, where she completed her residency and spent six years as a general pediatrician in the Air Force.

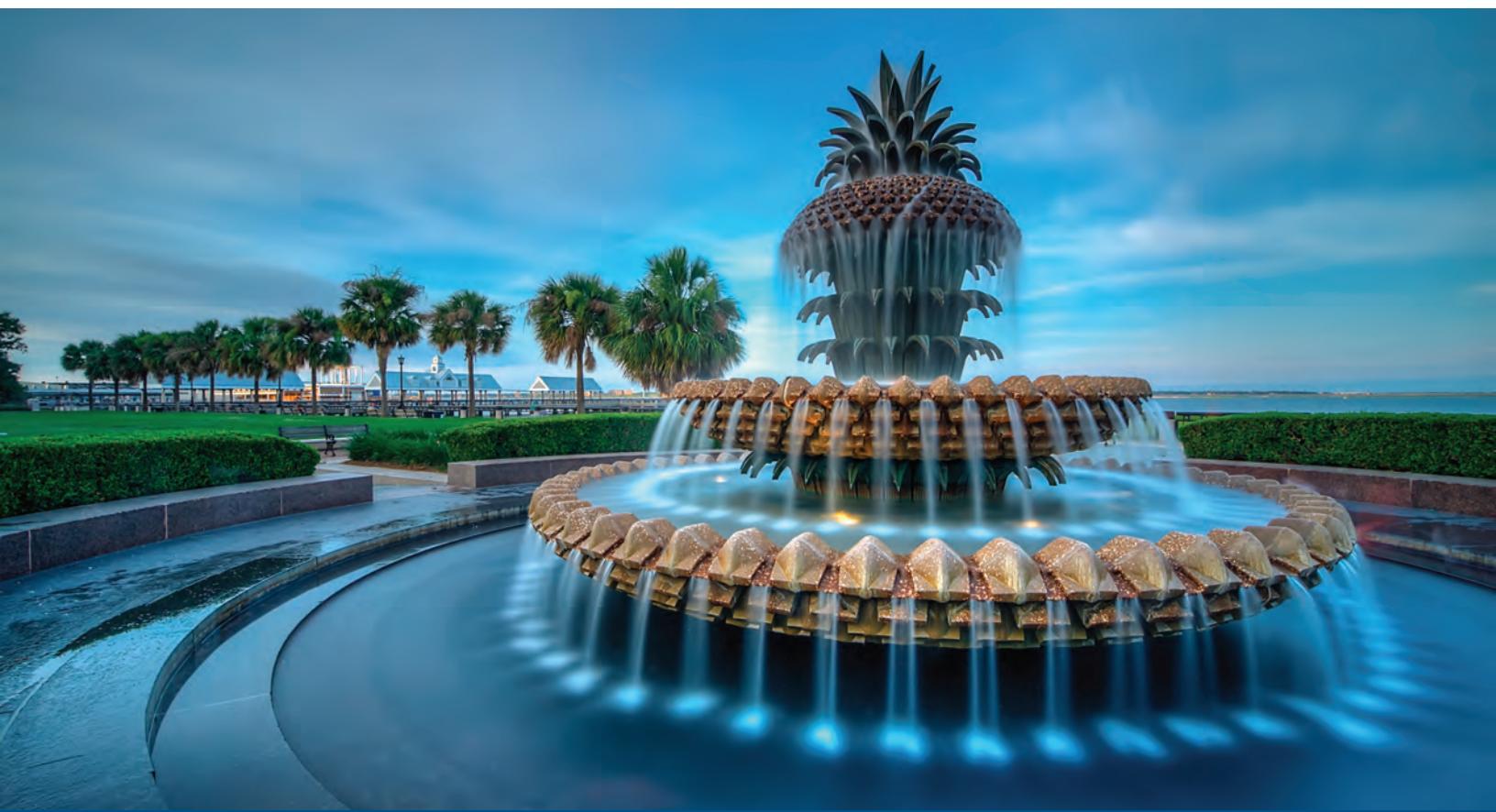
Moore received training in allergy, asthma and immunology at Wilford Hall Medical Center in San Antonio, Texas.



Dr. Carolyn R. Word is board eligible and received both her undergraduate degree and medical degree from the University of Virginia in Charlottesville. She completed her residency at the Medical University of South Carolina and traveled back to Virginia to complete her allergy and immunology fellowship. Originally from Knoxville, Tennessee, Dr. Word recently relocated back to Charleston to join the Charleston Allergy and Asthma medical team.

**To schedule an appointment with Dr. Moore or Dr. Word,
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