

YOUR LIFE AND

HEALTH

NATIONAL HEALTH MAGAZINE NOVEMBER, 1981 \$1.25

WORKING MOTHERS
AND THE PROBLEM
OF GUILT

CLIMB EVERY MOUNTAIN
FOODS YOU EAT CAN AFFECT
MEDICATIONS YOU TAKE

FAITH AND THE HEALING PROCESS

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 **WORTHINGTON**

Kaffree Tea... A Taste Above The Rest

Need Extra Income? By Christy Davis

Cash Paid For These Household Items

How would you like to have \$35 or \$450 in extra spending money? Did you know that items you overlook in your home may be worth a surprising amount of money to collectors? That your phonograph records . . . books . . . stamps . . . coins . . . dishes . . . bottles . . . spoons, etc., etc. don't have to be old to be valuable? That there is a good chance you can sell these items — by mail — to collectors across the country?

I've been collecting things for 20 years. On weekends, you'll find me at garage sales, flea markets, church auctions and rummage sales looking for things most folks think are worthless. I look for used records, comic books, bottles, stamps, pens and plates. I look for everything from old fish lures to egg beaters to lamp shades. These things used to be called "junk." Now they're called collectibles. And demand for them has sent prices soaring on the collectors' market.

Yes! A Howdy Doody doll at \$3 in 1952 now sells at \$150; a copy of the book CATCH 22 at about \$4 in 1961 brings \$200; a Hank Williams record at about \$3 in the 1950's sells for \$250; a plate at \$25 in 1965 brings \$500; a pocket knife at \$10 in 1970 brings \$300; a one-cent baseball card distributed in 1954 brings \$700. From toys to records to pocket knives, many items from recent years have turned into treasures worth many times their original value.

BIG DEMAND FOR THESE ITEMS

These amazing prices stem from the overwhelming popularity of things from "the good old days." These nostalgia items are in big demand. And they don't have to be "antiques" to be valuable. They can be wind-up toys from the 1920's and later. They can be glassware from the depression years. They can be phonograph records from the 40's, 50's and 60's. They can be ash trays . . . comic books . . . postcards . . . tea sets . . . even kids' lunch pails with comic characters painted on the side. Collectors buy, sell and trade these treasures just as brokers buy, sell and trade stocks. As a result, prices have skyrocketed.

From all over come reports of off-beat items selling to collectors for record-breaking prices. A Coca Cola serving tray from 1957 sells at \$100 . . . early Elvis records bring more than \$200 . . . a 1959 Barbie Doll sells at \$400 . . . a 10-cent Donald Duck comic book from 1942 brings \$1,000. Furthermore, there's no telling where these overlooked treasures will turn up. Just the other day, I heard about a Massachusetts school teacher who picked up a watercolor painting at a church auc-

CHECK THIS LIST

Books & Magazines	Children's Lunch Boxes
Records	Old Model Airplane Kits
Dolls	Plates
Lamps	Egg Beaters
Silverware	Horse Books
Bottle Openers	Christmas Lights
Fishing Reels	Military Medals
Old Checks	Boy Scout Patches, Pins
Toys & Banks	Rulers
Buttons & Badges	Padlocks
Clocks & Jewelry	Smoking Pipes
Lamps	Sunglasses

Do you have any of these items in your home? They may be worth money to collectors! The Collectors' Exchange, a service for people who want to sell items in their attic or basement, has a newspaper listing dealers who buy these and many other household items by mail. Read this article to learn the full story about selling items in your attic or basement — by mail — to these mail-order collectors.

tion for 35 cents. Years later — when she learned of its real value — she sold it for \$20,000. Or how about the baseball cards that earlier this year sold in candy stores for two cents each? They now sell to collectors for up to \$20 each! These 1981 baseball cards were printed by the Fleer Chewing Gum Company. The cards contain printing errors. After the first printing, the errors were corrected. This makes these two-cent cards now worth up to \$20 each to collectors . . . and worth who knows what in a few inflationary years!

HOW TO START

To help you make money on treasures you might otherwise overlook or throw away, I have a giant report on items you can sell to collectors . . . plus a newspaper that lists dealers across America who buy these items *by mail*. The report is packed full of current prices . . . photos . . . illustrations . . . and background information on 600 different kinds of items dealers will buy from you on the collectors' market. More than 45,000 items and prices are listed. Everything from teacups to fruit jars to postcards — things you may find in your own home! Things you may find at garage sales, flea markets, rummage sales or who knows where. Included with this report is a collectors' newspaper . . . jammed full of names, addresses, even phone numbers of collectors from Maine to California who buy and sell items of all kinds by mail. You'll find buyers for comic books . . . old toys . . . books . . . plates . . . spoons and more. You'll find dealers who pay top market prices for everything from phonograph records to stamps and coins. You'll find the largest, most current listing of dealers who buy these items by mail. Think of it! Your old phonograph records . . .

books . . . baseball cards . . . dishes . . . stamps . . . coins and other items in your home may be worth money to collectors. But what are they worth? Where do you sell them? My report and newspaper have the answers. They're loaded with collecting information that's helped many people find and sell hundreds of dollars worth of items they found in their own homes.

ONLY THE FACTS

Now this report and newspaper are available to you. Not a get-rich scheme. No phony prices. No brokers or middlemen. Just the facts in a form that can't help but open your eyes to the treasures you may be overlooking every day. If you do nothing else today, resolve to examine this report and newspaper. Millions of people think items in their attic, basement or garage are next to worthless. I guarantee you won't after you receive my 700-page report on items you can sell to collectors — everything from old fish lures to plates to phonograph records — plus you get 13 weekly issues of the newspaper listing buyers for these items — their names, their addresses, even their phone numbers. And remember, these are dealers who buy items of all kinds by mail. These are dealers who may want to buy what you have to sell. Look at the items listed in the box at the top of this page. These are but a few of the items these dealers are interested in buying . . . by mail! And each week, new and different items are listed. It's the largest, most widely used newspaper listing of dealers who buy these items by mail! My 700-page report and the 13 issues of the newspaper are sent to you each week for 13 weeks. And they're guaranteed. If you're not delighted, if they don't pay for themselves many times over in the items they help you find and sell, keep all 13 issues of the newspaper as a gift and owe nothing.

GOLD MINE IN YOUR ATTIC

My report and newspaper are not available in stores. The only way to get your copies is to follow these easy instructions. Simply put your name and address on a piece of paper with the words, "A Gold Mine In Your Attic," and mail it with \$14.95, cash, check or money order, to: THE COLLECTORS' EXCHANGE, Dept. 4, One Thornwood Court, East Setauket, N.Y. 11785. Your 700-page report and 13 weekly issues of the newspaper will be mailed to you with the guarantee that you must agree they more than pay for themselves in the items they help you find and sell, or your purchase price will be refunded without question.

A PERSONAL NOTE



Thirteen years ago, when I joined the faculty of the School of Health at Loma Linda University in southern California, I shared, for a short time, a huge room with a short, almost-always-smiling, energetic woman in her 70s. Although the room had been her working area for some time, and I felt somewhat the intruder, Hulda Crooks never made me feel anything less than welcome.

As I came to know her, I marveled at her physical stamina and agility—climbing Mount Whitney, which she had become known for, was a feat at any age. Being a nature lover myself, I also appreciated her extensive knowledge of trees and flowers and the lessons she drew from nature that gave one a greater understanding of life and of the Creator of all things. But perhaps even more than these, I valued and learned from the way that Mrs. Crooks with indomitable courage had faced and continued to face the onslaughts of life.

Always seeking the bright side of a situation, she maintains a cheerful spirit, determined, by God's grace, to learn from but never to be overcome by the adversities of life, and to enjoy to the fullest life's blessings. She is an inspiration to all of us who know her.

You can read more about her in the article in this issue written by Ella Rydzewski, a former editorial secretary here at *YOUR LIFE AND HEALTH*.

Weight control is a topic of concern to countless numbers of people. Jack Osman, who some time ago wrote a book titled *Thin From Within*, recently has completed a vegetarian edition, and we are reprinting one of the introductory chapters from that book. Dr. Osman believes that to be successful in reducing weight a person must think about it and that a good way to express and refine thoughts is to write them down. Read his article "Before You Begin" to gain some insights into how to reduce successfully.

If someone you know—a family member, a close friend, a neighbor—has a hearing problem, you'll be gratified to know about some specific things you can do to help him or her understand you more easily. Learn what they are in "How You Can Help Someone Who Has a Hearing Loss."

We have heard for some time about the effects one medication may have upon another taken at about the same time, and of the effects of mixing alcohol and some drugs. Now we are hearing more about the interactions of foods and medications. Author Phyllis Lehmann points out some things you definitely should be aware of in "Foods You Eat Can Affect Medication You Take."

In an article entitled "What Part Does Faith Play in the Healing Process?" a physician emphasizes the delicate balance between the mental, physical, and spiritual components of man, and discusses the role of faith in helping a sick person to become well. This bears out the philosophy of *YOUR LIFE AND HEALTH*, that the various parts of man are so irrevocably intertwined as to be inseparable, and that one must work with the whole man in any process of healing or of improvement of life style.

As one thinks of November, Thanksgiving Day comes naturally to mind. On this day of festivities, of family, friends, and food, let's place a greater emphasis on the reasons why this day has become a national holiday and give grateful praise and thanks to the great God who gives us all good things and who sustains us through the heartaches and trials that are a part of our earthly existence. It is good to know that He is "up there" and that He cares.

YOUR LIFE AND HEALTH

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OBJECTIVE: *YOUR LIFE AND HEALTH*, a family magazine, features significant health information to motivate readers to adopt sound principles of healthful living, as well as articles to enhance other facets of the reader's life. **MANUSCRIPTS:** *YOUR LIFE AND HEALTH* gives consideration to unsolicited manuscripts, provided they meet certain requirements. Submissions can be up to seven double-spaced typewritten pages; brevity is encouraged. Articles should be health oriented, properly researched, scientifically documented, and written in an interesting style for nonprofessionals. Emphasis is on prevention. Only those articles accompanied by a self-addressed and stamped reply envelope are returned. **CONSUMER SAFETY:** An attempt is made to screen those products and services that are felt to be harmful, but the companies who advertise take actual responsibility for their products or services. **ADVERTISING:** *YOUR LIFE AND HEALTH* accepts those advertisements that are compatible with the aims and objectives of the journal. Those wishing to advertise should submit advance data on copy and product to the Marketing and Advertising Department. **BRaille:** Selections are available in Braille. Write to *YOUR LIFE AND HEALTH*, P.O. Box 6097, Lincoln, Nebraska 68506. **CHANGE OF ADDRESS:** Please use the change-of-address form in the Gazette section of this magazine. **SUBSCRIPTION PRICE:** U.S. currency; \$12.95, one year. Single copy, \$1.25. Prices may vary where national currencies differ. Prices subject to change without notice. *YOUR LIFE AND HEALTH* (ISSN 0279-2680) is published monthly and copyrighted © 1981 by the Review and Herald Publishing Association, 6856 Eastern Avenue NW, Washington, D.C. 20012. (202) 723-3700. Second-class postage paid at Washington, D.C. Vol. 96, No. 11. All rights reserved. Title registered in U.S. Patent Office. The owner is the General Conference of Seventh-day Adventists.

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Climb Every Mountain

At age 85, Hulda Crooks is still out there climbing her beloved Mount Whitney and inspiring people with her achievements and her Christian philosophy.

by **Ella M. Rydzewski**

Joggers are a commonplace sight in the university town of Loma Linda, California, but none is so well known as Hulda Crooks. The town boasts mountain climbers, too, but none who has appeared on nationwide talk shows and newscasts—except Hulda Crooks.

Mrs. Crooks did not reach her celebrity status by jogging three miles every morning six days a week—a lot of serious joggers follow an even more vigorous routine. Mountain climbing isn't even that extraordinary, and others may have climbed California's Mount Whitney twenty times in the past twenty years, as she has done.

What makes Hulda Crooks unique is that at the age of 85 she continues to follow this active life style.

It was a balmy southern California evening several years ago when I first met this interesting woman. I was walking home from a midweek church service, breathing in the fragrance of orange blossoms hanging in the air. Just ahead of me was a gray-haired woman going in my direction, so I decided to walk with her. As we talked I was aware that there was something different about this "older" lady. She had a youthful spring to her step, and in fact walked so briskly that I was wearing out keeping up with her pace.

This was my introduction to Hulda Crooks, mountain climber, jogger, philosopher, and all-round physical-fitness enthusiast.

When I heard that Mrs. Crooks was planning her twentieth trip up Mount Whitney—highest summit of the

United States, excluding Alaska—in August of this year, I decided to interview her to find out how this famous octogenarian stayed so healthy. I arrived at her small cottage in Loma Linda about 10:00 A.M. and found that she had been up for many hours already and had completed her daily exercise routine. She prepared for her upcoming climb, she said, by keeping in shape all year, and then a few weeks before the Mount Whitney excursion she would carry her backpack up and down nearby hills. Climbing the approximately 14,500-foot mountain takes a lot of stamina, and she plans to be ready for the challenge.

It was a Sunday when I visited her, and she did not have to go to work. "I retired in 1978," she told me, "but only from the paycheck." In 1952 Mrs. Crooks began working as a research assistant for the School of Health at Loma Linda University, and since retirement she still works as a volunteer four to five hours daily, five days a week. She pointed out that climbing up and down the steps on the south side of her office building ten to forty continuous times was another method she used to keep in shape. She also sometimes works out on special machines in the school's health lab to keep the upper part of her body in tone.

It wasn't until the age of 75 that she began making long backpack trips. She crossed the Sierra Nevada Range from Sequoia to Whitney Portal, an eighty-mile trip, at age 76. When she was 78 she completed hiking the 212-mile John Muir Trail, which had taken her five summers to accomplish. At 81 she began working on the Sierra Club's registered list of 268 peaks in southern California and as of July, 1981, had climbed seventy-six of

them. Every other week she and a group of three to five others climb local mountains, covering anywhere from eight to seventeen miles.

I had heard that Mrs. Crooks began her strenuous physical activities late in life, but she explained that as a child she had been very active doing farm-work in Canada. It wasn't until the age of 18, when she left home to work her way through school, that her health gradually began to fail from lack of appropriate exercise. After a bout with pneumonia, which caused her to lose a year of schooling, and then major surgery at age 37, it was some time before she became strong again. "When you beat yourself down for so many years," she said, "you don't recover in six weeks. My circulation was poor, and for forty-five years I had cold feet.

"My husband got me back outdoors, and in my 40s I began to come out of it." She gardened and raised birds, calves, and goats. She later began climbing nearby mountains.

Mrs. Crooks attributes much of her disciplined and interesting life to her late physician-husband. She explained that he had had a heart condition and could not participate with her in her activities; nevertheless, he constantly encouraged her. "I wanted him to baby me, and he wouldn't do it," she said. "But he was good to me, and any time there was an occasion for a gift he gave me a nature book. He minimized the importance of housework and encouraged every outdoor interest I had. When I would find the name of a new flower, he would be interested in that—he encouraged me to improve my mind. Later he got me started giving nature talks."

A simple diet

We have all heard of miracle lon-

Ella M. Rydzewski is secretary at the Paradise Valley Seventh-day Adventist church in San Diego, California. She was formerly editorial secretary for Your Life and Health.



gevity diets, and I was eager to hear whether Mrs. Crooks had one to share with me. No, not really—her diet appeared to be relatively balanced and simple, low in fats and sugar, with an emphasis on whole grains, legumes, nuts, fruits, and vegetables. (She has been a vegetarian for sixty-seven years.) She uses some milk each day (but no hard cheeses) and on occasion has an egg. She takes no vitamins, but has an occasional B₁₂ shot.

Concerning the oilless diet, she noted that she follows a low-fat diet but does use some oil. When I asked about the idea that one should exist on a totally raw-food diet, she replied that she found no basis in the Bible to support the use of a completely raw diet. She explained that she uses the Bible and, as a Seventh-day Adventist, refers to early church writings for guidance in dietary and other matters. "I believe these to be inspired," she said.

Pointing out the inspiration she has been to other oldsters, I asked Mrs. Crooks how she would suggest such a person start an exercise program. "Very slowly," she said. Although she first climbed Mount Whitney at age 66, it was not until she turned 70 that Mrs. Crooks started her jogging program. "One should begin with walking. Actually, I tell people that I do not recommend jogging for older people. We are used to walking on smooth ground. When we run we barely skim the surface, and a little bump can throw you. Too many older people have osteoporosis, and their bones are weak. My bones are solid and strong. I have fallen five times in fifteen years, and I could have had five broken hips. I began jogging slowly because of my age. It was six months before I did half a mile. Even with walking, a person should not go so fast that it takes him a long time to recover. This can be discouraging, as well as unhealthy."

I knew that this woman was deeply religious and asked whether and how she shared her faith on the trail. She showed me a printed leaflet that she had written. "I gave out 500 of these on the Whitney Trail in 1980," she said. "It tells about the author and brings out my religious philosophy as a Christian. The response I get from the people on the trail is very warm—especially from the young people. They really have a lot of questions."

The philosophy she lives by

When Mrs. Crooks talks about the most important part of keeping healthy, surprisingly it is not diet, and it is not exercise—she believes it is mental attitude. "When we allow ourselves to become depressed, critical, and unhappy, the body functions don't hold up well."

I was aware that Mrs. Crooks had had more than her share of tragedy in life—she had lost not only a husband but a son. Had this stress caused the dire results that psychologists warn us they will? Not for Mrs. Crooks. "I would say that I tend to be optimistic. Of course, I have shed tears, but I am

"Our life span doesn't make that much difference. The important thing is to improve the time we have to develop a character for eternal life."

not a crier. My problems drew me closer to the Lord; otherwise, I would have been depressed. I remember that nothing that could happen to us could approach what Christ suffered.

"I was 73 when my boy died, leaving three children. I could have gone under, but my jogging and mountain climbing helped me cope with that and other problems.

"But our life span doesn't make that much difference," Mrs. Crooks said. "The important thing is to improve the time we have to develop a character for eternal life." We can sometimes lengthen that life span, though, by how we take care of our bodies, she believes. "If you are ill, your whole life can revolve around your illness if you let it. My husband used to help me with this problem."

Mrs. Crooks's nature study played a big part in developing her philosophy of life. Because of the value this philosophy had in helping her cope with life's ups and downs and the insight it gives into the character of this remarkable woman, I thought it important to have her explain it briefly.

"There was one time when I was

under great stress," she said thoughtfully. "It was also at this time that I had been asked to give a nature program. I studied my Bible and nature books, searching them, trying to find some answers, not only for my talk but for myself. As I did so, it opened up to me that nature presents two images. In the beginning nature reflected the character of God only, in all its aspects. Adam and Eve learned from God and saw His character verified in His works—in their laboratory at Eden. God was then the professor in the Garden, but Eve found an off-campus professor. God was helping Adam and Eve to be like Him day by day through education, but the serpent said they could be gods immediately, and Eve fell for it."

"That sounds like today's philosophy of instant gratification," I responded.

"Yes, exactly. Eve took the serpent's word at face value, with no proof that it was true. How was God going to prove to them that the serpent was lying? He had to let it be demonstrated in nature, side by side with His work. So the earth was cursed for our sake, and nature is confused now—all mixed up—good and evil. We can see the two images and choose which we want to follow.

"I can accept life's troubles as part of that other picture. God would like it all to be the Garden of Eden, but even as we are part of the plan of redemption, we suffer the consequence of sin. Otherwise, how could you prove that sin hurts, if God protected you from it? Adam and Eve chose the knowledge of evil, and the Garden of perfection could not teach them what they needed to know about it.

"When I got that picture, things began to fall into place. Now when something happens, I know where it belongs. I don't charge God with it. Some people will say, 'Why did this happen to me?' The fact is—why not? Why somebody else? You see, we are subjects here in this world. For the believer in God, it can be an opportunity to demonstrate His power in our lives."

After this introduction Mrs. Crooks settled back in her chair and revealed to me many lessons she had learned from the book of nature. The time passed all too quickly, and when I left I knew that I had talked with a very special and wise woman. 

Guilt is another major problem of working parents, especially mothers. They feel guilty about working while their children are small; guilty about leaving them with baby sitters and in day-care centers; guilty about their absence when baby says his first word or takes her first step; guilty about their older children coming home to an empty house; guilty about being unable to participate in the children's daytime school activities; guilty about feeling too tired to enjoy the children in the evening; guilty about becoming angry and yelling and spending precious time together in conflict; guilty about not having time to make fancy birthday cakes and party costumes; guilty that the house never seems spic-and-span. The list is endless.

Guilt is debilitating, discouraging, and defeating if no effort is made to eradicate the feelings. Yet the advice

Kay Kuzma is an associate professor of health services at Loma Linda University in California, where she teaches courses in parent education and family health services. She has established day-care centers in her local area, and is now actively involved in parenting seminars, which are informational workshops for parents that are presented nationwide. She and her husband, Jan, have two daughters and a son.

Working Mothers and the Problem of Guilt

by Kay Kuzma, Ed.D.

“Don't feel guilty” is difficult to accept. However unrealistic these feelings may be in a broader context, if you share them they are both genuine and painful for you. The only solution is to recognize guilt and reduce it by taking positive action.

If you repress too many negative feelings, you won't be able to experience fully the more positive emotions of happiness and joy. But if you recognize

your negative feelings, you can work with those feelings rather than letting them mount until the frustration level becomes unbearable.

What happens when you bottle up negative guilt feelings? Let's consider a typical, imaginary situation. You have had a particularly hard week. The boss demanded that you work overtime, and you didn't get home until after the children's bedtime. You feel guilty that



you haven't spent more time with the children. On Monday you realize you're beginning to feel depressed. You can hardly get up in the morning and get the children off to school. You arrive at work full of resentment toward the job and toward your boss, who makes so many demands. Because you feel guilty, depressed, and resentful, you can't seem to get organized, and your efficiency is significantly reduced. By 5:00 P.M. you still have a stack of work on your desk and you're feeling guilty about your workload. You come home frustrated and yell at the children for innocently giggling and goofing around. They stop immediately and put their arms around you, saying, "We're sorry, Mom." You push them away. "I just need to be alone," you tell them. Later, when the house is quiet, you begin to feel guilty about screaming at the children. Is there no way out of this endless cycle of guilt?

Now, replay the scene with a few modifications. When you wake up on Monday face those feelings of depression and guilt. After thinking about some possible solutions you make up your mind: *no more overtime*. It just cuts too deeply into your time with the family. Making that decision is a relief, although you're somewhat scared to tell the boss. You kiss the kids goodbye with a cheery "See you at five." When you get to work you confront your boss immediately. "I felt guilty all last week because I couldn't spend more time with my children, so I can't work overtime anymore. I'm willing to work lunch hours, but my children need me after school. They are disappointed when I'm late. I hope you can understand my decision."

What was the difference between the two scenarios? In the first you felt guilty, but you didn't do anything about the feelings, and they continued to build up. In the second you recognized the feelings and took constructive action. As a result, the feelings disappeared.

Often parents with the most training in developmental psychology and human behavior feel the most guilty. They know what effective parenting entails, and can easily see the disparity between their behavior and that elusive goal. Research findings or information from a best-selling book can generate guilt about past behavior toward the children—which at this point cannot be changed. For example, one book may advise you to forget about toilet training, because the child will train himself when he is really ready. A second book notes that 2-year-olds can

and should be toilet trained. The third book says you can toilet train your child (when he's ready) in twenty-four hours. The first book may generate guilt about being too hard on your child. The second book makes you feel guilty if you were too soft. The third book encourages guilt if you weren't able to do it in twenty-four hours.

The only possible benefit of considering your past mistakes is to help you make better decisions in the future. Parents need to realize that they are going to make mistakes in their job of child rearing. They may become angry and impatient; they may demand too much of their children; they may not always be

Working mothers often blame themselves (or the fact that they are working) for their children's problems. Research does not support this idea.

there when their children need them. Learn to say "I'm sorry," and sincerely try to do better the next time. It is not the occasional mistake that shapes children's lives. It is the prevailing attitude of the parents and the atmosphere of the home.

Working mothers often blame themselves (or the fact that they are working) for their children's problems. Friends, neighbors, and relatives can increase such guilt feelings by wagging their tongues and fingers disapprovingly: "If only she'd stay home and be a mother she wouldn't have problems with her children." Research does not support this idea. Nonworking mothers have as many problems with their children as working mothers. If a mother is happy, whether she is working or not, her children tend to be fairly well adjusted.

An outside job may actually be a necessary escape for a mother who can't cope with her child's problem behavior. Work may be an oasis for you if you have an extremely difficult child, such as a handicapped child. You can return to your child with renewed enthusiasm and energy. The responsibility of child rearing is sometimes overwhelming. You

should not feel guilty when you must ask others to help.

If you continue to feel guilty about working, carefully consider the reasons. Does it contradict your childhood values? Values *can* change. If work is not an economic necessity, consider part-time employment or a less demanding job when the children are young and need you most. If you have to work, then dwell on the positive aspects of the job rather than the negative.

Does your spouse disapprove of the fact that you're working when the children are small? If he does, and you still choose to work, make a pact to be honest, open-minded, and respectful of each other. Then try this exercise. Make a list of the negative and positive aspects of your job. Be specific. Ask your spouse to do the same, then compare the two lists. Look at the positive side first, and try to agree on as many positive points as possible. Then compare the negative side of the list. Brainstorm possible solutions for each negative point. Quitting would be one answer. Continuing to work without any changes would be the opposite extreme. Be willing to compromise. Consider some of these ideas: part-time work; hiring a housekeeper; fixing meals ahead of time; arranging a more flexible work schedule; taking a less demanding job; working closer to home or moving closer to work; hiring a live-in baby sitter; coming home promptly after work.

Do your relatives, friends, or fellow church members disapprove of working mothers? If so, then you must evaluate the importance you place on their opinion and decide to what degree their beliefs should influence your life. At times you must learn to say, "I am unique. My situation is unique. I will do the best I can for my immediate family." The opinions of the church, neighbors, and relatives are *less* important than your own feelings about what is best for your family's happiness and well-being.

Do you feel guilty because you don't like your job and would prefer to stay home? If you are unhappy and have a choice, *quit*—if you are sure that nonworking status will bring happiness. In many cases, however, a new job will alleviate such feelings.

Is your guilt caused by exhaustion or your inability to find the time to meet all your household obligations? You may be trying to do too much. Hire help or ask your family to provide more help. Be specific in explaining your needs. Get to

bed an hour earlier—whether or not your “homework” is done. Make sure that you are physically fit. Begin a regular program to improve your health habits.

Do you feel guilty because you sense that your children are receiving inadequate child care? If so, thoughtfully write down the specific incidents that justify your feeling. You may want to counsel with others to check whether your perception is realistic. Then if the situation cannot be remedied your only option may be to quit work until good care is found. If you continue to work when you feel your child is definitely receiving substandard care it will be almost impossible to relieve your guilt feelings. You cannot continue to live happily with this conflict brewing inside you.

However you choose to deal with guilt, do *not* allow occasional guilt feelings to affect your parenting. The following list includes the most common child-rearing mistakes made by guilty parents.

1. *Overprotecting the child.* “I’m not home very often, so I want to compensate by being with my child whenever I’m home and carefully monitoring her time when I’m not home.” Children thrive on age-related independence—not smothering.

2. *Giving unnecessary gifts.* Some parents believe that they can make up for their absence by giving gifts. Presents never take the place of parental presence.

3. *Giving in to demands.* Children often play on a parent’s guilt feelings to get what they want. Parents fall into this trap by trying to meet every desire and whim of their child. In such situations the child runs the home—and it’s not a happy place for either parent or child.

4. *Feeling sorry for the child.* “Oh, you poor dear. I feel so sorry for you when I have to work. You don’t have a mommy here when you get home from school.” This attitude only encourages the child to feel sorry for himself. Instead, help your child see the benefits that can be derived from your work.

5. *Allowing the child to escape home responsibilities.* “After all, this poor child has a mommy who works, so the least I can do is to make it up to him by doing his chores and picking up after him.” Balderdash!

6. *Ignoring misbehavior.* “I don’t want to cross my child, since I’m home so little. I’ll leave that to the baby sitter. I want my child to like me, so I’ll just ignore the bad things he does.” This attitude is particularly dangerous

because you are encouraging your child to exhibit more of this antisocial behavior.

Children need parents who are willing to parent—and that includes healthy doses of both love and discipline. Don’t deny your child his valuable training because you feel guilty about working. Instead, do your best, keep happy, apologize when you fail, and plan ways to avoid repeating the mistake. Follow these four steps:

1. *Count your blessings.* Each day try to learn new ways to fill your life with enjoyment, fun, and contentment. Don’t focus on the negative aspects of life, focus on the positive. Count the blessings

Children need parents who are willing to parent—and that includes healthy doses of both love and discipline. Don’t deny your child his valuable training because you feel guilty about working.

that work brings into your life and the lives of your children: new contacts and friends, new challenges; a focus for your creativity; new ideas to share with your children; colleagues whom your children enjoy; a whole new set of “uncles” and “aunts”; a broadening of interests; and extra income. Children benefit by seeing their parents take on different roles willingly—Dad doing the cooking and Mom attending a convention. As children become older they benefit by feeling needed. They can be important contributing members to their family by carrying more and more of the home responsibilities.

2. *Realize you can’t be perfect.* No parent is perfect—at least not for long. Work toward this goal, as expressed in a jingle adapted from the Danish poet Piet Heim.

The principle of perfect parenting is simple to express.
Err, and err, and err again, but less,
and less, and less.

3. *Stay on the cutting edge.* Try to minimize pain, conflict, jealousy, and boredom by solving problems as soon as they develop. Look for the first signs of

dissatisfaction. Talk to the person involved immediately. “You look as if what I did made you jealous [or whatever]. What can I do to avoid such misunderstanding in the future?” Be willing to apologize first. The words “Forgive me” are often met by a response like “It really wasn’t all your fault.” Then you are in a good position to solve the problem at an early stage. If you are busy solving problems as they arise, there is little time left for guilt. When you allow problems to build, they seem insurmountable, and it’s easy for a flood of guilt feelings to take over and destroy your family’s chance for quality time together.

4. *Finally, play the “What would happen if” game.* This is a way to discover the best alternatives for your family. For example, what would happen if you quit work? What would happen if you only worked part time, or said, “No overtime”? What would happen if you went back to school? What would happen if you decided to change jobs? To play the game fairly you must remain open to a wide range of possible answers to each question you might pose. Don’t kill this game in its prime and say, “What would happen if I quit work? Well, we would all starve!” Speculate on possible changes you could make in your life. You may find a whole new exciting life waiting for you.

Bruce Bogan and his wife did just this. Bruce was an aeronautics engineer; his wife was an artist. They felt guilty about rearing their children in the rat race of a large city. They began to ask the question “What would happen if we gave up our city jobs and moved to the country?” The move might be more conducive to an artist’s career, but what would an aeronautics engineer do? They decided to make the move, and Bruce applied his engineering expertise to sculpturing. His success exceeded his wildest expectations. But the real benefit was more quality time together with the family and no more guilt.

Playing the “What would happen if” game makes you realize you do have a choice about how you are going to live your life. When you feel that you have no options or choices, then you are ripe for a heavy load of guilt, and you will find yourself relentlessly pushed down the path of least resistance. 

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Starting on a weight-control program?
Here are some things you should think about . . .

Before You Begin

by Jack D. Osman, Ph.D.

Hollywood and Madison Avenue have saturated our senses with the ideal of the young, slim, beautiful person. This conditioning has so strongly influenced the American mind that many of us automatically reject a partner whose figure is less than optimal.

The male, especially, foolishly believes that only a person with an attractive figure is likely to have an attractive personality. Rarely will he seek a relationship with an overweight woman, even though she is an intellec-

Jack D. Osman has been involved in nutrition and weight-control education for more than a dozen years. As a professor of health science at Towson State University in Baltimore, Maryland, he taught courses in nutrition, values clarification, weight-fat control, love, spiritual aspects of health, and nutrition for children. He is a sought-after speaker for workshops and conventions on holistic health.

tual heavyweight and capable of the deep emotional intimacy for which he is searching. Unless the male consciousness is suddenly raised, the overweight woman's only chance is to reduce.

Conversely, many a woman is so repelled by a potbellied male that she is immune to whatever charms he may possess. In our society, thin is in.

No wonder so many people are obsessed with their weight. Who wants to be rejected on such a superficial basis? The sad truth is that many overweight people come to accept the evaluation made by others and feel that their weight problem cancels out the good qualities of their minds and personalities. They dislike themselves, and see themselves as outsiders in a thin society. Is it necessary to suffer such agony? Can the fat person maintain his sense of security about his self-worth, or does his embarrassment about his physical appearance

prevent him from relating to others?

Roaming eyes

Imagine yourself in the situation presented below. Then answer the questions.

You are dieting but are still more than fifty pounds above goal weight. You've just begun to believe that it is possible for you to be appealing to the opposite sex despite your plumpness.

You're at a party and have engaged in several conversations. Although they have been neither long nor intellectually stimulating, you're gratified that at least people don't seem to avoid you as they used to. But you notice that in all the conversations people just seem to be going through the motions. They talk trivia and their eyes roam continuously around the room.

Now you are speaking to someone you think is special. Suddenly he/she spots an attractive, slender person coming in the door. Your partner excuses himself/herself ostensibly to get a snack, but actually to make a beeline to meet the attractive person who just came in. You feel you're getting the brushoff.

To think about and to write about

1. What went through your head as you read this passage? What did you feel?
2. Has this ever happened to you? How did you react?
3. Did you leave the party early? Say more.
4. Alone, back home, what did you

Learning and thinking strategies or exercises are included with this article. These have one or more of the following four purposes:

1. To present you with information, opinions, situations, and controversial points of view.
2. To provoke you to think through the relevance of the facts and opinions to you, at this point in your life.
3. To encourage you to express, in writing, your reactions. Since writing provides a relatively permanent record, you may more carefully consider what you really think and feel.
4. To give you the opportunity to reflect back over former reactions, to see whether and how they differ from your present responses. Routinely date each strategy after you complete your answer.

do? How did your reaction express itself in your behavior?

5. If this situation were a common occurrence in your life, what consequences might such experiences have on your psyche?

6. List several alternative courses of action that are open to you.

A thin value structure for a fat society

Read the following presentation. Then answer the questions.

It seems somewhat inconsistent that society stresses the virtues of thinness and yet saturates our senses with advertisements for high-calorie foods. Most highly lauded edibles are not essential foods; they're more often than not empty-calorie junk foods. If ad men are subtly encouraging us to consume their concentrated goodies, then it would seem that we should be permitted to store those extra calories without being disapproved of by society.

In a society in which nearly 50 percent of the population has a weight problem, who is setting the standards? We can't win! By succumbing to advertising ploys, we submit to excess consumption of calories. When we gain weight, we are made to feel ugly and guilty, because society values thinness. No wonder overweight people tend to be frustrated!

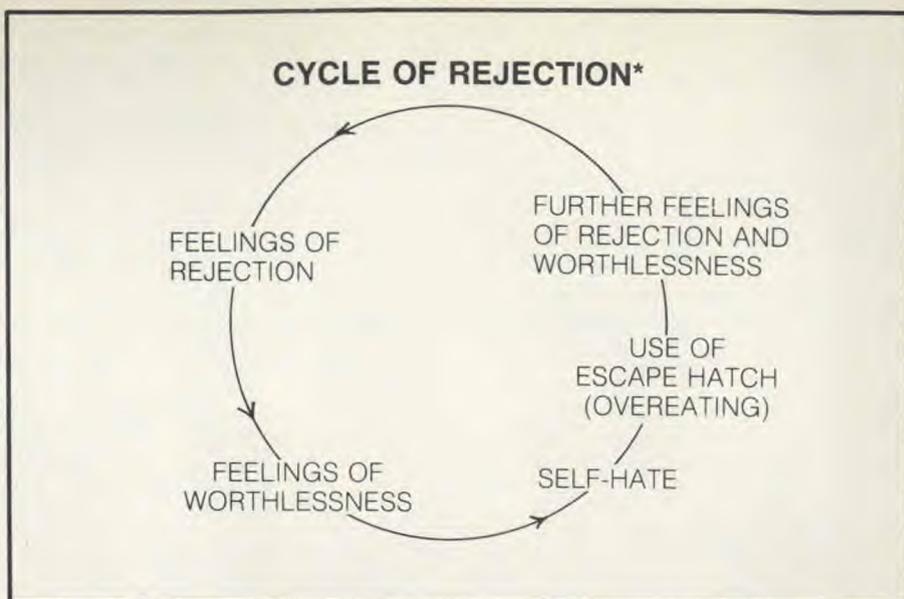
To think about and to write about

1. Have you confronted the inconsistency described here?
2. What have you done in response to it?
3. Who *is* society, anyway? Have you felt yourself pressured by society? In what way?
4. Have you ever resisted society's pressure? Write about it.

The cycle of rejection

Because society has conditioned us to see thinness as desirable, overweight persons often feel like social outcasts. Clothes are designed for the slender build. Colleges have been known to discriminate against obese students in their admissions policies. Employment discrimination is also common.

Over a period of time the overweight person's feelings of rejection accumulate and lead to conviction of worthlessness, particularly if nothing is contributing to a sense of self-esteem. When profound enough, these emotions fester into unconscious feelings of self-hatred. Most people's psyches cannot tolerate self-hate, and they protect their psycho-



logical well-being by devising defense mechanisms. Some kind of escape hatch is needed to cope with the devastation that is inherent in self-hate.

The trouble is, escape hatches do not solve the problem; instead, they lead to a further sense of rejection as people react to the protective behavior. For example, if the escape mechanism is alcohol, the self-hating fat person may drink to excess whenever he feels depressed about the futility of his life. Food is another popular escape. If the overweight person turns to the kitchen for solace, as he has been conditioned to do, his negative feelings of rejection, worthlessness, and self-hate will be compounded by feelings of guilt because of the failure to stick to his diet.

Alcohol, overeating, drugs, sexual

promiscuity, avoidance of intimacy—whatever the particular escape mechanism, the pattern is the same: people react negatively to the behavior, the person's sense of rejection is reinforced, and so the cycle continues.

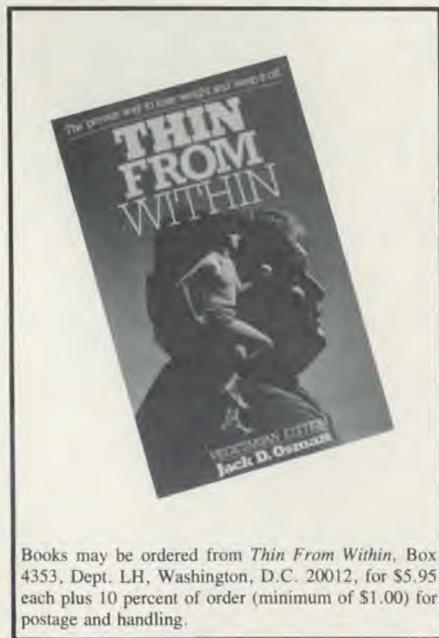
Overcoming the cycle of rejection

Feelings are real, but they may not be accurate. If you feel hurt because of rejection, that sensation is genuine. It hurts. However, the person by whom you feel spurned probably didn't reject you. The feeling may not be an accurate and objective interpretation of the situation. Before you allow your emotions to overrun your self-image, verbally check it out with the person involved. Don't let the sun set on a low self-image.

When a person feels rejected, it is a totally encompassing feeling. During this period he is bankrupt of any self-worth, self-esteem, or self-respect. Such emphasis has been placed on the overweight person's most apparent liability—his extra pounds—that he forgets the many assets and equities he has built up in other aspects of his life. Unfortunately a healthy sense of proportion is hard to maintain in these circumstances. Sometimes the cycle of rejection becomes so intense that it interferes with normal everyday functioning.

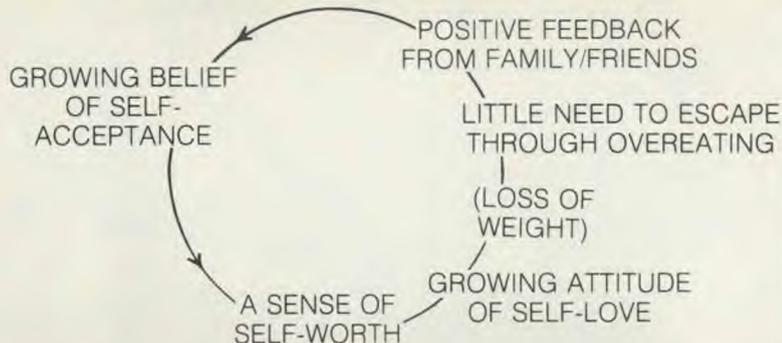
The exercise below is intended to remind you of the positive attributes you may have lost sight of in your concern over your physical characteristics.

On the left-hand side of the space below, list those qualities that you like about yourself. This is no time to be modest or vague. It is a time for a frank assessment of your positive features.



Books may be ordered from *Thin From Within*, Box 4353, Dept. LH, Washington, D.C. 20012, for \$5.95 each plus 10 percent of order (minimum of \$1.00) for postage and handling.

CYCLE OF ACCEPTANCE*



unimagined even in our wildest dreams.

Thought cards

On a regular basis (daily or weekly), write out a thought card. The writing of regular thought cards is an opportunity for personal growth. (Of course, sharing these personal thoughts with others involves a small risk.) There are three basic rules for writing a thought card:

1. The subject must be something about which you feel strongly. It may be about any topic, of any length, in any style. It may even be a quotation that you particularly enjoy. The thought need not be restricted to your feelings about food or being overweight.
2. Date each thought you record.
3. Sign your name.

Sample thought cards

"Leaning on a lamppost is not as easy as leaning on a friend."

"It's amazing how things that are not under our control can affect our emotions."

"A friend is someone who knows everything about you and still likes you."

"Don't let old times get in the way of what's happening now."

"Emotions are like rain showers—you can get caught in them when you least expect it."

"He who stands for nothing will fall for anything."

Collect these thoughts until you have accumulated about ten. Then go back over them and see whether they reveal your attitude concerning life in general, or, more specifically, about weight control.

Ask yourself the following questions:

1. Upon rereading, which thoughts would I drastically rewrite?
2. Can I spot a pattern in the ideas that I stand for?
3. Am I genuinely acceptant of most of my thoughts?
4. Have I ever taken action related to the subjects of my most strongly felt thought cards?

If you are ready to take a moderate risk, choose the thought card you are most happy with and share it with a friend.

As feelings of self-worth develop, they slowly establish a stable base for self-love in the finest sense. Feeling more secure, the overweight person experiences a much less drastic need to escape, especially through overeating. As he begins to lose weight, he receives positive feedback from family and friends, enjoying positive reinforcement from a formerly negative society. Warmed by these genuine gestures of acceptance, he

is strengthened in his feelings of self-worth. And so the acceptance cycle goes on.

Self-concept and self-directed dieting

How you feel about yourself will play a great role in how you feel about weight control. The key to winning at losing is getting yourself together—getting thin from within. Once you are sensitive to your own thoughts and feelings, you will learn to do your best to cope with defeats and bad times without slipping back into the cycle of rejection. Your efforts at weight control will be only one part of a well-integrated growth process in your life situation. And because your weight-control program is involving you as a *whole* person, your chances of success—at life and at weight loss—are much greater.

A caution before you begin

At this point in your life, is it safe for you to undertake a diet and activity program?

Be sure to have a physical examination before beginning any weight-control program. Ask your doctor whether you should be aware of any special restrictions in food intake or limitations in activity. People with special problems such as colitis, ileitis, kidney trouble, or heart trouble may be advised not to attempt a weight-loss program.

On the other hand, some persons who think they should be on a restricted-activity program may, in fact, be encouraged by knowledgeable physicians to participate in a mild program of activity. Only your doctor can advise you in this area. His instructions should supersede those of any weight-control plan you may read about.

* Adapted from M. B. Hodge, *Your Fear of Love* (Garden City, N.Y.: Doubleday & Co., Inc., 1976).

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I, _____, have checked with my doctor, _____, on _____;
he has given me his approval to begin a diet-and-activity program, being cognizant of the following limitations:

date

signature

Foods You Eat Can Affect the Medications You Take

If you're taking a drug, the food you eat could make it work faster or slower or even prevent it from working at all. Eating certain foods while taking certain drugs can be dangerous. And some drugs can affect the way your body uses food.

by **Phyllis Lehmann**



Would it occur to you not to swallow a tetracycline capsule with a glass of milk? Or to avoid aged cheese and Chianti wine if you are taking certain medicine to combat hypertension? Or to eat more green leafy vegetables if you are on the pill?

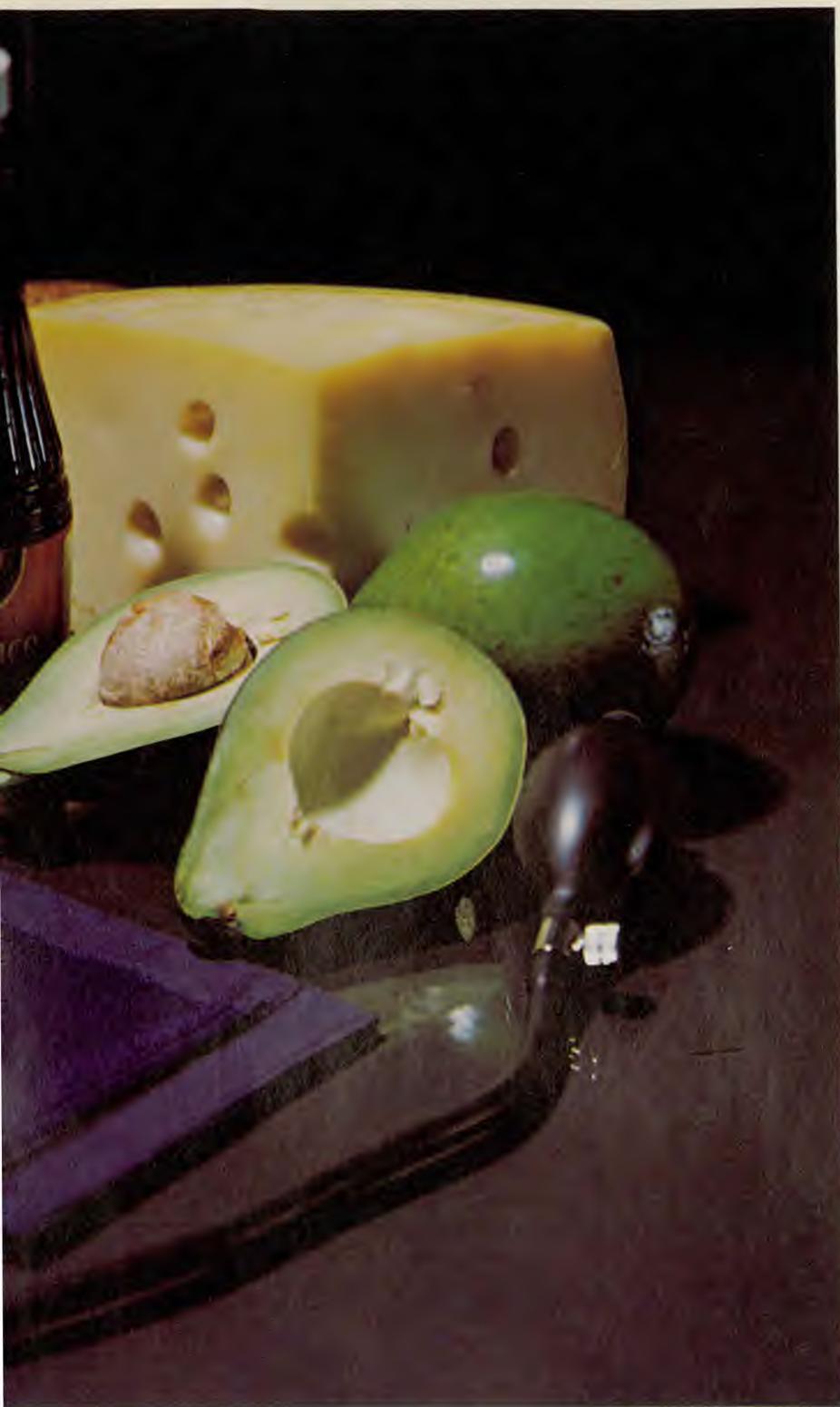
Phyllis Lehmann is a free-lance writer.

Probably not. Yet the effects foods and drugs have on each other can determine whether medications do their job and whether your body gets the nutrients it needs.

The extent of interaction between foods and drugs depends on the drug dosage and on the individual's age, size, and specific medical condition. In gen-

eral, though, the presence of food in the stomach and intestines can influence a drug's effectiveness by slowing down or speeding up the time it takes the medicine to go through the gastrointestinal tract to the site of the body where it is needed.

Food also contains natural and added chemicals that can react with certain drugs in ways that make the drugs



virtually useless. Some reactions can be downright dangerous, triggering a medical crisis or, in rare instances, even death.

It is because of these interactions that your doctor tells you to take certain medications on an empty stomach, some just before meals, and some with meals.

A major way food affects drugs is by

enhancing or impeding absorption of the drug into the bloodstream. There are a few cases in which foods speed up absorption. For example, blood levels of griseofulvin, a substance that combats fungus infections such as ringworm, rise markedly if the patient eats fatty foods before taking the drug.

More commonly, though, food and

beverages interfere with absorption. A classic interaction is the one between tetracycline compounds and dairy products. The calcium in milk, cheese, and yogurt impairs absorption of tetracycline. On the other hand, taking some iron supplements with citrus fruits or juices that contain ascorbic acid enhances absorption of the iron.

In general, it is unwise to take drugs with soda pop or acid fruit or vegetable juices unless you check with your doctor first. These beverages can result in excess acidity that may cause some drugs to dissolve quickly in the stomach instead of in the intestines where they can be more readily absorbed into the bloodstream.

Some foods contain active substances that can cause a drug effect or that can interact with a drug to produce an unexpected or countereffect. For example, licorice extracted from natural sources contains a substance that when consumed regularly in excess amounts may cause an elevation in blood pressure. Licorice is a favorite ingredient in candy and a flavoring for some pharmaceuticals. Most American manufacturers now use a synthetic flavoring, but many imported products still contain licorice from natural sources. Continued regular use of products containing natural licorice extract could aggravate high blood pressure or counteract the effect of medication for high blood pressure.

Excessive consumption of foods higher in vitamin K, such as liver and leafy green vegetables, may hinder the effectiveness of anticoagulants. Vitamin K, which promotes clotting of the blood, works in direct opposition to these drugs, which are intended to prevent clotting.

Some foods, such as soybeans, rutabagas, Brussels sprouts, turnips, cabbage, and kale, contain substances known as goitrogens, which inhibit production of the thyroid hormone and thus can produce goiter. Scientists suggest caution in eating these foods when taking thyroid medications.

Perhaps the most hazardous food-drug interaction is the one between monoamine oxidase (MAO) inhibitors, drugs at times prescribed for depression and high blood pressure, and such foods as aged cheese, Chianti wine, and chicken livers. MAO inhibitors can react with a substance called tyramine in these foods and force the blood pressure to dangerous levels, sometimes causing severe headaches, brain hemorrhage, and, in extreme cases, death.

To prevent a possible reaction, anyone taking MAO inhibitor drugs should avoid aged and fermented foods,¹ including pickled herring; fermented sausages, such as salami and pepperoni; sharp and aged cheeses, yogurt, and sour cream; beef and chicken livers; broad beans, such as fava beans; canned figs; bananas; avocados; soy sauce; active yeast preparations; beer, Chianti wine, sherry, and other wines in large quantities. MAO inhibitors also are suspected of reacting adversely with cola beverages, coffee, chocolate, and raisins.

Alcohol, which is actually a drug itself, although not regulated as a drug under the Food, Drug, and Cosmetic Act, does not mix well with a wide variety of medications, such as antibiotics; anticoagulants; antidiabetic drugs, including insulin; antihistamines; high-blood-pressure drugs; MAO inhibitors; and sedatives. Alcohol combined with antihistamines, tranquilizers, or antidepressants causes excessive drowsiness that can be especially hazardous to someone driving a car, operating machinery, or performing some other task that requires mental alertness. A good rule of thumb is to avoid alcoholic beverages when taking any type of prescription or over-the-counter medication.

Just as some foods can affect the way drugs behave in the body, so some drugs can affect the way the body uses food. Drugs may act in various ways to impair proper nutrition: by hastening excretion of certain nutrients, by hindering absorption of nutrients, or by interfering with the body's ability to convert nutrients into usable forms. Nutrient depletion of the body occurs gradually, but for those taking drugs over long periods of time these interactions can lead to deficiencies of certain vitamins and minerals, especially in children, the elderly, those with poor diets, and the chronically ill.

Some drugs inhibit nutrient absorption by their effect on the bowel wall. Among these are colchicine, a drug prescribed for gout, and mineral oil, an ingredient used in some over-the-counter laxatives.

A number of drugs affect specific vitamins and minerals. The antihypertension drug hydralazine and the anti-tuberculosis drug INH can deplete the body's supply of vitamin B₆ by inhibiting production of the enzyme necessary to convert the vitamin into a form the body can use or by combining with the vitamin to form a compound that is excreted.

Similarly, anticonvulsant drugs that are used to control epilepsy can lead to deficiencies of Vitamin D and folic acid because they increase the turnover rate of these vitamins in the body.

Quite a few drugs—for example, colchicine, oral antidiabetic agents, the antibiotic neomycin—can impair absorption of vitamin B₁₂. But because most Americans have good stores of B₁₂ in their livers, it takes prolonged ingestion of these drugs to cause a deficiency.

Long-term use of diuretics, or "water pills," to treat such conditions as congestive heart failure can lead to serious potassium depletion. If the potassium loss is not corrected in heart patients taking digitalis, the heart may become more sensitive to the effects of the drug. People taking diuretics regularly should eat foods that are good sources of potassium. These include tomatoes and tomato juice, oranges and orange juice, dried apricots, cantaloupes, figs, raisins, bananas, prunes, potatoes, sweet potatoes, and winter squash.

Modifying the diet to include more foods rich in the vitamins and minerals that may be depleted by certain drugs generally is preferable to taking vitamin or mineral supplements. In fact, supplements of some vitamins can counter the effectiveness of certain drugs.

Fortunately, the diets of most Americans are sufficiently well balanced so that the threat of drug-related nutritional deficiencies can be easily overcome.

Because oral contraceptives are used so widely, their effect on nutrition has been getting increasing attention. The pill is known to deplete the blood's content of certain vitamins, notably folic acid and vitamin B₆, but usually the vitamin depletion is not serious enough to cause overt symptoms. In most healthy women with good diets, these vitamin levels do not go down to a point that is alarming, says Dr. Daphne Roe, a Cornell University nutritionist. "But in a poverty group of young women who are trying to make do with very little and who have limited nutritional knowledge, you may find a different situation," Dr. Roe says. "It is this group we are most concerned about."

Because her requirements for several vitamins may be increased, it is especially important for any woman on the pill to eat a nutritionally balanced diet. In particular, if a woman on the pill is living on snack foods, she is more likely to develop folate deficiency than her

neighbor who every day eats green leafy vegetables, which are a good source of folic acid, according to Dr. Roe.

Drugs readily available without prescription also can lead to nutritional problems. The worst offenders are antacids, Dr. Roe says, because they are so widely abused by the public. Chronic use of these remedies without a doctor's supervision can cause phosphate depletion, a condition that in its milder form produces muscle weakness and in more severe form leads to a vitamin D deficiency. "Unfortunately," says Dr. Roe, "some people get into the habit of taking enormous amounts of these drugs to treat gastric upset that in itself is a result of their abuse of some other substance, such as alcohol, coffee, or food."

Mineral oil, an old-fashioned laxative still widely used by elderly people and in nursing homes, can hinder absorption of vitamin D. One study reported that as little as 20 milliliters (4 teaspoons) of mineral oil twice daily can interfere with absorption of vitamin D, vitamin K, and carotene, a substance the body converts to vitamin A.

What can consumers do to prevent undesirable food-drug interactions? Here are a few suggestions:

- Read the labels on over-the-counter remedies and the package inserts that come with prescription drugs.

- Follow your doctor's orders about when to take drugs and what foods or beverages to avoid while taking medications.

- Don't be afraid to ask how drugs might interact with your favorite edibles, especially if you consume large amounts of certain foods and beverages. While taking drugs, be sure to tell your doctor about any unusual symptoms that follow eating particular foods.

- Eat a nutritionally well-balanced diet from a wide variety of foods. Use of a needed drug, even on a long-term basis, is less likely to cause depletion of vitamins and minerals if your overall nutritional status is good.

Drug labeling and informed health professionals can be helpful to you, but your doctor and pharmacist cannot follow you to the dinner table or the snack bar. Remember that warnings about food-drug interactions are only as good as the patient's willingness to heed them.

This article is reprinted from the March, 1978, issue of the *FDA Consumer*, the official magazine of the Food and Drug Administration. The FDA is part of the U.S. Department of Health and Human Services.

A Look at Atherosclerosis

By modifying our life style we can decrease the risk of contracting this disease of the arteries.

by **S. L. DeShay, M.D., M.P.H.**

You may have heard the expression "We are as old as our arteries." To a certain extent this is true. Just how true it is we should thoughtfully consider.

Few people are actually aware that the leading cause of death in the United States today—outstripping cancer, accidents, homicide, or suicide—is atherosclerosis. This is a medical term for a disease that is caused by deposits of cholesterol in the larger arteries of the body.

Atherosclerosis is an ancient disease that has been detected in Egyptian mummies and recorded in the writings of the Greeks. Although it is not a new disease, the rate at which it is increasing in industrialized countries is of much concern.

Our arteries are similar in design to hollow tubes or pipes. The wall of the artery is composed anatomically of three layers. From the inside out, they are the intima, the media, and the adventitia.

The intima is composed of special cells called endothelial cells, which are of great significance to this discussion.

The media is composed of smooth muscle cells that are vital in maintaining blood flow—particularly in smaller arteries—by contraction and relaxation.

The outer layer, the adventitia, is fibrous and contains nutrient vessels and nerves.

Because of physical pressures and stresses, arteries must be able to withstand changes throughout life, consistent with their function. A degree of permeability is also present, which is needed for

fluid and solute exchange with the blood these vessels convey throughout the body. Maintaining the inner lining (the intima) is a critical feature in preventing the clotting. If and when this lining is damaged, blood platelets may clump together and form clots, thereby blocking the blood vessels. This creates serious problems.

Changes associated with aging are slow, involving a gradual thickening of this intimal layer, almost imperceptibly encroaching on the passage within the vessel. Apparently this is caused by an accumulation of smooth muscle cells and connective tissue. Also, with age, fatty deposits such as cholesterol and phospholipid progressively increase in the arterial wall. The cholesterol apparently comes from the blood.

Atherosclerosis is a patchy, nodular type of arteriosclerosis. It may occur as fatty streaks in the arteries or as fibrous plaques that are raised areas on the intima. These are the most characteristic forms of atherosclerosis and commonly are found on the larger vessels—the abdominal aorta, the coronary arteries serving the heart, and the carotid vessels serving the brain.

When one looks at this disease from an international perspective, certain intriguing observations can be made. In the industrialized countries, heart disease that is associated with atherosclerosis is the leading cause of death. In agrarian countries, however, the rates are dramatically lower. Japan provides an interesting exception of an industrialized country in which the rate of cardiovascular disease is one fifth that of the United States.

Among the most obvious cultural differences one might assess between American and Japanese, the following

stand out prominently:

1. Total caloric intake per capita (lower in Japan)
2. Total fat content of the diet (lower in Japan)
3. Amount of physical activity as work (the Japanese are more active)

Current research indicates that these factors apparently outweigh hereditary factors.

We cannot overlook the risk factors that most likely contribute to diseased arteries:

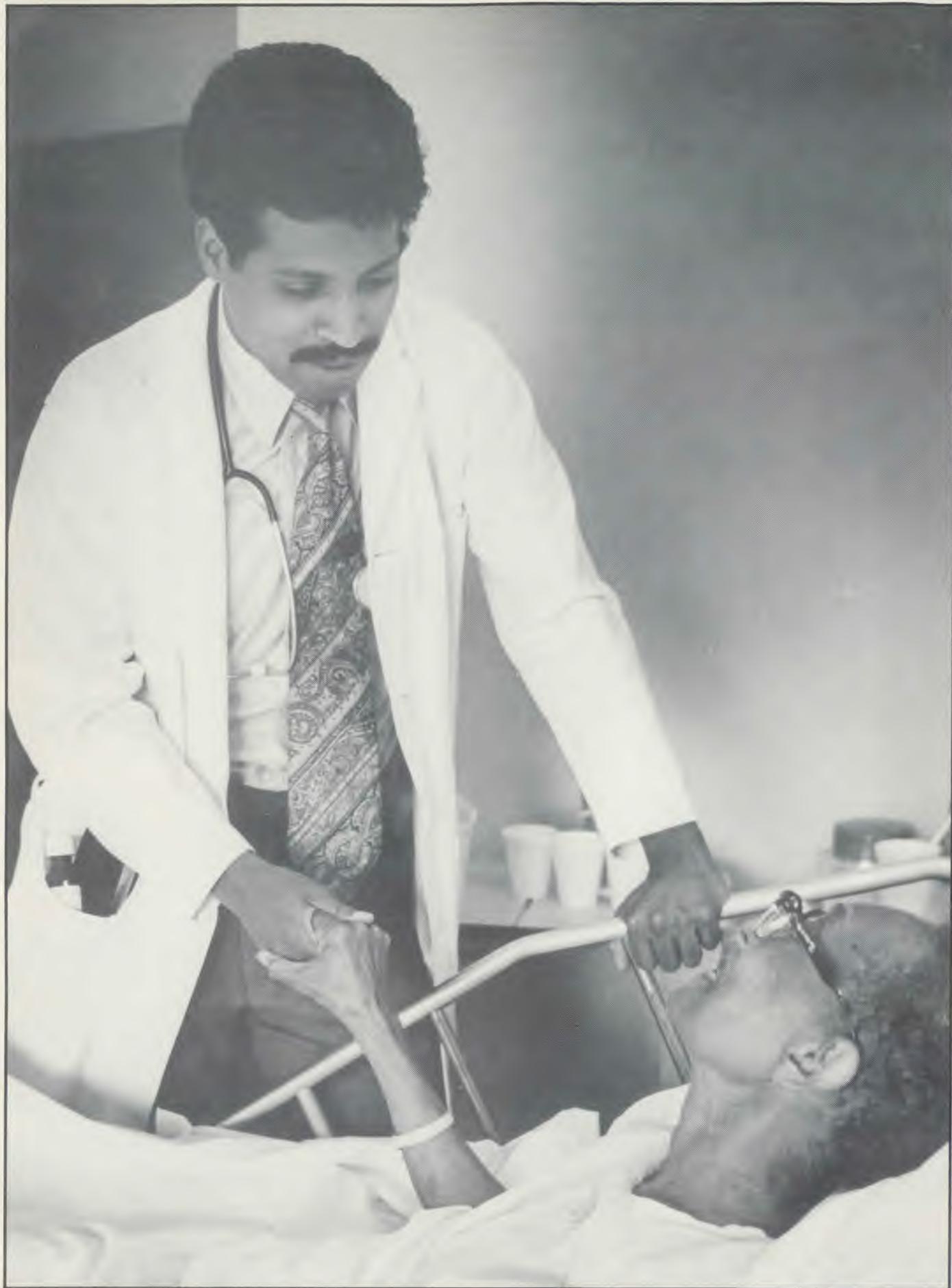
1. Cigarette smoking
2. High blood pressure
3. Obesity
4. High cholesterol/triglycerides
5. "Sugar" diabetes
6. Physical inactivity
7. Emotional stress.

Unfortunately, the presence of more than one risk factor further accelerates atherosclerosis. These factors are potentially reversible in varying degrees—a fact that could favorably alter the prospects for longevity.

Life-style changes in laboratory animals demonstrate the effectiveness of this approach to the problem. Curtailing dietary fat and participating in regular moderate exercise, particularly, have been shown to produce favorable results. But because the same kind of experiments obviously cannot be carried on with people, we must depend on epidemiological studies to demonstrate their application.

How much one's spiritual experience with God and the peace of mind thus achieved may influence outcomes can only be speculated upon. The wise man, Solomon, once exclaimed, "A merry heart doeth good like a medicine," and in this day of worry and stress this is still good advice. 

S. L. DeShay is an associate director of the Health-Temperance Department at the world headquarters of the Seventh-day Adventist Church in Washington, D.C.



Faith and the Healing Process

A physician points out that there is a swing in thinking—back to the concept that the mental, physical, and spiritual components of man cannot be separated. What affects one affects the others.

by Marlowe H. Schaffner, M.D.

A physician had three patients, each a terminal case afflicted with an incurable disease.

When the doctor asked one of the patients, an Irishman, whether he had a final wish, the man replied, "Well, I haven't been to church in quite a while. I'd like to see a priest."

The doctor said, "All right."

The next patient was an atheist. When asked the same question, he replied, "Well, I've got a son. We had a fight about ten years ago, and I haven't seen him since. I'd like to make up, if he would just come to say goodbye."

The doctor went to the bedside of the third patient, who was a Hebrew. "Mr. Rosenbaum," he said, "in spite of everything we can do, I must tell you that you have only a very short time to live. Have you a final wish?"

"Yes," said the patient. "I'd like a consultation!"

That patient didn't accept the unwelcome diagnosis without getting into the process himself.

Patients want, even demand, to be a part of the diagnostic and treatment process. This may be threatening to the physician or he may welcome the involvement and use it for the benefit of the patient.

One aspect of the patient's life that can be brought into the healing process with great benefit is the religious faith of the patient. A pragmatic look at the practice of medicine suggests that a significant relationship exists between faith and healing.

This relationship is not new, for the earliest physicians were priests, and the earliest hospitals were temples. Many religions, including the Judeo-Christian tradition, enjoy a heritage that is gen-

erously endowed with concepts of health and healing. The concepts of prevention established by Moses are still valid today, but until recently most of the effect has been spiritual and psychological.

The ability of faith and science to work together was undermined by two movements separated by eighteen hundred years. The first occurred in the second century as Christianity became affected by Plato's concept of man as three separate parts—body, mind, and spirit. This led people to believe that spiritual and psychological factors had nothing to do with physical healing.

The explosion of scientific knowledge in the twentieth century caused both patients and physicians to put even more of their trust in science. This led to further neglect of faith as a factor in healing. The separation of medicine into narrower and narrower specialties increased the trend. Patient care became more and more fragmented and depersonalized.

I'm happy to say that the picture is changing for the better. The Platonic theory still affects many physicians, who are satisfied to treat bodies and minds, leaving the spirit to clergymen. But an increasing percentage of enlightened healers now see man as a whole, to be treated as a unified being, rather than as a collection of disparate parts, organs, or lesions.

The American Medical Association agrees. A recent AMA publication says, "A problem in any one of the factors of health often affects all other factors. Man is whole and not simply the sum of parts. Body, mind, and spirit are not entities that can be isolated for study or treatment. Man is not the sum of three parts, nor a box with three compartments. He is an organic whole, in which these 'objects' are more or less artificial abstractions that can neither be under-

stood nor treated apart from the other."¹

If you are tempted to suspect that this emerging emphasis on the whole man is unscientific, consider recent research in the areas of stress, psychosomatic medicine, biofeedback, and even the use of the placebo.

Dr. Kenneth Pelletier, director of the Psychosomatic Medicine Center at Gladman Memorial Hospital in Oakland, California, estimated that 50 to 80 percent of all diseases have their origins in stress. He says, "Stress-induced disorders have long since replaced infectious diseases as the most common malady of people in the post-industrial nations."²

Pathological stress, as opposed to necessary healthy stress, stems more from a state of mind than from external causes. It is often linked to attitudes of hopeless, helpless frustration, or even despair. A person's perception of the world, of himself, and of his fellow human beings directly affects his ability to cope in a healthy, courageous manner with life's problems, tragedies, and frustrations.

Religious faith provides us with a philosophy or a world view in which each of us has a meaningful role. And this is important.

Many thoughtful physicians affirm that faith in a divine Creator who loves and cares breeds trust and alleviates stress. They support chaplains and clergy in the belief that acceptance or forgiveness and pardon free the patient from grief or guilt and allow him to relax and have a better chance to heal.

The new science of biofeedback demonstrates man's ability to regulate and control his body, as well as his mind. Patients can be taught to consciously control organs and functions (such as pulse and blood pressure) long considered to be automatic and totally involuntary.

Marlowe H. Schaffner is vice-president for medical affairs at Loma Linda University in Loma Linda, California.

In an article published in *The New England Journal of Medicine*, Saturday Review editor emeritus Norman Cousins documents his recovery from a crippling disease thought to be irreversible. His remarkable recovery is attributed largely to his faith that he would get well, and to his self-imposed regimen that, while excluding traditional medications and treatments, included regular sessions of laughter induced by watching humorous films and reading humorous books.³

Many people are surprised at the effectiveness of placebos, yet numerous control tests with placebos demonstrate the value of faith in a patient's recovery. An interesting example of a doctor's role in making a placebo work can be seen in an experiment in which patients with bleeding ulcers were divided into groups.

Members of the first group were informed by the doctor that a new drug had just been developed that would undoubtedly produce relief. The second group was told by nurses that a new experimental drug would be administered, but that very little was known about its effects. Seventy percent of the people in the first group received significant relief from their ulcers. Only 25 percent of the patients of the second group received similar benefit. They expected less, and they got less. Both groups had been given the identical "drug," which was nothing more than an inert pill.⁴

The late Dr. Henry K. Beecher, noted anesthesiologist at Harvard, considered the results of fifteen studies involving 1,082 patients. Beecher showed that 35 percent of the patients consistently experienced "satisfactory relief" when placebos were used instead of regular medication for a wide range of medical problems, including severe postoperative-wound pains, seasickness, cough, and anxiety.⁵

Other biological processes and disorders affected by placebos include rheumatoid and degenerative arthritis, blood-cell count, respiratory rates, vascular motor function, peptic ulcers, hay fever, hypertension, and spontaneous remission of warts!

The surprising thing about all this is that placebos are at least as effective with highly educated, intelligent people as with the uneducated. Tests involving physicians and medical students bear this out.⁶

My only explanation is that a person's mind can influence the body's remarkable healing powers. The idea is sup-

ported by the recent discovery by neuroscientists of opiate materials produced in the human brain. [Editor's note: See T. Joe Willey, Ph.D., "The Brain Makes Its Own Morphine," *LIFE & HEALTH*, April, 1980.]

These new and highly complex compounds, called endorphins, have been found to be manufactured in several forms by both the brain and the pituitary gland. Scientists were amazed to learn that these exotic substances actually mimicked the actions of opium and

We have to admit that a mind enlightened and sustained by faith has remarkable power over one's life forces.

heroin in their painkilling effects within the brain. Scientists are now seeking ways to synthesize these endogenous, opiatelike substances.

We have to admit that a mind enlightened and sustained by faith has remarkable powers over one's life forces. But if faith in a pill is useful, faith in one's physician can be even more powerful; therefore, the need for a good, continuing doctor-patient relationship.

The horse-and-buggy doctors who treated people in their homes had none of the diagnostic and therapeutic resources of the modern hospital or clinic, but they gave themselves to their patients. That was the secret of the old family doctor who was rarely paid but greatly loved. The physician himself is an extremely powerful drug, and doctors who understand this relieve more suffering than do many medicines.

The family doctor knew this to be so. And he therefore prescribed himself in generous doses. Americans still pine for the doctors who made house calls. Much of the present-day discontent among patients is because of the loss of the personal touch in medicine.

The patient who has sound religious faith, as well as faith in himself and in the ability of his body to heal, will probably respond best to the things physicians do to and for him. If he is also fortunate

enough to have a physician who combines scientific excellence with an understanding of the spiritual factors of healing, then the best possible situation exists for the restoration or preservation of health.

The successful contemporary physician knows how to sense the anxiety, frustration, and anger of his patients. He inspires confidence and helps the patient relate his religious faith to the healing experience.

Even when it is clear that life is ending, as it must for us all, the discerning physician will know how to perform his sacred, healing mission. Instead of abandoning those for whom nothing more can be done, he will help the dying patient experience acceptance, resolution, and inward peace.

I have sometimes thought that students in medicine would greatly benefit from courses in comparative religions. The Los Angeles Medical Society publishes a booklet for physicians, delineating relevant religious positions of the various faiths. From a strictly clinical standpoint, it is useful for the doctor to know where the patient stands philosophically and emotionally.

Some patients, of course, are so traumatized that they are confused or unable to focus their faith. Without impinging on the work of the chaplain, the physician can let his patient know that he recognizes the power of Divine Providence. Physicians who pray with patients before procedures find that the patients are more relaxed and better able to withstand the trauma involved.

Doctors are accused of playing "God" in treating patients. The physician who lets his patient know that he himself seeks divine guidance will escape such accusations. A good physician will understand and use the services of chaplains, clergy, social workers, and patient-relations personnel in giving both the patient and his relatives needed support in times of crisis—and, remember, virtually every major illness or procedure is a crisis to the afflicted.

In his book, *A Place for You*, Paul Tournier,⁷ the distinguished Swiss psychiatrist, stresses the importance of surrounding patients with an environment designed to nurture faith. He refers to an account by Dr. Heinrich Huebschmann, of Heidelberg, that tells about one of his tuberculosis patients who was on the way to being cured when the administrative authorities, who have their own reasons for what they do, had

him transferred to another hospital. There the patient fell into a rapid decline despite excellent treatment. All hope of a cure was abandoned, and he was sent home to die. "At the last minute," says Dr. Huebschmann, "he insisted on being taken back to the first hospital. Once again there was an astounding improvement. He gained twenty pounds in six weeks. His fever disappeared and expectoration ceased—and all with a minimum of antibiotics. Today that patient is cured."

That story as told by Dr. Huebschmann has the precision of a laboratory experiment. "Both [hospitals were] equally well equipped," he says; "each tried to use modern remedies and therapeutic techniques; they were both excellently run, and the respective superintendents were both good Christians." The only difference was that one hospital practiced *the healing of persons*. In it reigned such a community spirit that the patient felt himself to be understood and accepted as one of the community. In the other, he was only a number, a case. Of the head nurse in the first hospital, another eminent physician said, "She was herself so fully a person that everyone who came into contact with her became a person."

Dr. Tournier believes that a contagious personal quality can transform the atmosphere of a hospital—impersonal as it so often is—and affect all who work in it, and the patient, as well.

Other elements in the environment are also important. Not long ago a cardiac patient with serious and inoperable problems was being treated in the new coronary-care unit at Kettering Medical Center in Ohio. The four new intensive-care units all have glass walls in the patients' rooms, offering a view of a tree-covered hill. The patient knew that his chances of recovery were virtually nil, but on the day before he died he took pains to say, "Thank you for letting me see the trees. I can't tell you how much they have meant to me." The patient died, but in a sense a human being had been healed. He was surrounded by caring, competent people who gave compassionate care, but he could look out and see the big trees, reminders of a Creator's power.

A practical but largely unrecognized benefit from religious faith is the motivation it provides for the adoption of a healthful life style. An example is seen among members and converts of some faiths who have no difficulty abstaining

from such things as alcohol or tobacco. This philosophy gives them a sense of their worth. Healthful living is seen as a religious duty.

In an article entitled "The Mysterious Placebo," Norman Cousins⁸ tells about a visit he made to the Schweitzer Hospital at Lambaréné, Africa. At the dinner table Mr. Cousins remarked that the local people were lucky to have access to the Schweitzer clinic instead of having to depend on witch-doctor supernaturalism. Dr. Schweitzer, whose medicine would probably get a poor rating by

A practical but largely unrecognized benefit from religious faith is the motivation it provides for the adoption of a healthful life style.

today's standards, asked Cousins how much he knew about witch doctors. Very little, Cousins confessed. The next day Le Grand Docteur took him to a nearby jungle clearing where he introduced him to an elderly witch doctor. After a respectful exchange of greetings, Dr. Schweitzer suggested that his American friend be allowed to observe African medicine. For the next two hours, they stood off to one side and watched the witch doctor at work. With some patients the witch doctor merely put herbs in a brown paper bag and instructed the ill person in their use. With others he gave no herbs, but filled the air with incantations. The third category of patients he merely spoke to in a subdued voice and pointed to Dr. Schweitzer.

On their way back to the clinic, Dr. Schweitzer explained what had happened. The people who had assorted complaints that the witch doctor readily was able to diagnose were given special herbs to make into brews. Dr. Schweitzer guessed that most of them would improve very rapidly, since they had only *functional* rather than *organic* disturbances.

The second group had *psychogenic* ailments that were being treated with African psychotherapy.

The third group had more substantial physical problems such as massive her-

nia or extrauterine pregnancies or dislocated shoulders or tumorous conditions. Many of these problems required surgery, and the witch doctor was readily redirecting these patients to Dr. Schweitzer. "Some of my steadiest customers are referred to me by witch doctors," Dr. Schweitzer said, with only the slightest trace of a smile. "Don't expect me to be too critical of them."

When Cousins asked Dr. Schweitzer how he accounted for the fact that anyone could possibly expect to become well after having been treated by a witch doctor, he said that Cousins was asking him to divulge a secret that doctors have carried around inside them ever since Hippocrates. "But I'll tell you anyway," Schweitzer said, his face still illuminated by that half smile. "The witch doctor succeeds for the same reason all the rest of us succeed. Each patient carries his own doctor inside him. They come to us not knowing that truth. We are at our best when we give the doctor who resides within each patient a chance to go to work."

As I suggested, Dr. Schweitzer's medicine was, at best, primitive. The Joint Commission on the Accreditation of Hospitals would surely have closed down his clinic and hospital. But the doctor is revered around the world as a great healer. And he was a great man. His meager resources accomplished much because he understood and treated the whole man, recognizing and utilizing the human gift of faith.

My thesis today is that those of us who profess to practice the best in medicine must use all that modern science has to offer, while at the same time helping the patient to mobilize his own psychological and spiritual resources to aid in the healing process.

In healing the sick, Jesus Christ the Great Physician, suggested the same truth. It was His custom after healing a person to send him away with the words "Your faith has made you well." ☛

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⁶ *Ibid.*

⁷ Paul Tournier, *A Place for You* (New York: Harper and Row, 1968), pp. 74-76.

⁸ Cousins, "The Mysterious Placebo," *op. cit.*

If everyone would talk the way you do," says the patient as he faces me across my desk, "I wouldn't have any trouble hearing."

I am an audiologist. Training and experience help me to understand this man's hearing problems and to minimize his difficulties in communication.

Verbal communication is man's unique human quality. A hearing loss that interferes with this process poses problems for the person afflicted, for his family, and for the community.

Just recently a woman confided to me, "It would be nice if I could hear my grandchildren." A man said, "I have difficulty hearing at my job, especially in conferences." Because they sought help, the grandmother gained in personal happiness, the man in job effectiveness, as well as in personal satisfaction.

Almost everyone who has a hearing loss can be helped to some extent in some way. Why, then, do millions of Americans do nothing about their disability?

The reasons probably are many and varied—economics, pride, fear, lack of information, and misinformation. These reasons are understandable but not rational.

Because of the high incidence of hearing loss, chances are that someone in your family has a hearing problem: "grandpa," for example. Don't let him be one of those who do nothing about it; he can probably be helped. And you can learn to make it easier for him to hear you, just as I do for my patients.

To do a good job, you need to know something about different types of hearing losses and to increase your know-how about communicating with the hard-of-hearing. Let's consider these points.

Types of hearing loss

Grandpa could have a conductive-type hearing loss, an inner-ear-type hearing loss, or a combination of the two. What are the causes? What can be done?

A conductive-type hearing loss results when something—such as excessive wax in the ear canal or fluid in the middle

ear—interferes with the mechanical conduction of sound. More often than not, this type of loss can be improved or corrected by medical or surgical means.

Inner-ear hearing loss—we call it sensorineural—has numerous causes. Among them are heredity, injury, disease, excessive noise, drugs, and advancing age. This type of hearing loss generally cannot be corrected medically, but often is helped by the use of a hearing aid.

How the inner ear works is very

Let's consider some of the problems with communication that grandpa may have, try to understand them, and see what you can do to help him.

Unrealistic expectations

Grandpa may have unrealistic expectation of a hearing aid. Most people do. Remind him that a hearing aid is exactly what it says it is, an aid and not a cure. Although it makes sound louder, it may not make it clear for him, as it used to be. Rarely is an aid a perfect solution. It

How You Can Help Someone Who Has a Hearing Loss

An audiologist gives some tips on ways to help the hard of hearing.

by Evelyn Britt, Sc.D.

complex and not fully understood. In the classes I teach, I find that I spend approximately three weeks on the subject alone before students understand what we know about it.

Fortunately, we do not need to understand all the intricacies of the inner ear to see the effects of damage to it or learn how to cope with the problems that result. For our purposes it is sufficient to understand that speech is analyzed accurately and heard clearly when the inner ear functions properly. When damaged, the inner ear is less efficient, and speech becomes distorted or unclear.

Now that you understand something about the types of hearing losses and what can be done about them, it's time to think about grandpa and his problems.

What should you do?

First, see that grandpa consults an ear specialist. The specialist will diagnose the kind of hearing loss that grandpa has and decide what kind of treatment he needs.

Now it's your turn. Because most of the losses in older people are sensorineural, chances are that grandpa has this kind of loss. If so, he probably will need a hearing aid, encouragement, understanding, and your know-how.

usually helps—sometimes a little, often a lot. If he does not hear as he thinks he should, then grandpa may become discouraged and think he is not doing very well. So praise him when he does a good job of hearing, and play down his poorer performances. None of us is a perfect listener, and it takes time to get used to a new listening situation.

Loudness-tolerance problems

Grandpa may have a loudness-tolerance problem. His range of comfortable hearing may be very narrow. If he has this problem, it may take quite a bit of sound intensity for him to barely hear. Once above this threshold level, it takes very little more increase in sound intensity before his sensation of loudness is equal to that of the normal person's.

Do you ever speak to grandpa and he doesn't seem to hear? Do you then raise your voice and get the irritated response, "Don't shout at me; I can hear you"? If so, then you are seeing an example of a loudness-tolerance problem.

What can you do to help him? Talk in a normal tone of voice, making sure that he can see your face when you talk to him. Don't shout into his ear. Educate children about this, too. They love to help if they understand.

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Grandpa may not hear clearly. Many people with sensorineural losses do not. It isn't that they don't listen, or that they listen only when they want to. Their hearing mechanism simply doesn't work as well as it used to, because of damage to the inner-ear structures. Speech is now distorted or unclear.

Does grandpa ever say, "I can hear you, but I can't make out the words"? If he does, then he has this kind of problem.

You can help him in several ways. Talk distinctly, but don't exaggerate

grandpa to improve his speech-reading skills (sometimes called lipreading). This means that he must depend more on visual clues.

In ordinary conversation there are thirteen articulatory movements (of lips, jaws, et cetera) per second, but the eye is capable of recording only nine of them. This means that the eye misses approximately one fourth of all sounds produced. Consequently, the visual channel is not a very good substitute for the auditory.

word that is said, just the gist of the conversation. They rely on context to fill in the rest.

The hard-of-hearing struggle to hear. For this reason, it is important for grandpa to be alert. You can help him develop the tools for anticipating what might be said by keeping him in the swim of things and up-to-date on family and world affairs.

Dr. Miriam Pauls Hardy, of the Hearing and Speech Center at Johns Hopkins Hospital, tells about a man who was an excellent speechreader. When pressed for an explanation of his ability, he said, "Well, missy, I figures out where you're going and I beats you there!"

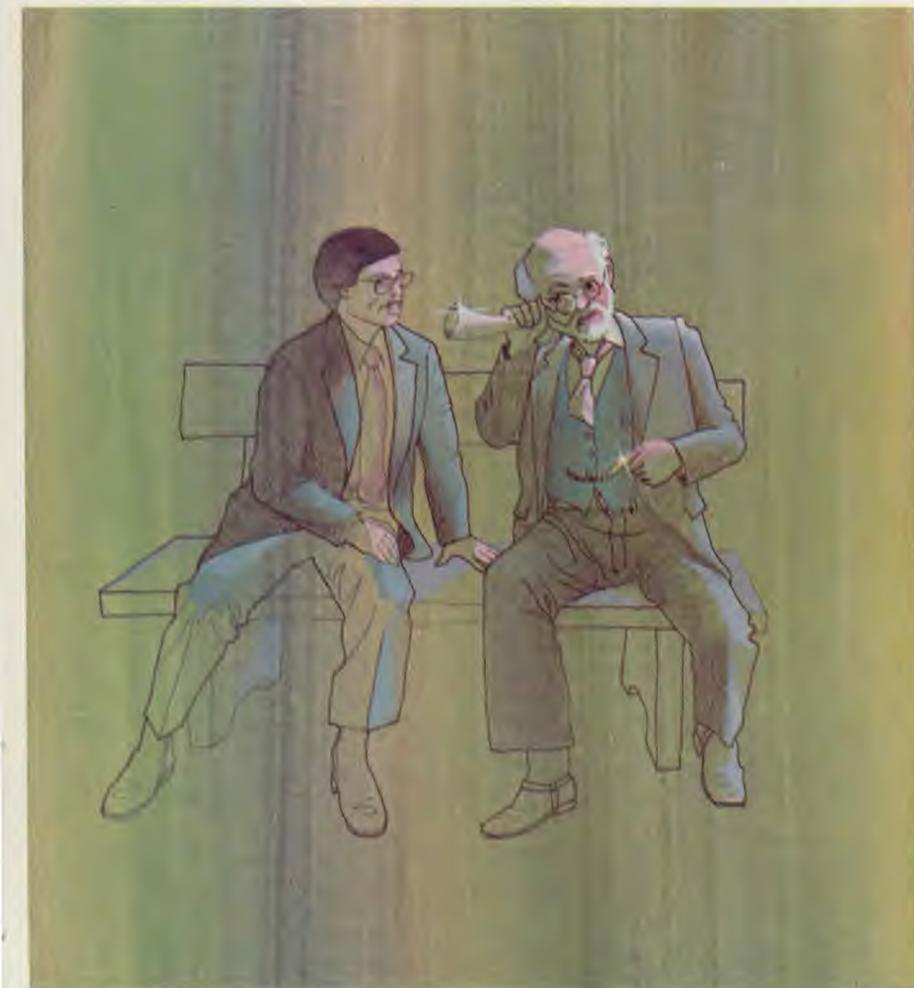
Grandpa probably has his greatest problems in group discussions. He may try to withdraw from such situations. Don't let him. The reason that group discussions are so difficult for him is that conversation moves rapidly and changes swiftly from topic to topic. Grandpa is hopelessly lost if he thinks you are still talking about Aunt Lucy's gallbladder operation when in fact the subject has changed to the latest Yankee-Dodger baseball score. You can help by giving him a clue when the topic of conversation changes. He can then change his mental set and narrow down the field of possible words, phrases, and sentences.

Hiding a hearing loss

Does Grandpa try to hide his hearing loss? If so, that's normal. Help him not to do this. Tell him that people make more of an effort to communicate if they see an aid in evidence. When people understand, they usually want to help. Sometimes they are embarrassed when they don't know how to be of help. Grandpa probably can even remember some embarrassing experiences that happened to him when he could hear better. He can also put others at ease with a statement such as "I have a hearing problem, but I usually can hear if I watch your lips and if you slow your speech down a little."

The world is waiting for the solution to all sorts of profound problems. Among them is the prevention and cure of hearing loss. Until that happens many will have to live with their loss. Only those who experience it can know how difficult it is.

Who knows—maybe you and grandpa, with your know-how, can help others learn and understand what a hearing loss is all about and how to cope with it.



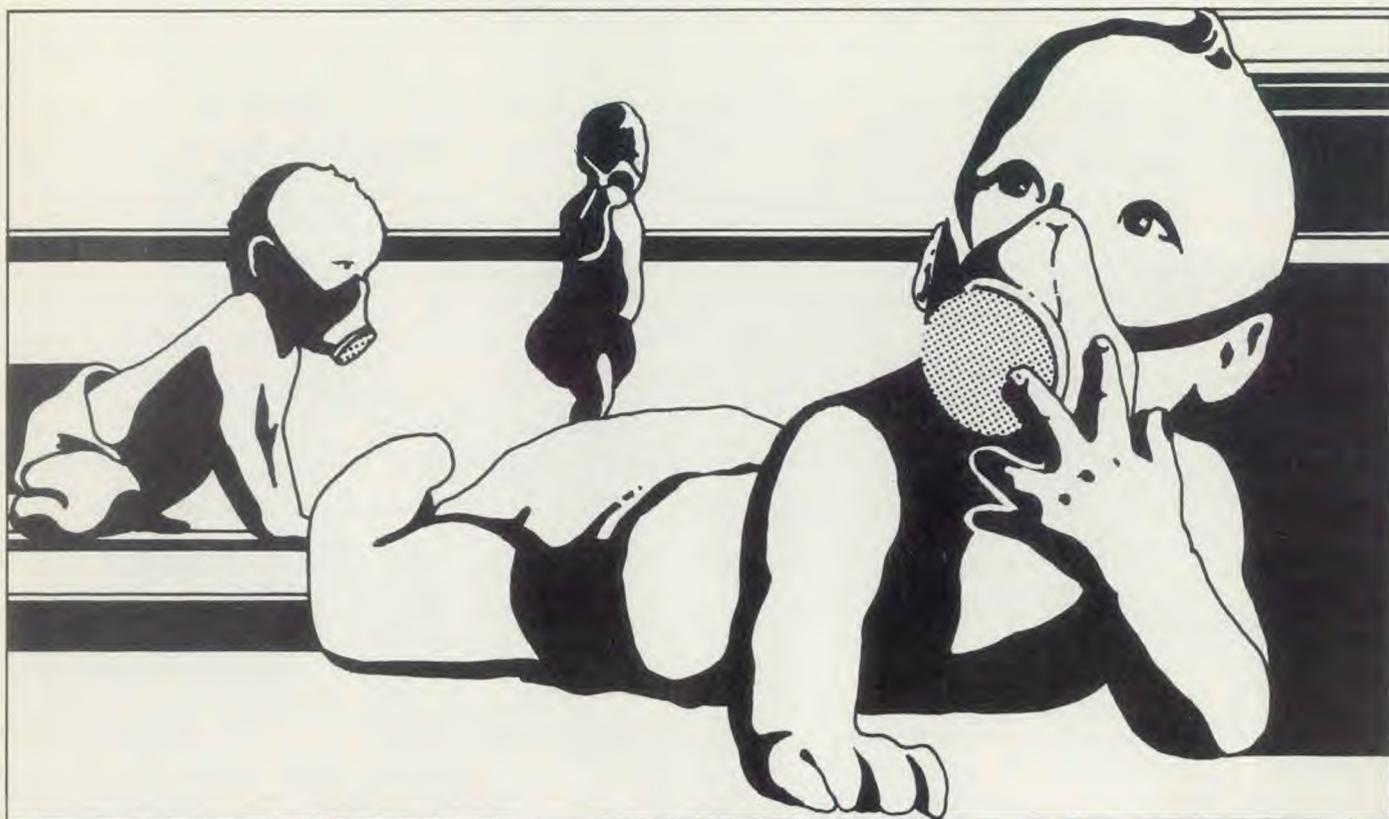
your speech. Exaggeration distorts. Slow your speech down slightly; give him a little more time to process incoming auditory information.

If he doesn't understand, then say it differently; rephrase it. A patient called in for an appointment one day. I told him I would see him on December fifth. "December sixth?" he asked. I said, "No, not December 6; December 5." He understood immediately. Rephrasing did it. To him *fifth* and *sixth* sounded alike; *five* and *six* did not.

Another thing that will help is for

Because of this, it is important to help it as much as possible. Be sure, for example, that the light is on the speaker's face. Keep your lips mobile and expressive. Although society stresses eye contact, the good speechreader must concentrate on the lips.

When facial clues are not sufficient, supplement with nonverbal clues such as objects and hand gestures to intensify or modify your attitudes and emotions. Above all, don't panic if grandpa doesn't get every word. Remember that good speechreaders do not try to catch every



Babies of nonsmoking mothers affected by other people's smoke

Pregnant women exposed to other people's cigarette smoke delivered babies with lowered birth weights, according to a study conducted by a Pennsylvania State University researcher.

Thirty-eight women identified as "passive smokers" gave birth to infants who were, on average, approximately six ounces lighter than the newborns of forty-one mothers not exposed to cigarette smoke during pregnancy.

"Passive smoking is inhalation, by a nonsmoker, of exhaled cigarette smoke or smoke from a burning cigarette," says Kimberly A. Johnston, an instructor of nursing at Penn State who conducted the study.

"Low weight in newborns is associated with a variety of physical problems including jaundice, chemical imbalance in the blood, more frequent intervals of breathing cessation, and improper development of

the lungs," she notes.

Most of the thirty-eight women exposed to cigarette smoke encountered it during all nine months of pregnancy, she found. They were exposed to it from four to six hours per day, at least five days per week.

Ms. Johnston's study was designed specifically to see whether cigarette smoke in the surrounding air had a bearing on the health of unborn children. Previous studies had found that babies born to smoking mothers were 150 to 240 grams lighter than those born to nonsmokers. The infants born to passive smokers in Ms. Johnston's study averaged 168 grams lighter than those born to women not exposed to smoke at all.

"Even when a smoker inhales his smoke," Ms. Johnston says, "researchers have calculated that two thirds of the smoke from the burning cigarette goes into the atmosphere and that this 'sidestream'

smoke has a higher concentration of noxious compounds."

—News release, Pennsylvania State University, 312 Old Main Building, University Park, Pennsylvania 16802.

Pamphlet for parents of Down's Syndrome infants

As part of its public-awareness program, the National Down's Syndrome Society is making available a free booklet entitled *This Baby Needs You Even More* for new parents of DS infants. The booklet, which is available by writing to the National Down's Syndrome Society, 146 East 57th Street, New York, New York, 10022, candidly presents parents' views on rearing Down's Syndrome children and contains a bibliography for additional reading and a general fact sheet about DS and the society.

The high cost of growing old

The fact that our population is aging should come as no surprise to anyone in the business of providing health care. New and innovative medical technology, improved access to health-care services, and more active, healthier life styles have all contributed to the phenomenon known as the "graying" of America.

Since the turn of the century, that segment of the population 65 years and older has increased nearly eightfold, while the total population has increased only threefold. The increase in the number of people over the age of 65 probably will continue, and in the year 2050 the elderly will comprise more than 20 percent of the total U.S. population.

Also of great significance is the fact that the elderly population is growing older. In the year 1900, only 29 percent of the people past the age of 65 were 75 years old. Today, almost 40 percent of the elderly are more than 75 years old, and it is predicted that by the year 2000 approximately 45 percent of the elderly will be more than 75 and of that 45 percent, 11 percent will be more than 85 years old!

—*Voluntary Effort Quarterly*, vol. 3, No. 1, March, 1981.

Pot scene no longer seen as "in"

Parents of high school students, breathe easier. Your children, according to a nationwide survey of nearly 17,000 high school seniors, are less likely to be exposed to marijuana smoke today.

One reason, a government spokesman told the Health Insurance Institute, is that young people don't consider the pot scene "in" anymore.

Another reason is that marijuana users are becoming more aware of the drug's dangers.

Consequently there has been a marked drop in marijuana use since 1978, when its popularity in high schools seems to have peaked.

A study conducted by the University of Michigan and funded by the Federal Government found that less than 10 percent of students in the class of 1980 smoked marijuana

regularly, a drop of nearly 2 percentage points since 1978.

The findings coincide with growing student disapproval of marijuana use—70 percent of those surveyed said their friends disapproved of regular use, 7 percent more than in 1977.

Secretary of Health and Human Services Richard S. Schweiker, who released the survey, put it this way:

"Young people are beginning to recognize the serious health risks associated with drug use, and more of them feel that their friends do not approve of this behavior."

In addition, the report cited the sharp drop in regular cigarette smoking by high school seniors because of increased peer disapproval and teen-age health awareness.

For example, daily cigarette use in 1980 dropped from 25 percent the previous year to 21 percent (or about 1 in 5 students).

At the same time, there has been a steady rise—12 percentage points since 1975—in numbers of students condemning the pack-a-day habit. —American Council of Life Insurance and the Health Insurance Institute, 1850 K Street, NW., Washington, D.C. 20006.

Pamphlet describes the aging process

Does a long life inevitably lead to memory loss, impairment of intellect and judgment? In "The Brain and Aging: The Myths, the Facts," a new Public Affairs Pamphlet, Arthur S. Freese explains what the aging process is and what it is not. He also discusses such questions as these:

How long can we live? Which treatable conditions can produce confused states similar to senile dementia? Can actual brain disorders in the elderly be diagnosed and treated? "The Brain and Aging," a twenty-page booklet, is available for fifty cents from the nonprofit Public Affairs Committee, 381 Park Avenue South, New York, New York 10016.

Freese emphasizes that many individuals live to a very advanced age with no diminution of mental ability. But family, friends, and even medical personnel are sometimes too hasty in assuming that persons in their 60s or beyond are "senile," says Freese. Symptoms associated with senility—confusion, disorientation, forgetfulness—can actually be caused by more than a hundred conditions, many of them curable if they are recognized and treated promptly.

Some of these treatable physical conditions are poor nutrition, heart disorder, gallbladder attack, virus infection, overmedication, anemia. Depression or acute emotional stress, common mental-health problems among elderly persons, can also cause symptoms similar to dementia.

Thorough medical and psychological examinations for the elderly are very important, Freese concludes, to avoid mistaking pseudodementia for senile dementia. A mistaken diagnosis can result in permanent harm by delaying treatment of an otherwise curable condition, and it can mean that someone is unnecessarily confined to a nursing home or a mental institution.

—Public Affairs Committee, Inc., 381 Park Avenue, South, New York, New York 10016.

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Sports doctor says most people shouldn't jog

Warning: don't jog unless your feet and legs are in perfect alignment. For most people that means Don't jog.

That's the advice of Dr. Saul S. Haskell, of Michael Reese Hospital and Medical Center in Chicago.

Dr. Haskell, an orthopedic surgeon who specializes in sports medicine, explains that even minor variations of alignment are magnified by the "over-use syndrome" that comes with jogging. This means that the smallest joint disorders that ordinarily go unnoticed can become major sources of pain and discomfort with jogging.

He says it's the constant pounding that creates the problem. "Jogging is hard on the feet, arches, knees, hips, and back. Look at it this way: a 150-pound jogger imposes an impact load of 240 tons per mile on these structures." He suggests other forms of aerobic exercise for those with imperfect alignment, such as walking and swimming.

—News release, Michael Reese Hospital and Medical Center, 2929 South Ellis Avenue, Chicago, Illinois 60616.

Fewer patients may be committed

One of the mental-health problems of the 1980s may be that many seriously ill persons in need of treatment will be turned away because strict new laws require that they display overt signs of "dangerousness" in order to be committed. A researcher at Emory University says that this trend toward more objective standards for involuntary commitment seems to be decreasing the total number of persons admitted in this manner. The new laws also may have the side effect of creating a burden for underfinanced community mental-health programs, the families of patients, and society.

Richard Levinson, a professor in the School of Medicine and the Department of Sociology at Emory, says it remains to be established whether anyone can predict dangerous behavior with any accuracy. His observations, based on research in Atlanta, are made in an article in a new book, *Exploring Mental Health*

Parameters, Volume III, published by the Atlanta Regional Commission and the Center for Research in Social Change at Emory. Dangerousness tends to be overpredicted by psychiatrists, says Dr. Levinson, and new laws such as Georgia's are intended to diminish this problem. One reason for overprediction is what he calls the "political" reason: the commission of a violent act by a released patient will incur the wrath of the community toward those who set him free; hence it is "safer" to keep the person confined. There may even be a concocted medical reason for justifying the desired incarceration. While correcting some of these abuses, the new laws may make it difficult for some who need help to be admitted.

—News release, Emory University, Atlanta, Georgia 30322.

Bathroom cabinet wrong place to store medicine

High, dry, cool, capped, and in the dark.

That's the secret to keeping medicines fresh, potent, and safe, a University of Wisconsin pharmacy professor told the Health Insurance Institute. But, according to Kenneth A. Connors, that may make the bathroom medicine cabinet one of the worst places to keep drugs.

Because heat, moisture, and light can cause a drug to decompose, said Professor Connors, the traditional medicine cabinet—located above the sink in a steamy bathroom—is not the best place to store medicine. A better spot, he suggested, would be the top shelf in a hallway linen closet.

"A dry, cool, dark place—and a good cap—will go a long way toward preserving a drug," he said. "A high place and that same good cap could also go a long way toward preserving the life of a curious child."

Connors said some medicines, such as hydrogen peroxide and liquid penicillin, should be kept in a refrigerator. Others, like cough syrup, should not be kept in the refrigerator, because the cool temperatures can cause crystallization and separation of the ingredients. Generally, labels specify whether a drug is to be kept in the refrigerator. In addition, he said,

labels on over-the-counter drugs give an expiration date. After that date, the drug should be disposed of properly. Parents of young children should flush the outdated medication down the toilet.

"Vitamins are no different from any other drug or chemical," Professor Connors told the Institute. Although they may stay fresher when refrigerated, he recommends buying smaller quantities and replacing them more frequently. "It is much wiser to buy in quantities of 100, because every time you open a bottle, you let moisture in," he said.

The best way to assure fresh—and safe—drugs is to check the medicine shelf periodically. If there are any "differences in color, odor or obvious physical changes, throw it out," said the professor. Aspirin, he said, can be checked by smelling the tablet. A sharp, vinegar-like odor means they are beginning to decompose.

If you have any questions about the freshness or potency of a medicine, Professor Connors recommends taking it to your pharmacist to be checked.

—*Health Insurance News*, Health Insurance Institute, 1850 K Street, NW., Washington, D.C. 20006.

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Toxicologist warns against use of hazardous art products

Chronic illness is now considered an occupational risk for artists, craftspersons, and do-it-yourselfers, according to toxicologist Dr. James Garriott, of the University of Texas Southwestern Medical School. Too often these people don't take the precautions required by industry when working with dangerous substances, he says.

Art materials such as paint pig-

ments, solvents, aerosols, adhesives, ceramic glazes, solder, and numerous others are potentially toxic. Artists often treat their material casually, using "hands-on" techniques while working with hazardous substances. Many smoke, drink, and eat while working, which increases the likelihood of getting poisonous chemicals inside the body. And their workspaces are often small, improvised areas where they breathe harmful fumes, vapors, and dusts because of inadequate ventilation.

Potential victims include painters working with metal-containing pigments or with solvents or aerosols; furniture refinishers; children using rubber cement and its solvent; jewelry makers or stained-glass makers using lead solder or lead glass; ceramists using lead glazes or clay containing silica (a major component of glass); and many others.

"All toxicity is a matter of degree, and some of these materials can be used for a long period of time without symptoms. But there is a point where the body can no longer maintain its ability to resist toxic effects," says Garriott, who is assistant professor of forensic sciences in the departments of pharmacology and pathology at the medical school and is chief toxicologist for the Southwestern Institute of Forensic Sciences.

"When the body achieves certain accumulated levels, it no longer is able to detoxify all toxic agents, and toxic illness may occur," he says.

Garriott explains that preexisting risk factors—smoking, poor health, allergies or sensitivities, age (either young or old)—as well as high total

body burden of toxic substances can lower a person's tolerance to toxic art materials and make them more dangerous.

—News release, University of Texas Health Science Center at Dallas, 5323 Harry Hines Boulevard, Dallas, Texas 75235.

Fast-food fare can kill you, says physician

"America's fast-food life style is a killer," says a University of Southern California medical educator.

"You're placing your life in serious jeopardy if you regularly eat the almost nutritionally bankrupt fast-food fare of hamburgers, French fries, hotdogs, pizzas, donuts, potato chips, cola drinks and coffee," according to Gershon Lesser, M.D., a USC clinical instructor of medicine.

Dr. Lesser indicts fast-food meals for hazardous amounts of salt and sugar, for having too little fiber, and for having as much as 72 percent fat.

"Because of our nation's reliance on fat-based foods, including restaurant fast foods and supermarket frozen foods processed with sauces and gravies, America's fat intake is horrendous," he says.

Lesser, who has a Los Angeles private practice in cardiology and internal medicine, says high-fat-food habits have been directly correlated with cardiac diseases and have been seriously implicated in diabetes and cancer.

—News release, University of Southern California, Stonier Hall 308, University Park, Los Angeles, California 90007.

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Get Well at Home, Richard A. Hansen, M.D. Shiloh Medical Publications, Box 89, Wildwood, Georgia 30757, 1980, 451 pages, \$22.75 hardcover.

The current interest in the United States in health self-care creates a strong demand for such books as Richard A. Hansen's *Get Well at Home*. In the author's words, this book "is being written to help husbands, wives, fathers, mothers, children, and people everywhere to understand common symptoms, to learn to administer simple treatments, and to better cooperate with nature and their physician in the treatment of disease."

An introductory chapter discusses the problems that sickness presents in a home and how it can be misinterpreted and sometimes exaggerated, and also takes a brief look at common symptoms and their interpretation. In following chapters Dr. Hansen deals with pain, common infections, diseases of the heart, arthritis, cancer, and other diseases in a practical and readily understood manner.

But what makes this book different is Dr. Hansen's inclusion of chapters on such topics as hydrotherapy, medical botany, and health through natural foods. Mental and family health are not overlooked, and even physiology is covered. The next-to-the-last chapter provides much helpful information on how to overcome unhealthful habits, including alcohol, tobacco, and drug addiction. As is to be expected in a book that covers the total health concept, the last chapter discusses health of the soul, linking health, happiness, and wholeness through the development of spiritual resources.

The unique presentation of "Hydrotherapy at Home" in chapter 17 makes this book invaluable. It points out that hydrotherapy, massage, and other physical measures are part of the medicine of the future and provides practical instruction for those aspects of this procedure that the lay person will find useful in home treatments.

Reviewed by Leo R. Van Dolson

A Guide to Caring for and Coping With Aging Parents, John Gillies. Thomas Nelson Publishers, P.O. Box 946, Nashville, Tennessee 37203, 1981, 208 pages, \$5.95 paperback.

This book is a sensitive, loving, and practical response to the issues and decisions that face middle-aged offspring when their parents no longer can lead independent lives. Among the many necessary considerations that the author treats are evaluating care alternatives, providing health care, handling money problems, transporting the handicapped, and meeting personal needs.

A Vegetarian Diet, Shirley T. Moore, Ph.D., and Mary P. Byers, M.A. Woodbridge Press Publishing Company, P.O. Box 6189, Santa Barbara, California 93111, 1978, 120 pages, \$3.95 paperback.

This book explains what a vegetarian diet is and how to make it healthful and enjoyable. Included are sample menus and some recipes.

The Complete Encyclopedia of Exercises, The Diagram Group. Van Nostrand Reinhold Company, 135 West 50th Street, New York, New York 10020, 1979, 335 pages, \$9.95 paperback.

Select and vary your exercises for general fitness, slimming, posture, relaxation, back problems, relief of stress, sound sleep, recovery from illness while pregnant, after the baby, tightening stomachs, thighs, and waists, loosening joints, after forty, and even after sixty. Described are special methods for exercising alone, with a partner, with equipment, and in preparation for every sport. Well illustrated with sketches.

Eating for the Eighties: A Complete Guide to Vegetarian Nutrition, Janie Coulter Hartbarger and Neil J. Hartbarger. The Saunders Press, West Washington Square, Philadelphia, Pennsylvania 19105, 1981, 331 pages, \$6.95 (\$8.95 Canada) paperback.

Eating for the Eighties explains in detail how anyone, at any age, with

practically any life style, can eat well-balanced, nutritionally complete meals with a minimum of fuss and bother. The authors say that vegetarians don't have to learn a food-combining system to get enough proteins, don't have to miss essential vitamins and minerals, but can look and feel healthy and still have plenty of food choices, even in their favorite restaurant.

Laurel's Kitchen, Laurel Robertson, Carol Flinders, and Bronwen Godfrey. Nilgiri Press, P.O. Box 477, Petaluma, California 94952, 1976, 512 pages, \$9.95 large paperback, also available in small paperback and in hardcover.

Subtitled *A Handbook for Vegetarian Cookery and Nutrition*, *Laurel's Kitchen* certainly is much more than a cookbook. In fact, someone interested in the whys and wherefores of vegetarian cooking will find this book difficult to put down, because it's written in such an interesting, down-to-earth, yet informative style. It's the kind of book you'll enjoy reading, using recipes from, and giving as a gift to friends who also prefer a more healthful way of eating. It is not faddish—doctors from Laurel's circle, as well as nutritionists from the University of California at Berkeley, have added their expertise to make *Laurel's Kitchen* not just a cookbook, but a reliable handbook for vegetarian nutrition. This book should be a real joy in anyone's kitchen.

Practical Pregnancy: All That's Different in Life Because You're Pregnant, Maxine Gold Wolfe and Margot Goldsmith. Warner Books, 75 Rockefeller Plaza, New York, New York 10019, 1980, 304 pages, \$5.95 paperback.

Practical Pregnancy is packed with sound and uncomplicated advice on all questions from conception to delivery. Medical, legal, professional, and personal-care information has been gathered from practicing physicians, lawyers, insurance agents, nurse/midwives, nutritionists, physiologists, and beauty experts.

BASIC FOOD GROUPS

DAILY PORTIONS

Vegetable-fruit group
four or more servings

Citrus fruits, tomatoes, cabbage, peppers, melons, berries, dark-green or deep-yellow vegetables, potatoes, and others

Bread-cereal group
four or more servings

Breads, cereals, and other grain products made from whole (preferred), enriched, or restored grains

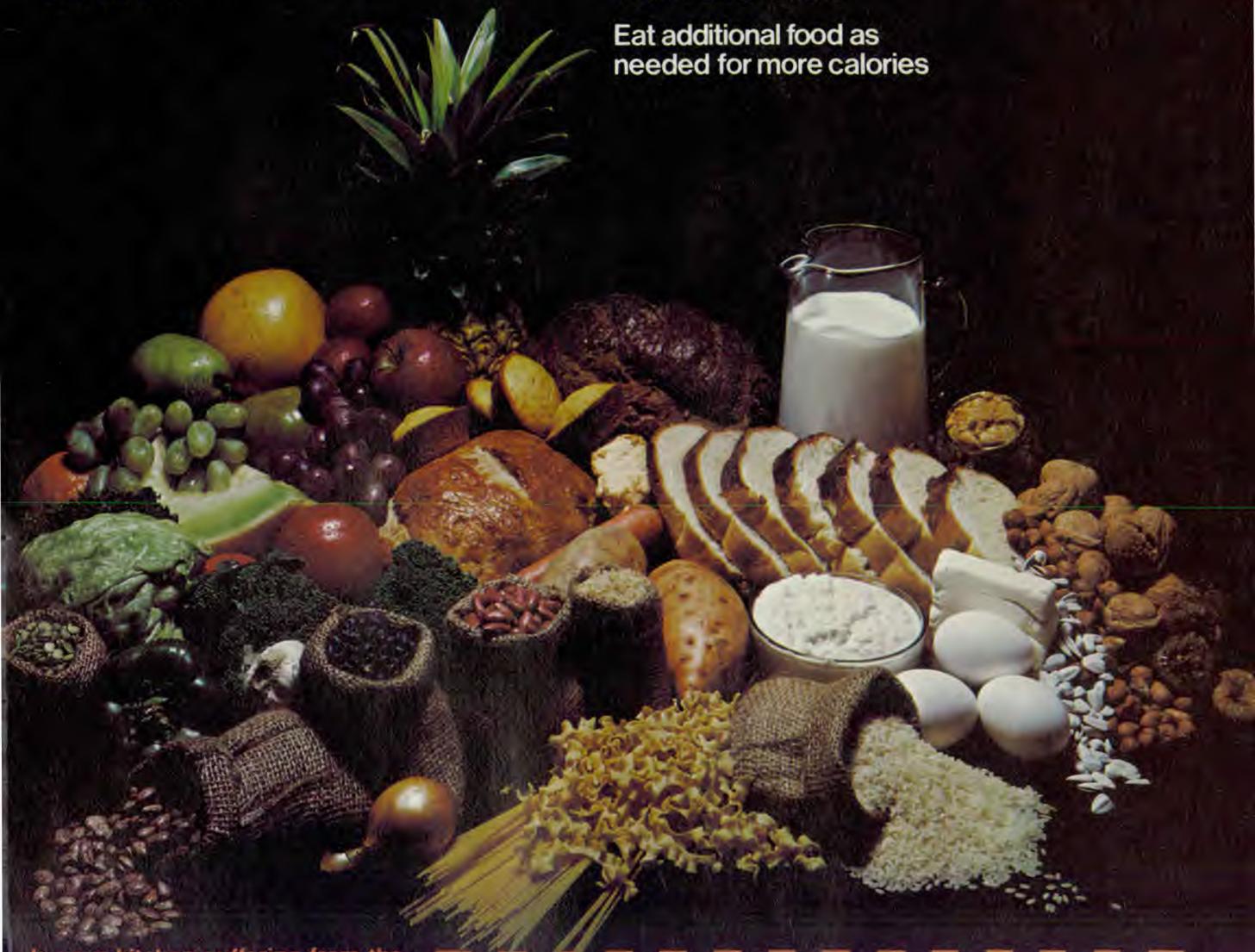
Protein group
two or more servings

Dry beans, dry peas, lentils, garbanzos, nuts, peanuts, peanut butter, eggs, cottage cheese, soy cheese, vegetable proteins

Milk group
children-- 3 to 4 cups
adults-- 2 or more cups

Whole, evaporated, or skim milk, reconstituted dry milk, buttermilk, or soybean milk

Eat additional food as needed for more calories



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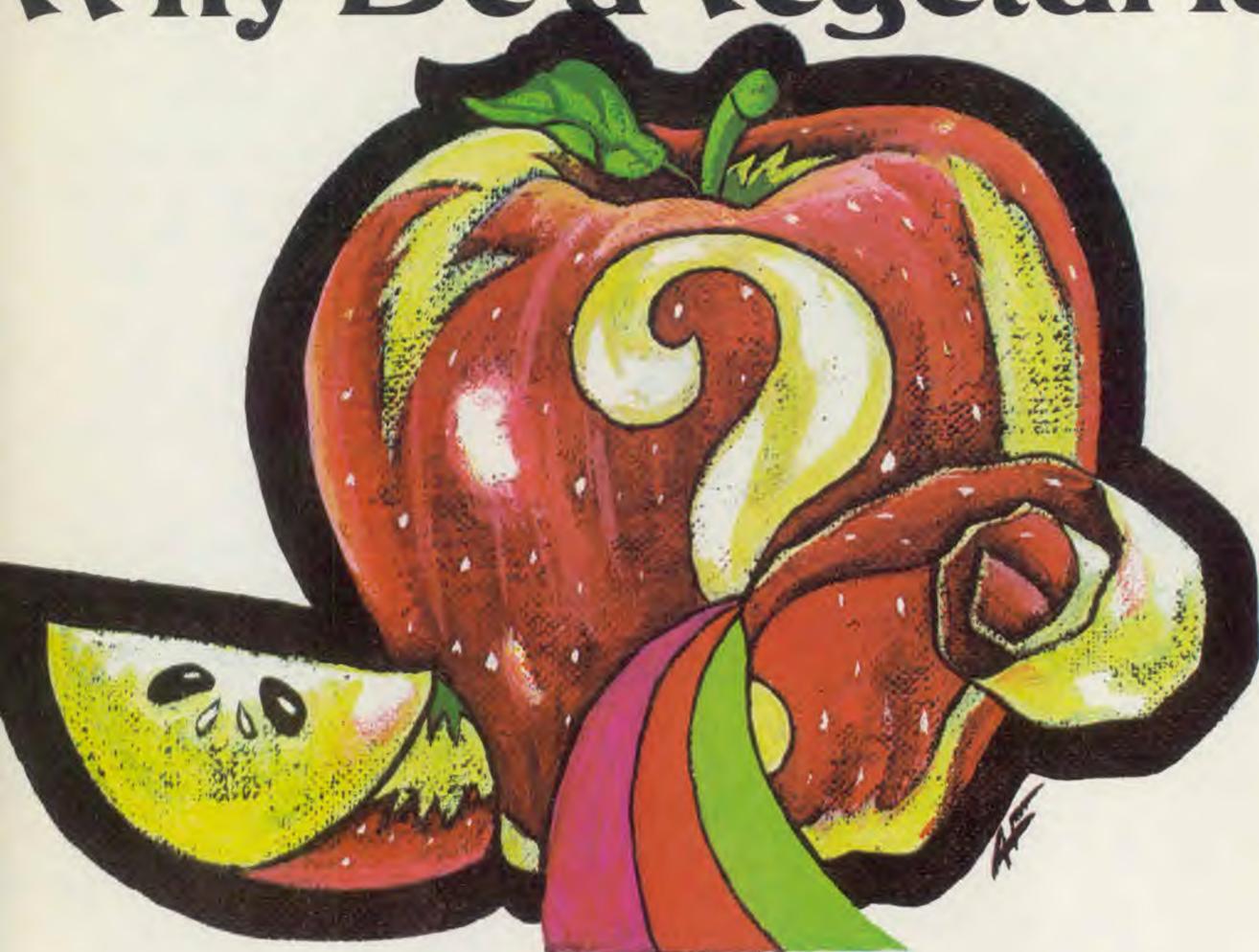
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