<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Table of Contents</td>
</tr>
<tr>
<td>2</td>
<td>From the Editor – in – Chief</td>
</tr>
<tr>
<td>3</td>
<td>Exercise for Health</td>
</tr>
<tr>
<td></td>
<td>Daria Trojan</td>
</tr>
<tr>
<td>8</td>
<td>Evolution of Probiotic Therapy</td>
</tr>
<tr>
<td></td>
<td>Borys Buniak</td>
</tr>
<tr>
<td>12</td>
<td>Nutritional pearls that Baba tried to teach me</td>
</tr>
<tr>
<td></td>
<td>Peter Kujtan</td>
</tr>
<tr>
<td>20</td>
<td>Women’s Wellness in the Reproductive Years to Optimize Pregnancy Health</td>
</tr>
<tr>
<td></td>
<td>Christina Duzyj Buniak</td>
</tr>
<tr>
<td>24</td>
<td>Nasal Saline Irrigations</td>
</tr>
<tr>
<td></td>
<td>Andrew Dzul</td>
</tr>
<tr>
<td>30</td>
<td>Vis Medicatrix Naturae – A Naturopathic Approach to Health and Wellness</td>
</tr>
<tr>
<td></td>
<td>Nadia Ciuha</td>
</tr>
<tr>
<td>36</td>
<td>News – In Memoriam</td>
</tr>
<tr>
<td>41</td>
<td>News</td>
</tr>
<tr>
<td>42</td>
<td>News – New Members</td>
</tr>
<tr>
<td>44</td>
<td>News -Other</td>
</tr>
<tr>
<td>48</td>
<td>Instructions For Authors</td>
</tr>
<tr>
<td></td>
<td>Table of Contents</td>
</tr>
</tbody>
</table>
Журнал Українського лікарського товариства Північної Америки (158)
Journal of the Ukrainian Medical Association of North America (158)

Від головної редактора

Шановні колеги!
Ласкаво просимо Вас до 158-ого випуску журналу Українського лікарського товариства Північної Америки - «Лікарський вісник». Україно-англомовний «Лікарський вісник» спрямований на одну галузь лікування щоб доручити багатодисциплінарним міжнародним читачам унікальне, фахове джерело для охорони здоров’я вашого населення.

Постійно оцінюємо стиль видання з метою ефективного розповсюдження науково-практичних медичних даних в різні населення читачів. Дане число «Лікарського вісника» містить реферовані статті про «Здоровий спосіб життя» із доповідей подані під час XLIII - тої Наукової Конференції УЛТПА в м. Монт тремблант, в Кейбек, Канади.

Надіємось, що цей випуск «Лікарського вісника» буде Вам вартісним і корисним у вашій послузі хворим. Чекаємо на ваш відгук та цілою підтримуємо Вас до співпраці видання слідуєчого числа. Електронний кольоровий вид цего вісника знаходиться на www.umana.org

From the Editor – in – Chief

Dear Colleagues!

Welcome to the 158th issue of the Journal of the Ukrainian Medical Association of North America, JUMANA. This Ukrainian-English issue of JUMANA focuses on a single specialty to provide you - our multi-specialty, international readership - a unique, professional Ukrainian - English resource for patient care.

This issue includes peer-reviewed summaries of presentations on “Wellness Medicine” from the 43rd UMANA Scientific Convention in Mont Tremblant, Quebec, Canada, June 18-21, 2015.

The style and content of JUMANA is continuously reassessed and refined for value with intent to most effectively provide you with practical academic medical information that helps you give better care for your patients.

We hope you find the new JUMANA enriching to your care of patients and warmly welcome your feedback and collaboration the next issue. The color e- version of this issue is on www.umana.org
Exercise for Health

D. Trojan

EXERCISE FOR HEALTH
Daria A. Trojan, MD
Physiatrist and Associate Professor
Department of Neurology and Neurosurgery, McGill University Montreal Neurological Institute and Hospital
Montreal, Quebec, Canada
e-mail: daria.trojan@mcgill.ca

Introduction
Physical activity and exercise have numerous benefits for many body systems. Conversely, lack of physical activity and exercise has many deleterious effects and is now a major public health problem in the United States.

Importance and Objectives
The objectives of this review are to 1) define "physical activity" and "exercise", 2) summarize the benefits of physical activity, and 3) review physical activity recommendations for the general population and how best to prescribe exercise in clinical practice.

Evidence
Summary of Benefits of Physical Activity and Exercise: Physical activity is any movement of skeletal muscle that results in energy expenditure. Physical activity can be categorized into four subgroups: occupational activity or activity done at work, household activity or activity done at home, transport activity or activity done to commute, and recreational or leisure-time activity (1, 2). Exercise is a subset or a type of physical activity that is planned, structured, and repetitive. It has the potential to improve or maintain physical fitness (1) Regular physical
activity and exercise have numerous benefits.

A large number of observational studies have concluded that regular physical activity and exercise may reduce the risk of cancer, especially breast and colon cancer (3). In patients with these cancers, it is well established that exercise may prolong survival and extend disease-free intervals. Physical activity is also noted to improve quality of life, mood, and fatigue in patients treated for breast and colon cancer, and hematologic malignancies (4, 5). Other cancers have not been studied as extensively.

Other benefits of physical activity include a reduction in the risk of Alzheimer’s disease, cerebrovascular disease, and diabetes mellitus. Exercise can lower the incidence of heart disease and hypertension, as well as aid in weight loss and weight maintenance.

Exercise also has psychological effects and can reduce depression similar to antidepressants and behavioral therapy (6). In addition, two recent large population-based studies have found that exercise at current recommended exercise levels produced a substantial reduction in the risk of premature death (7, 8).

If there were a pill that provided the many benefits of activity and exercise, it would most likely be the best selling pill ever developed! Due to the extensive literature available on this topic, this review can only provide a brief summary.
intensity aerobic, or an equivalent combination of both types of exercise. Aerobic exercise does not need to be performed 30 minutes at a time, but should be performed at least 10 minutes at a time, and preferably spread throughout the week. The Guidelines also recommend muscle strengthening activities that involve all major muscle groups two or more days per week.

The Physical Activity Guidelines for Americans recommend that, when possible, adults age 65 and older should follow general adult guidelines. However, if this is impossible due to certain limiting chronic conditions, older adults should be as active as they can and avoid inactivity. For individuals with risk for falling, the Guidelines also recommend exercises that maintain or improve balance.

For adults with disabilities, the Guidelines also recommend that adult guidelines be followed, if possible. If this is not possible, these individuals should be as physically active as their abilities allow. In addition, physical inactivity should be avoided (9).

Exercise Prescription: Exercise intensity can be estimated in several ways.

A physiologic estimate of energy expenditure is Metabolic Equivalent of Task (METs). Light intensity physical activities typically require less than 3 MET’s. Examples of light physical activities are sleeping, desk work, and light housework such as sweeping or cleaning. Moderate intensity activities require 3 to 6 MET’s. Some examples are walking over level ground at 3 miles per hour (mph), bicycling at less than 10 mph, and stationary bicycling at very light effort. Vigorous intensity activities require more than 6 METS, and include activities such as jogging, rope jumping, and running (10).

The percent of maximal heart rate during an activity can also be used to estimate activity intensity. The easiest method to estimate

хвилин помірної або 75 хвилин енергійної аеробної фізичної активності на тиждень, або подібний склад обох видів руханки. Тривалість аеробних вправ не обов’язково повинна сягати 30 хвилин на раз, однак по 10 хвилин на раз, і краще розподілено продають тижня. «Поради» також включають навантаження на основні групи м’язів двічі на тиждень і частіше.

«Поради з фізичної активності для американців» радять людям віку 65 і більше років виконувати навантаження для старших дорослих. Якщо хронічні недуги це не дозволяють, старшим радять підтримувати як найбільше можливий рівень фізичної активності та уникати бездіяльність. Особам з ризиком падіння, радять руханки які втримують чи покращують рівновагу.

Дорослим з обмеженнями, Поради вказують то що для інших дорослих. Якщо це неможливо, ці особи повинні бути так фізично активними, наскільки дозволяють їм їх можливості. І їм краще уникати бездіяльність (9).

Призначення Руханки: вказнення стали руханки може бути оцінена декількома способами.

Фізіологічна міра витрат енергії - це «метаболічний еквівалент завдання» (МЕЗ). Мало-сильна фізична активність, як правило, вимагає менше 3 МЕЗ - це сон, робота за письмовим столом і легка домашня робота тобто замітна підлоги чи прибирання. Середньо - сильна активність вимагає 3 до 6 МЕЗ - це ходьба по рівні до 3 мілі за годину, ізда на велосипеді до 10 миль за годину, дуже легкі веловправи. Високо - сильна активність вимагає більше 6 МЕЗ і включає біг та стрибки зі скакалкою (10).

Відсотки найвищої частоти серцевих скорочень під час занять може бути показником сили навантаження.
maximal heart rate is to take the number 220 and subtract the individual’s age. Light physical activity occurs usually at less than 64% of this maximal heart rate, moderate physical activity at 64 to 76% of maximal heart rate, and vigorous activity at >76% of maximal heart rate.

The talk test is perhaps the simplest to estimate intensity of aerobic physical activity. It is also the most practical method to assess exercise intensity and has been shown to be an effective prescription tool in several patient populations (11, 12). Using this test, an individual exercising at low intensity, is able to talk and sing. For someone exercising at intensity that is moderate for them, talking should still be comfortable, but singing is difficult. For those exercising at vigorous intensity, both talking and singing are impossible.

It is recommended that physicians advise exercise for their patients. Anderson and colleagues (13) have reported that 92% of patients have agreed or strongly agreed with the statement that “If my doctor advised me to exercise, I would follow his or her advice.” Therefore, a physician’s advice about exercise may have a strong impact on patient behavior with regard to exercise. It has also been recommended that physicians actually provide their patients with a prescription form for exercise with specific instructions, for example:

- Walk briskly 30 minutes a day, 5 days a week
- Lift weights twice per week
- Increase exercise slowly to avoid injury

This may reinforce and solidify the physician’s advice to their patient (12). When recommending exercise or increased physical activity to a patient, it is usually best to suggest starting with a simple activity such a walking, which would be easy for the patient too initiate.

It is recommended that physicians advise exercise for their patients. Anderson and colleagues (13) have reported that 92% of patients have agreed or strongly agreed with the statement that “If my doctor advised me to exercise, I would follow his or her advice.” Therefore, a physician’s advice about exercise may have a strong impact on patient behavior with regard to exercise. It has also been recommended that physicians actually provide their patients with a prescription form for exercise with specific instructions, for example:

- Walk briskly 30 minutes a day, 5 days a week
- Lift weights twice per week
- Increase exercise slowly to avoid injury

This may reinforce and solidify the physician’s advice to their patient (12). When recommending exercise or increased physical activity to a patient, it is usually best to suggest starting with a simple activity such a walking, which would be easy for the patient too initiate.

It is recommended that physicians advise exercise for their patients. Anderson and colleagues (13) have reported that 92% of patients have agreed or strongly agreed with the statement that “If my doctor advised me to exercise, I would follow his or her advice.” Therefore, a physician’s advice about exercise may have a strong impact on patient behavior with regard to exercise. It has also been recommended that physicians actually provide their patients with a prescription form for exercise with specific instructions, for example:

- Walk briskly 30 minutes a day, 5 days a week
- Lift weights twice per week
- Increase exercise slowly to avoid injury

This may reinforce and solidify the physician’s advice to their patient (12). When recommending exercise or increased physical activity to a patient, it is usually best to suggest starting with a simple activity such a walking, which would be easy for the patient too initiate.
**Conclusion**

Exercise and physical activity have numerous benefits. Nearly every patient can exercise in some way. It is important to prescribe regular physical activity (even simply walking) to improve health outcomes. Exercise prescription should be part of good medical care.

**References**

EVOLUTION OF PROBIOTIC THERAPY
Borys Buniak, MD FACP
Clinical Assistant Professor of Medicine
St Joseph’s Hospital Health Center
Syracuse, New York
bborrys0@gmail.com

Introduction
The complexity of the physiologic effects that gastrointestinal bacteria bestow upon our wellbeing is remarkable and surprising. Ukrainian-born Elie Metchnikoff (1) first suggested that ingested bacteria are beneficial for digestion in 1907. Werner Kollath introduced the term probiotics in 1953. Since then, the World Health Organization (WHO) has defined probiotics as “live organisms that, when administered in adequate amounts, confer a health benefit to the host,” and research has verified that intestinal bacteria do in fact hold a significant role in the maintenance of good health.

Importance and Objectives
Intrinsic intestinal flora develops in the fetus and is affected by the mother’s diet and health, as well as the process of delivery (2). From birth until puberty, the immune system is in critical development and modified by bacterial exposures in the gastro-intestinal (GI) tract. Use of antibiotics, breast-feeding, strict environmental sanitation and ingestion of processed foods alter the maturity of the GI flora.

The “Hygiene Hypothesis” (3) postulates that growing up in an environment with a high incidence of infectious disease protects against future allergic and autoimmune diseases, whereas hygienic surroundings...
increase the incidence of these disorders. Without a vigorous concentration of beneficial bacteria, the body may become susceptible to autoimmune disease, infectious diarrhea including Clostridia difficile, obesity, diabetes, allergies and liver disease.

Evidence

Most beneficial bacterial flora for the intestines are butyrate - producing microbes such as Bifidobacterium infantis, Eubacterium hallii and Faecalibacterium prausnitzii. The butyrate produced by these bacteria is a primary source of energy for colonic cells.

Over the years, processed foods have replaced the “organic diet”, ultimately limiting our ingestion of healthy bacteria found in “whole foods”. Other conditions that alter the delicate microbial balance include exposure to enteric infections, chlorinated water, radiation, chemotherapy and colonic detoxification treatments.

Antibiotics’ effects on intestinal bacteria may alter carbohydrate metabolism and precipitate osmotic diarrhea by decreasing the production of short chain fatty acids. Individuals treated with antibiotics may need up to one year to fully recover their inherent bacteria to pre-exposure concentrations.

There are an estimated 100 trillion bacteria, composed of 300-1000 species, residing within the intestines and routinely expelled in feces, amassing 60% of stool weight. These bacteria outnumber the quantity of cells in the human body by nearly a 10:1 ratio. Any alteration in their composition appears to affect the human body in adverse or beneficial ways. Small intestinal bacterial overgrowth, for instance, exposes the liver to an increase in lipopolysaccharides (LPS). This influx of LPS, via the portal system, leads to an upregulation of the immune system producing autoimmune disease.

increase the incidence of these disorders. Without a vigorous concentration of beneficial bacteria, the body may become susceptible to autoimmune disease, infectious diarrhea including Clostridia difficile, obesity, diabetes, allergies and liver disease.

Evidence

Most beneficial bacterial flora for the intestines are butyrate - producing microbes such as Bifidobacterium infantis, Eubacterium hallii and Faecalibacterium prausnitzii. The butyrate produced by these bacteria is a primary source of energy for colonic cells.

Over the years, processed foods have replaced the “organic diet”, ultimately limiting our ingestion of healthy bacteria found in “whole foods”. Other conditions that alter the delicate microbial balance include exposure to enteric infections, chlorinated water, radiation, chemotherapy and colonic detoxification treatments.

Antibiotics’ effects on intestinal bacteria may alter carbohydrate metabolism and precipitate osmotic diarrhea by decreasing the production of short chain fatty acids. Individuals treated with antibiotics may need up to one year to fully recover their inherent bacteria to pre-exposure concentrations.

There are an estimated 100 trillion bacteria, composed of 300-1000 species, residing within the intestines and routinely expelled in feces, amassing 60% of stool weight. These bacteria outnumber the quantity of cells in the human body by nearly a 10:1 ratio. Any alteration in their composition appears to affect the human body in adverse or beneficial ways. Small intestinal bacterial overgrowth, for instance, exposes the liver to an increase in lipopolysaccharides (LPS). This influx of LPS, via the portal system, leads to an upregulation of the immune system producing autoimmune disease.
proinflammatory mediators resulting in hepatic conditions of NAFL (Nonalcoholic Fatty Liver) or NASH (Non-alcoholic Steatohepatitis). Treatment with Bifidobacterium and Lactobacillus has been shown to reduce inflammatory steatosis of the liver (4).

Research confirms that lactobacillus may help control diarrhea, Bifidobacterium and a Fermentable Oligo Di-Monosaccharides and Polyols (FODMAP) diet reduce bloating while Ralstonia pickettii affects obesity and insulin resistance. Eubacterium hallii aids weight loss by improving insulin sensitivity and energy expenditure. Inflammatory bowel disease (IBD) patients have less Firmicutes bacteria and symptoms improve with administration of antibiotics such as rifaximin or VSL #3 probiotics. These beneficial treatments for IBD decrease the concentrations of unfavorable Campylobacter concisus and Enterococcus faecium bacteria (5). Probiotics are known to be immunomodulatory as there is evidence they alter the inflammatory effects of TH-1 and TH-2 Cytokines in irritable bowel disease (IBD) and Nonalcoholic steatohepatitis (NASH) patients.

The most fascinating research with regard to probiotics has turned to “fecal microbial transplants” (FMT). Multiple studies have confirmed or suggested that transplanting “healthy” bacteria from a “regular” individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions

The most fascinating research with regard to probiotics has turned to "fecal microbial transplants" (FMT). Multiple studies have confirmed or suggested that transplanting "healthy" bacteria from a "regular" individual presents health benefits to the ailing host. Fecal transplants have been used to treat infectious diarrhea as early as 4th century China. Already a cure for C. Difficile colitis, FMT expanding in treatment for obesity, irritable bowel, liver disease, inflammatory bowel disease, fibromyalgia, multiple sclerosis, Parkinson’s Disease and autism. (6)

Conclusions
Therapeutic potential of modulating intestinal microbiota may be significant in the treatment of a variety of medical conditions. However, the beneficial effects of these favorable bacteria remains to be fully realized through well designed clinical trials. As we are able to isolate, identify and study more bacterial species from within the “healthy gut” using PCR sequencing techniques, the field of therapeutic probiotics will continue to expand.

References

4. Qamar, AA. Probiotics in Nonalcoholic fatty Liver Disease, Nonalcoholic Steatohepatitis, and Cirrhosis. J Clin Gastroenterol 2015; 49 (Supp 1); S28-S32
NUTRITIONAL PEARLS THAT BABA TRIED TO TEACH ME

Peter W. Kujtan, MD, Ph.D.
Attending Physician
Mississauga Family Health Organization
Mississauga, Ontario, Canada
Email: drkujtan@hotmail.com

Introduction

My Baba was born in 1901. Some of her favorite sayings was, “Don’t eat sugar it will make you fat” and “Don’t eat sugar, you’ll get diabetes.” I was young and naïve and would respond by thanking her for insisting that I go to university, but I would respond politely that, “They are teaching me differently, Baba!”

It is only a quarter of a century later that I sadly acknowledge the very truth in her words. In my practice today, I see more diabetes, obesity, hypertension and heart disease than ever before. Yet I have been counselling people regarding their diets for years. As a colon cancer survivor, I became suspect of my eating habits over a decade ago.

Importance and Objective

I graduated as a gold medalist from a top Canadian medical school in Toronto. There was a nutritional curriculum, but it was quite inadequate and in no way prepared me to face the challenges of practice. On reflection, I must admit that food consumption and production has changed immensely over the last 25 years. There is no way it could have prepared me to understand how the complexities of food manufacturing giants’ quest for profit would influence the health of everyone around me. When I started practice, the only focus was

Введения

Моя Баба (бабуся) народилася у 1901 році. Її найулюбленіші вислови - це "Не їж цукор – зробить тебе товстим" та "Не їж цукор – дістаниш цюкрицю." Я був молодий і наївний і відповідав їй що я пішов в університет, і ввічливо відповідав: "Мене вчать інакше, Баба!"

І лише чверть століття потому я з сумом визнав істину яка була в її словах. Нині в своїй практиці я бачу більше цюкрицю, ожиріння, гіпертонії та хвороби серця, ніж будь-коли раніше. Хоч я роками дораджую людям про їх дієти. Як той, що пережив рак товстої кишки, я запідозрив свої звички їжі більш ніж десятки років тому.

Важливість і мета

Я закінчив з золотою медаллю найкращу Канадську медичну школу в Торонто. В навчальному пляні був курс харчування, але він не був цілком достаточним, і ніяк не підготував мене до виконки, з якими я зітнувся на практиці. Подумавши, я мушу визнати, що споживання й виробництво їжі сильно змінилося за останні 25 років. Ніяк це не могло мене підготувати, щоб зрозуміти, як складність виробництва харчових продуктів з метою більшого прибутку, впливатиме на здоров'я всіх моїх оточуючих. Коли я почав
on reducing fats to control heart disease. The true origin of this advice was unclear, yet we followed it blindly. I cannot think of another field in which there is so much sponsored research, which serves to nullify or cloud the results of bona fide studies. From my perspective, most major universities with faculties of nutrition receive numerous grants from companies, and other sugar-based manufacturers, easy for those who follow.

Opinion

There was a time when it was easy to spot hunger and poverty amongst North Americans. The soup lines have largely disappeared. We are able to provide numerous calories to most people on a daily basis. But are these good calories? I was taught that all calories are alike, a concept I completely dispute today. Careful scrutiny of the research reveals that most facts about sugar metabolism and toxicity were well known half a century ago, but buried in skepticism, purchased with corporate dollars. The simple truth is this: consuming sugar in unbound amounts over two teaspoons at a time causes health consequences. The physiology is well documented and to simplify it, think of overwhelming amounts of consumed sugar as akin to turning on over-flow pathways in the liver to produce metabolites involved in disease.

Take a simple can of cola for example. It began as a 7 ounce drink in 1955, containing roughly 6 teaspoons of sugar. Today, the big gulp drinks can be found everywhere, measuring 128 ounces and containing an astounding 100 teaspoons of sugar! Sugar water, in any form has only become a human staple over the last 70 years. I include all pop, juice, and most sweetened drinks disguised as healthy alternatives, in this category. Child obesity has become rampant in North America. Diabetes rates have skyrocketed, and we now diagnose adolescence with the early stage type 2 pr Simply, a single move would benefit spurious situations of diuretics in the body with some other metabolites. The simple truth is this: consuming sugar in unbound amounts over two teaspoons at a time causes health consequences. The physiology is well documented and to simplify it, think of overwhelming amounts of consumed sugar as akin to turning on over-flow pathways in the liver to produce metabolites involved in disease.

Take a simple can of cola for example. It began as a 7 ounce drink in 1955, containing roughly 6 teaspoons of sugar. Today, the big gulp drinks can be found everywhere, measuring 128 ounces and containing an astounding 100 teaspoons of sugar! Sugar water, in any form has only become a human staple over the last 70 years. I include all pop, juice, and most sweetened drinks disguised as healthy alternatives, in this category. Child obesity has become rampant in North America. Diabetes rates have skyrocketed, and we now diagnose adolescence with the early stage type 2
diabetes. Studies suggest that if a teenager drinks one can of soda every day, their rate of diabetes increases by 30%.

The average North American now consumes almost 160 pounds of sugar per year, almost double what it was 50 years ago. Lack of awareness has kept most physicians quiet on the subject. One reason for this was the switch from cane sugar to corn-based high fructose corn syrup. It is sweeter and much cheaper. The rise of huge corporate farming along with genetic modification of corn crops have resulted in overabundant supplies. To me, the jury on organically modified food is still out. The situation today is that almost all corn, soy, cotton and canola crops are exclusively of genetically modified origins, while we scratch our heads wondering where all the bees have gone. The situation in the rest of the world is slightly different and there is a great deal more scrutiny and opposition. Generally, genetically modified foods are designed to last much longer before consumption. The tradeoff is the taste. Many chefs can simply taste the difference. Take strawberries for example. The ones I picked with my Baba were delicious and only lasted a week at home. Modified strawberries lack taste and can last for weeks in the fridge.

Food labelling is highly irregular and of little clinical use to me. The best advice I got from my Baba was to scrutinize the ingredients list, and skip the foods with a list longer than one! For years, it was a mystery why food companies would label the sugar content, but the column next to it listing the percentage of daily allowance was always blank. It seems the companies don’t know what the percentage daily allowance of sugar is? The real reason is that it would often be over 100% if they were forced to label it. I now agree with the view of Dr. Robert Lustig, a pediatric endocrinologist who runs a teenage obesity clinic in California. He contends that the fructose

цукриця 2 типу на ранній стадії. По дослідженнях, підлітку що денно п’є банку соди цукриця росте 30%.

Сьогодення звичайний Північної Американський споживає майже 160 фунтів (72.6 кг) цукру в рік, що майже вдвічі більше, ніж це було 50 років тому. Через брак свідомість, більшість лікарів мовчать на цю тему. Однією з причин цього став перехід з тростинного цукру на сиrop кукурудзи з високим вмістом фруктози. Це солодше і набагато дешевше. Зростання величезного корпоративного господарства, генетично модифіковані зерна привели до переповнених запасів. На мою думку, рішення щодо органічно модифікованої їжі все ще нема. Тепер майже всі кукурудзяні, соєві, бавовняні та канола культури є генетично модифіковані, а ми схиляємо голови - куди поділися всі бджоли. Решта світу трохи відрізняється, і є набагато більшій контроль і опозиції. Як правило, генетично модифіковані їжі розроблені, щоб зберігатися довше. В заміну - це смак. Багато кухарів легко розсмаковують різницю. Взимку, наприклад, полуниця. Та, що я збирав з Бабою, була смаколиком, і зберігалися вдома лише тиждень. Модифікована полуниця без смаку але може лежати в холодильнику тижнями.

Позначення харчів нерегулярне і мало клінічноїподібне мені. Найкраща порада, яку я отримав від моєї Баби, була уважно вивчити список складників, і не брати то де список довший, ніж один! Протягом багатьох років, було загадкою, чому виробники їжі вказують вміст цукру на упаковці, але ділянка в колонці поруч з нею, де має бути відсоток щоденної норми порожній. Виглядає, наше компанії не знають який має бути відсоток добової норми цукру? Справжня причина в тому, що він часто буде більшим ніж на 100%, якби їх змусили вказувати це. Тепер я згоден з думкою д-ра Роберта Ластіг, в дитячий
part of sugar is toxic and should be even considered as a hepatotoxic. He has some interesting material available on the internet. Table sugar when ingested gets split into fructose and glucose. The glucose molecule is readily utilized for energy around the body. Fructose is much different and in large quantities, the root of many medical problems. The problem occurs when the liver gets flooded with fructose quickly. It is like an unexpected downpour of rain. Insulin gets released by the pancreas and the liver turns on pathways to process the fructose into fat cells; pathways that normally would not be turned on. These fat cells specifically are the visceral fat cells or abdominal fat, and are not the ones you want. Other pathways also get turned on. Fructose is processed by the liver in much the same way as alcohol is. It is no wonder that we are seeing record amounts of fatty liver in younger and younger people. One of the other degradation products within the liver when fructose is being metabolized is uric acid. We all know that uric acid is a component of kidney stones. It also is effective at inhibiting nitric acid, a powerful vasodilator. This leads to hypertension. Studies have also shown that after a large load of fructose, immunity cell counts drop drastically, albeit transiently. It is almost impossible to find the sugar content of those sweet smoothies we feed the sickest patients in hospitals.

Fructose cannot pass the blood-brain barrier and so there is no effect on the brain as with alcohol. But the glucose half can have brain-addicting qualities. Rats addicted to cocaine will prefer sugar water in soda concentrations over cocaine if given a choice. Ignoring that sugar has addictive qualities makes the basis of any weight loss impossible. Today, we are still fighting the similar battle as doctors did half a century ago.

JUMANA
Vol. 54, No. 1 (158)
ago with cigarette smoking. The physiology is clear. One soft drink a day will add roughly three pounds of visceral fat a year. Ten years later you wonder how you gained 30 pounds. When you start to reverse the process, the results are too slow to notice, and people often mistake this as failure, and quickly slip into old habits. Soda and most sugar water-type drinks should be banned. At the very least, a warning should be placed on the label with respect to liver toxicity, obesity and heart disease. Nowhere is there as much disinformation in science as can be found with respect to sugar metabolism and its adverse effects on health. Physicians are still ridiculed today for even suggesting this, and this demonstrates the effectiveness of the food company lobby to protect profits.

When I need my patients’ immune system to fight cancer, the last thing I need is to be supplying it with milkshakes of food sources packed with catastrophic amounts of sugar. Next time you’re doing hospital rounds take a good look what we are feeding our sickest patients. When I was a young physician, we dismissed family members wishing to bring our patients a fresh home cooked meal. We thought we knew better, but did we?

So how does this all translate into daily practice advice? I now counsel all my patients on a regimen of drastic sugar reduction paired up with increase physical activity. I give out simple pedometers for people to use. I ask them to track the number of steps they take every day. Anything under 5000 steps a day, I consider sedentary. Over 10,000 is adequate and active. Dietary counselling is simpler than we think. I ask
patients to become aware of hidden sugar sources. Forget the fats at the onset. This starts with reading sugar contents of food. Four grams of sugar is roughly 1 teaspoon of table sugar. I get people to imagine how much or how big the pile of sugar is in each item they consume. I challenged them to find the 120 grams of sugar hidden in their diet every day. I recommend that people completely withdraw from soda and most "health" sugar water drinks. If you accept that sugar is an addiction, you must also accept that withdrawal symptoms do occur. The idea is to slowly trickle sugar and thus convince yourself. The first step is to take all forms of sugar beverage and reduce them by half by simply diluting with water. This helps in the first couple of weeks. I also consider most juices to be the same as soda. Just read the sugar content and convince yourself. It is no wonder that after the initial stage of sugar ingestion comes a stage of increased drowsiness, lack of energy and fatigue. In my practice, the first step is to take all forms of sugar beverage and reduce them by half by simply diluting with water. This helps in the first couple of weeks. I also consider most juices to be the same as soda. Just read the sugar content and convince yourself. It is bound to fiber and does not hit the liver all at once. Eating it whole or in pieces is fine, but once you pulverize the fiber bonds to liberate the fructose and filter out the minerals and anti-oxidants, you end up with nothing more than a sugar drink. This is why I ask patients to avoid smoothies.

The patients that can follow through with this advice quickly find an improvement of many symptoms. Fatigue gets resolved. Diabetes becomes much easier to control and pre-diabetics often return to normal. They begin to lose weight without really trying or feeling hungry. I then go on to encourage a diet full of fresh vegetables and organics.

Red meat is allowed, under certain conditions. I recommend hay-fed pasture-raised antibiotic-free red meat. This is quite difficult to obtain and is more expensive.

Patients to become aware of hidden sugar sources. Forget the fats at the onset. This starts with reading sugar contents of food. Four grams of sugar is roughly 1 teaspoon of table sugar. I get people to imagine how much or how big the pile of sugar is in each item they consume. I challenged them to find the 120 grams of sugar hidden in their diet every day. I recommend that people completely withdraw from soda and most "health" sugar water drinks. If you accept that sugar is an addiction, you must also accept that withdrawal symptoms do occur. The idea is to slowly trickle sugar and thus convince yourself. The first step is to take all forms of sugar beverage and reduce them by half by simply diluting with water. This helps in the first couple of weeks. I also consider most juices to be the same as soda. Just read the sugar content and convince yourself. It is bound to fiber and does not hit the liver all at once. Eating it whole or in pieces is fine, but once you pulverize the fiber bonds to liberate the fructose and filter out the minerals and anti-oxidants, you end up with nothing more than a sugar drink. This is why I ask patients to avoid smoothies.
The majority of beef in North America is derived from massive factory farms. Cows are fed large amounts of grain (mostly genetically modified corn and soy) in restricted corrals. Large amounts of antibiotics are added, not so much for health reasons but to increase bulk. In the 1940s it was discovered that feeding animals antibiotics acted like a steroid and improved their weight often doubling or tripling it. If your profit margin could be doubled then why not? Almost 80% of antibiotics manufactured in the world today are used for animals. Yet, we only talk about antibiotic resistance. There are numerous other problems with factory farms. Keeping animals in large confined spaces and feeding them largely corn results in greenhouse gases and the need for massive amounts of fresh water to control hygiene. North America consumes 90,000 cattle a day and over 20 million chickens. Think about that. Factory farms require 2500 gallons of fresh water per pound of beef they produce. Water is federally subsidized which keeps the price of beef down. Traditional farming methods can easily compete but few are listening, and the age of the independent farmer in large numbers has long been over.

I long ago abandoned using the Canada Food Guide, even though I felt it to be gospel truth at the onset of my career. This was largely by default as we were provided with little else. It began as a simple message to eat better by the government during World War II, when numerous conscripted men were deemed unfit for service due to malnutrition. It evolved into something governed by numerous special interest groups and food manufacturers, and every small symbol took months of round table discussions. Those who knew the truth knew that large scale factory farms were the source of antibiotic resistance. Yet, we only talk about antibiotic resistance. There are numerous groups and food manufacturers, and every small symbol took months of round table discussions.

Я давно відмовився від використання Canada Food Guide, хоча на початку кар'єри я відчував, що це щиро правда. Багато було стандартом, так як нам мало що ще давали. Почалося під час Другої світової війни як повідомлення уряду, щоб люди краще харчувалися, бо численні мобілізовані були визнані непризначеніми до служби через недогодування. Перетворилось на його, що керується численними групами зі своїми інтересами.
negotiation and concession. It resulted in symbolism with disproportionate product sizes, promotion of processed packaged products and suggesting that canned and fresh foods are equivalent. That's when they lost me.

**Conclusion**

My message is a simple one to improve awareness and perhaps get physicians thinking about the negative health effects of consuming large amounts of fructose. The simplicity of it is almost too hard to believe. I encourage you to do some of your own investigation and to come to your own conclusions.
WOMEN’S WELLNESS IN THE REPRODUCTIVE YEARS TO OPTIMIZE PREGNANCY HEALTH

Christina Duzyj Buniak, MD MPH
Assistant Professor of Obstetrics, Gynecology and Reproductive Sciences
Rutgers – Robert Wood Johnson Medical School
New Brunswick, New Jersey
e-mail: eduzyj@gmail.com

Introduction

Many consider Obstetrics to be a “well woman’s” discipline, due to the relatively low prevalence of medical comorbidities during a woman’s reproductive years. However, despite advances in maternity care, pregnancy and childbirth remain among the most dangerous periods of a woman and child’s lives. Obstetric providers thus have a constant vigilance for unanticipated but highly morbid pregnancy complications.

Increasing obesity rates, an increasing rate of pregnancy in women of advanced maternal age due to assisted reproductive technology, as well as changes in anticipated life expectancy of women with congenital or chronic diseases, all contribute to the pregnant population being “less well” than meets the eye. This in turn places their children at risk.

Optimization of maternal wellness, as well as chronic medical comorbidities in advance of pregnancy gives providers an opportunity to decrease the perinatal risk for their patients and their children. This presentation focuses on common causes of maternal and fetal/neonatal morbidity and mortality, as well as chronic medical comorbidities in advance of pregnancy.
well as opportunities to modify risk for women considering pregnancy. Pregnancy may unmask a disposition for medical complications, and may provide a “window” into a woman’s future health. This gives providers and patients alike an opportunity not only to optimize future pregnancies, but also to modify a woman’s long-term health.

Importance and Objective

Before 1900, for every 1000 live births, six to nine women in the US died of pregnancy-related complications. From that time through 1997, the maternal mortality rate declined almost 99% to less than 0.1 reported death per 1000 live births. Environmental, nutritional, medical, and educational factors contributed to this decline (1). However, since 1987, there has been a consistent increase in maternal mortality, from 7.2 to 17.8 deaths per 100,000 live births per year. (2)

The chief cause of this is cardiovascular disease at 14.6%, followed by infection and sepsis at 14% and non-cardiovascular disease at 11.9%. This profile generally mirrors common causes of death in women of reproductive age. In particular, among women who are 35-54 years old, cancer and heart disease are the chief causes of death. (3) Women over 35 year old are increasingly in the pregnant population, in part due to assisted reproductive technologies.(4) Also, as the US obesity epidemic has expanded, women are at higher risk for cardiovascular disease than ever before. (5) It is therefore incumbent on all physicians who treat women of reproductive age to focus on optimizing health to avoid complications in pregnancy.

Evidence for What Constitutes Well-Woman Care

неонатальной захво- рюваності та смертності, а також способи зменшення ризику для жінок, що планують завагтнітися. Крім того, вагітність може виявити схильність до медичних ускладнень, і може забезпечити «вікно» в майбутнє здоров'я жінки. Це дає можливість акушерам та пацієнтам не тільки покращити майбутні вагітності, але й вплинути на довгострокове здоров'я жінки.

Доречність і мета роботи

До 1900 року на кожні 1000 живонароджених, шести до дев'яти жінок в США померали від ускладнень, пов'язаних з вагітністю. З того часу і до 1997 року материнська смертність знизилась майже на 99% до менш ніж 0,1 звітованих смертей на 1000 народжених живими. Чинники середовища, харчування і медицини та освіти зробили внесок в це зниження. (1). Але, з 1987 року, є постійне зростання материнської смертності з 7,2 до 17,8 смертей на 100000 живонароджених на рік. (2).

Головною причиною цього є серцево-судинні (14,6%), інфекції та сепсис (14%), а також не серцево-судинні захворювання (11,9%). Ці данні в цілому відображають загальні причини смертей у жінок родуючого віку, зокрема серед жінок 35-54 років, у яких рак і хвороби серця є головними причинами смерті. (3). Зростає населення вагітних жінок старше 35 років, частково через допоміжні репродуктивні технології. (4) Крім того, оскільки в США поширилася епідемія ожиріння, жінки піддаються більш високому ризику розвитку серцево-судинних захворювань, ніж будь-коли раніше. (5) Тому перед всіма лікарями, які лікують жінок родуючого віку, є завдання покращити здоров'я, щоб уникнути ускладнень вагітності.

Що являє собою догляд за здоров'ю жінкою
The American Congress of Obstetricians and Gynecologists has a dedicated toolkit for strategies to promote well woman care. (6) There is a particular focus on age-specific screening, laboratory testing, evaluation and counseling and immunizations. The toolkit includes lists of history elements to ask, exam elements, red flags in family history, and specific laboratory testing that could impact pregnancy.

For pregnancy, screening for familial genetic syndromes, maternal obesity, maternal cardiovascular or endocrine diseases, and emphasis on appropriate immunizations are of chief importance. Proactive discussions of wellness, such as nutrition, exercise and stress reduction, may help women to make active changes in their health, which could be continued in pregnancy. Finally, discussions of intentions for family planning may prompt a woman to actively rather than passively plan for a healthy pregnancy.

Evidence for Common Pregnancy Complications

Pregnancy loss (20%), preterm birth (11%), gestational diabetes (9%), elevated blood pressure (4%) and preeclampsia (3-4%) represent the chief risks to women’s pregnancies. Each of these potential outcomes may be impacted by pre-pregnancy reduction of risk factors, including elimination of toxic substances (tobacco, alcohol), weight loss, and optimization of chronic medical comorbidities, in particular diabetes, hypertension and thyroid disease.

In an increasingly appreciated theory, pregnancy itself acts as a “stress test” to unmask women’s predispositions for chronic diseases. (7) Therefore, in addition to pre-pregnancy health optimization, post-

Американський конгрес акушерів та гінекологів має особливі стратегії сприяння догляду здоров’я жінок. (6) Осереджуються на оглядах, обстеженнях, порадах і імунізації, для кожної вікової групи жінок. Цей підхід включає списки запитань історії хвороб і обстеження, важливі точки сімейної історії хвороб, та увагу на всі лікарські дослідження, які можуть вплинути на вагітність.

Важливими для вагітних є обстеження на генетичні синдроми, материнське ожиріння та материнських серцево-судинних або ендокринних захворювань; щеплення.

Обговорення здорового способу життя - харчування, фізичного навантаження і зниження напруження можуть допомогти жінкам змінити стан здоров’я, яке б продовжувалось під час вагітності. Обговорення плану сім'ї може спонукати жінку до активного, а не пасивного планування здорової вагітності.

Основні ризики вагітності - це переривання (втрата) вагітності (20%), передчасні пологи (11%), гестаційний діабет (9%), підвищений кров'яний тиск (4%) і прееклампсія (3-4%). На всі ці ускладнення можна впливати зменшенням впливу чинників ризику ще до вагітності, в т.ч. зниженням дії токсичних речовин (тютюн, алкоголь), втратою ваги і покращенням здоров’я, зокрема при цукрі, гіпертонії та недугах щитовидної залози.

Набуває теорія про те, що вагітність як така є «стресовим випробуванням», що викриває схильність жінки до таких чи інших хронічних хвороб. (7) Тому, крім оптимізації здоров’я до вагітності,
pregnancy recognition of a woman’s susceptibilities should help her primary provider to tailor a screening and treatment algorithm to improve her overall health.

Conclusions

In today’s era of medicine tailored to the individual patient, it is imperative for each of us to act beyond the silo of our subspecialty to view the “whole patient,” and to use our individualized scope of practice to improve their health more globally.

In no case is this more true than for women, in whom pregnancy should be considered part of their natural health course rather than an interlude from normalcy. Working together, we can help our patients obtain good “life habits” to carry forward to improve their own health potential.

References

NASAL SALINE IRRIGATION
Andrew Dzul, MD
Attending Surgeon
Lікарня та медичний центр Святого Івана
Detroit, Michigan
andrewdzul@comcast.net

ПРОМИВАННЯ НОСУ ФІЗРОЗЧИНОМ
Андрій Джуль, MD
Хірург
St. John’s Hospital and Medical Center
м. Детройт, шт. Міщиган

Introduction
Nasal irrigation has its origins in ancient Far Eastern practices, namely in yoga. Though most of us relate yoga to a set of exercises and meditation, there is a part of yoga that is dedicated to maintaining good health: Hatha Yoga. There are six kriyas of shatkarma. Jala Neti is the sixth kria, and it is dedicated to flushing the nasal cavities. It is not clear if the ancients used saline (sea water) or ordinary water.

Over the past 10 years nasal saline irrigations have become very popular among sinus sufferers. Inflammatory disorders of the nose and sinuses (Chronic Rhinosinusitis or CRS) are very prevalent. Before consulting a physician, patients will often start treating themselves. For years pharmacy shelves have been well stocked with sinus medications: antihistamines, decongestants, mucolytics and saline nose sprays. In recent years, several varieties of saline nose drops, sprays, and irrigations have become available. Their popularity is largely the result of the appearance of Dr. Oz on the Oprah Winfrey Show in 2006. He called for a volunteer from the audience and demonstrated the ancient “neti pot” nasal saline rinse on her. On a subsequent Oprah show, several weeks later, the volunteer, her husband, Oprah and others discussed their experience with the neti

Введення
Промивання носа має свої витоки в давніх далекосхідних практиках, а саме в йозі. Хоча більшість з нас відносять йогу до набору вправ і медитації, є частина йоги, яка присвячена підтримці хорошого здоров'я: хатха-йога. Є шість крійі з шаткарми. Джала неті є шостою крійєю, і віна призначеня для промивання порожнин носа. Не ясно, чи древні вживали солену (морську) чи звичайну воду.

За останні 10 років сольові промивання носа стали дуже популярні серед тих які мають запалення пазух носа. Запальні захворювання носа і пазух (хронічний риносинусит або ХРС) поширені. До консультації з лікарем, хворі часто само-лікуються. Розами поліції аптек були добре забезпечени препаратами для лікування пазух носа: антгістамінні препарати, протинабрякові, муколитикі та спреї сольового розчину для носа. В останні роки кілька сортів сольовому носових крапель, спреїв і зрошень стали доступні. Їх популярність багато в чому є результатом появи доктора Оз на шоу Опрі Вінфрі в 2006 році. Він викликав добровольця із залу і продемонстрував стародавній "неті горщик" і носове полоскання сольовим на ній. На одному з наступних шоу Опра, кілька тижнів потому, доброволець, її чоловік, Опра та
pot, and all proclaimed their immense satisfaction with the product. Since then these neti pots, and other similar saline devices, have been selling off pharmacy shelves. New companies have appeared with the sole business model of producing, marketing and selling their nasal saline irrigation (NSIs) products. As physicians, we must ask ourselves, is this a fad, or are these irrigations really effective at treating CRS? In the past 10 years several scholarly studies have appeared, along with two Cochrane Reviews. Here the literature addressing this question is reviewed.

Importance and Objectives

Nasal mucus is an important part of normal nasal physiology. Besides participating in the nasal functions of humidification and filtration of inspired air, nasal mucus is also the medium in which the nasal immune system functions. CRS is a very prevalent immune/inflammatory nasal disorder, and its elements - antibodies, leukotrienes, mast cells, and eosinophil degranulation products - are all in the nasal mucus. CRS patients have an excess of thick nasal mucus that blocks the nasal airway. Removing it through saline irrigation gives at least some temporary improvement in the nasal airway, and removes many of the toxic CRS inflammatory mediators, at least temporarily. Removing this thick purulent mucus may also restore nasal ciliary function.

Over the past 10 years several studies have appeared in the various respiratory disease journals, studying the efficacy of NSIs.

The objective of this work is to review the following:
1. Should the saline be isotonic or hypertonic?
2. How should the saline be given? (e.g. dripped in the nose, sprayed as a mist
or low volume saline spray, or flushed/irrigated with saline as a high volume nasal lavage)

3. Are NSIs effective in children, and will they tolerate them?

4. What are the complications of NSIs?

5. How effective are NSIs in treating specific nasal inflammations: acute rhinosinusitis (the common cold); chronic rhinosinusitis (CRS) and allergic rhinitis?

**Evidence**

PubMed search for this review produced about 15 relevant articles on the subject, including two Cochrane reviews. The first Cochrane Review (1) (Harvey R, 2007 issue 3) assesses the effectiveness of NSIs in treating chronic rhinosinusitis. These authors report: ‘Eight trials were identified in which study criteria were satisfied. Three of these studies compared topical saline against no treatment, one against placebo, one as an adjunct to and one against an intranasal steroid spray. Two studies compared different hypertonic solutions against isotonic saline’.

The authors also report that ‘there is evidence that saline is beneficial in the treatment of the symptoms of chronic rhinosinusitis when used as the sole modality of treatment. Evidence also exists in favor of saline as a treatment adjunct to topical nasal steroid sprays; however, compared to isotonic saline solution is not as effective as an intranasal steroid. No superiority was seen when saline was compared against a reflexology 'placebo'. Some evidence suggests that hypertonic solutions, as compared to isotonic saline solutions, improve objective measures but the impact on symptoms is less clear.’

...
In addition, several articles explore some interesting subjects. Lilic, Waldvogel-Thurlow and Douglas (Lilic N, 2013) look into the pH and osmolality of the saline solutions produced by commercial saline packaging and homemade formulas. These authors conclude that ‘all of the saline solutions prepared in their laboratory had a base pH, but varied significantly in pH and osmolality. When comparing the solutions prepared by the patients themselves, the differences were even greater.’ To it appears that a discussion of isotonic compared to hypertonic saline in solutions mixed by patients, is irrelevant.

ENT doctors, myself included, have often used saline/antibiotic mixtures as topical treatment for * rhinosinusitis. The article by Wei, Sykes, Johnson, He and Mayo (Wei, 2011) studied and compared the effectiveness of NSIs and a NSI/gentamycin mixture in treating 40 children with CRS. This article concluded that NSIs were effective in improving the symptoms and quality of life of these children, and there was no added benefit in adding the antibiotic gentamycin to the irrigation.

The effect of saline solutions on nasal mucosal cells was studied in the article from South Korea by Kim, Song, Ahn and Gweon (Kim CH, 2005). The authors studied the effects on cultured nasal epithelia cells of water, hypo-, iso-, and hypertonic saline solutions. Isotonic saline appeared to best preserve epithelial architecture, while all the other solutions seemed to damage it. Epithelial cell mucin production was not affected by the various saline irrigations.

Study of NSI effectiveness and usability in children was reported in the article by Jeffe, Bhushan and Schroeder (Jeffe JS, 2012). Children in this study did use NSIs enthusiastically without difficulty, and with notable treatment benefit.

Крім того, кілька статей вивчали деякі цікаві теми. Lilic, Waldvogel-Thurlow and Douglas (Lilic N, 2013) розглядали pH і осмоляльність сольових розчинів, отриманих комерційними упаковки і саморобних формул. Ці автори приходять до висновку, що "всі сольові розчини, приготовані в лабораторії малі базовий pH, але значно різнилися в pH і осмоляльністі. При порівнянні розчинів, підготовлених самими пацієнтами, відмінності були ще більше. "Виявляється, що обговорення ізотонічного в порівнянні з гіпертонічним розчином в розчинах, змішаних пацієнтами, не має ніякого значення.

ЛОР-лікарі, включно зі мною, часто використовували фізрозвинч / суміші антибіотиків в якості місцевого лікування * ринозинузиту. У статті Вей, Сайкс, Джонсон, Він і Майо (Wei, 2011) вивчали та порівнювали ефективність НСЗ та НСЗ / гентаміцин суміші в лікуванні 40 дітей з ХРС. У цій статті зроблено висновок, що НСЗ були ефективними в плані поліпшення симптомів і якості життя цих дітей, і не було додаткової переваги при додаванні антибіотика гентаміцину в зрошенні.

Досліджено вплив сольових розчинів на назальні клітини слизової оболонки в статті з Південної Кореї Кім, Сонг, Ан і Гвеон (Kim CH, 2005). Автори вивчали ефекти води, гіпо-, ізо- та гіпертонічних сольових розчинів на культивовані клітини носового епітелію. Ізотонічний сольовий розчин, здавалося, найкраще зберегти епітеліальну архітектуру, в той час як всі інші варіанти, схоже, пошкоджували його. Виробництво мущна епітеліальними клітинами не залежала від різних сольових оброблень.

Вивчення ефективності та практичності використання НСЗ у дітей є в статті Джеффс, Бушан і Шредера (Jeffe JS, 2012). Дійсно, діти в цьому дослідженні радо використовували НСЗ, і без вагань і з помітними перевагами лікування.
Pregnant women are a unique population in which medical pharmacotherapy may be limited. The study of Garavello, Somigliana, Acaia, L. Gaini, Pignataro, and R. Gaini (Garavello W, 2010) from Italy studied the effectiveness of NSIs in pregnant women, and found that pregnant women who used NSIs during pregnancy had to use far fewer systemic antihistamines than those that didn’t.

The use of NSIs has always been found to be safe, with one exception. In 2012, CBS News reported the death of two individuals from Naegleria fowleri amoeba encephalitis caused by NSIs utilizing neti pots. The victims, a 28 year old man and a 51 year old woman both living in Louisiana, both used tap water to prepare their NSIs. Further testing of their homes revealed that amoeba had colonized the plumbing systems of the homes. The amoeba was not present in the city water supply. This emphasizes the recommendation that only distilled water be used to prepare NSIs.

Lastly a Cochrane Review from 2010 by Kassel, King and Spurling (Kassel JC, 2010 issue 3) studied whether NSIs are effective in treating acute rhinosinusitis (ARS)*, the common cold, acute upper respiratory infection. These authors concluded that though several studies attempted to study this question, taken together the studies did not support the use of NSIs in the treatment of ARS.

In summary this brief literature review, supports the use of nasal saline irrigations to treat CRS, but does not support their use in treating ARS.

Conclusions

Nasal saline irrigations are effective in treating the symptoms of CRS, but inhaled nasal steroids (e.g. fluticasone or}

Вагітні жінки унікальне населення, в якому медикаментозне лікування може бути обмежене. Вивчення Гаравелло, Сомігліана, Акая, Л. Джаїні, Піньятаро і Р. Гаїні (Garavello W, 2010) з Італії вивчили ефективність НСЗ у вагітних жінок, і виявили, що вагітним жінкам, які використовували НСЗ під час вагітності, довелося використовувати набагато менше системних антигістамінних засобів, ніж тим, які цього не робили.

Використання НСЗ були визнані безпечними, але з одним винятком. У 2012 році CBS News повідомили про смерть двох осіб від Naegleria fowleri амебного енцефаліту, викликаного використанням НСЗ неті горщика. Жертви, 28-річний чоловік і 51-річна жінка і живуть в Луїзіані, обидва використовували водопровідну воду, щоб підготувати їх НСЗ. Подальше тестування їхніх будинків показало, що амеба колонізували водопроводні системи будинків. Амеба не була присутня в системі міського водопостачання. Тому наголошує ться рекомендація використовувати тільки дистильовану воду для НСЗ.

І нарешті Кокранівський Огляд 2010 Касселі, Кінг і Сперлінг (Kassell JC 2010 випуск 3) вивчили НСЗ ефективні при лікуванні гострого риносинуситу (ГРС) *, застуді, гострий інфекції верхніх дихальних шляхів. Ці автори прийшли до висновку, що, хоча деякі дослідження спробували вивчити це питання, від'ємному дослідженню не підтримують використання НСЗ в лікуванні ГРС.

Цей короткий літературний огляд підтримує використання носових сольових поливів для лікування ХРС, але не підтримує їх при лікуванні ГРС.

Висновки

Носові сольові полоскання ефективні при лікуванні познак ХРС, але вдихування носових стероїдів (н.к. Флутиказон або
triamcinolone) are more effective.

NSIs are especially effective when used as a supplement to inhaled nasal steroids

NSIs may be useful in some populations, such as children and pregnant women, in which pharmacotherapy may be limited. Patients who prepare their own saline for irrigations should use distilled water, not ordinary tap water, which can have infectious bacteria or other organisms. Options include:

- Nasal saline mist, under high pressure in a metal container, which releases a fine, gentle saline mist.
- Low pressure, high volume – to use a traditional neti pot, the user’s head must be tilted 45 degrees
- Low pressure, high volume - sinus rinse kits
- Low pressure, low volume - saline nose drops:
- Powered nasal irrigation

References

Introduction

Naturopathic medicine is a system of primary health care that promotes wellness and prevention of disease. Naturopathic doctors are highly-educated primary care providers (PCPs) who integrate standard medical diagnostics with a broad range of natural therapies. Naturopathic medical students complete a four-year full-time residency program after completing undergraduate degree and pre-medical prerequisites. Graduates must pass two sets of national licensing board exams and maintain ongoing continuing education.

Importance and Objective

As a distinct system of primary health care, naturopathic medicine addresses the causes of illness. It supports the body's own healing ability using treatments and prevention techniques such as botanical medicine, physical medicine, clinical nutrition, homeopathic medicine and lifestyle counseling, as well as prescription medications.

In their work, naturopathic physicians rely are guided by a set of principles, such as:

- **First do not harm** by using methods and medicines that most likely to help
with least harmful side effects.

- **Emphasize prevention** by partnering with the patient to assess risk factors and recommend appropriate interventions.

- **Treat the cause** by identifying and removing the underlying causes of illness, rather than suppressing symptoms.

- **Treat the whole person** through individualized treatment by understanding the unique physical, mental, emotional, genetic, environmental and social factors that contribute to illness, and customizing treatment protocols to the patient.

- **Vis Medicatrix Naturae**: support the healing power of the body by recognizing and removing obstacles to the body's inherent self-healing process.

**Evidence**

Naturopathic approach to health and treatment follows an established protocol, called Therapeutic Order. These principles guide a physician to choose that type of treatment that is most likely to help, while causing the least side effects. The steps in the Therapeutic Order are in order of increasing intervention and include:

1. **Remove obstacles to cure** by identifying and removing disturbing factors and establishing the conditions for health.

2. **Correct structural integrity** by addressing musculoskeletal abnormalities.

3. **Address weakened or damaged**

**Evidence**

Naturopathic approach to health and treatment follows an established protocol, called Therapeutic Order. These principles guide a physician to choose that type of treatment that is most likely to help, while causing the least side effects. The steps in the Therapeutic Order are in order of increasing intervention and include:

1. **Remove obstacles to cure** by identifying and removing disturbing factors and establishing the conditions for health.

2. **Correct structural integrity** by addressing musculoskeletal abnormalities.

3. **Address weakened or damaged**

**Evidence**

Naturopathic approach to health and treatment follows an established protocol, called Therapeutic Order. These principles guide a physician to choose that type of treatment that is most likely to help, while causing the least side effects. The steps in the Therapeutic Order are in order of increasing intervention and include:

1. **Remove obstacles to cure** by identifying and removing disturbing factors and establishing the conditions for health.

2. **Correct structural integrity** by addressing musculoskeletal abnormalities.

3. **Address weakened or damaged**

**Evidence**

Naturopathic approach to health and treatment follows an established protocol, called Therapeutic Order. These principles guide a physician to choose that type of treatment that is most likely to help, while causing the least side effects. The steps in the Therapeutic Order are in order of increasing intervention and include:

1. **Remove obstacles to cure** by identifying and removing disturbing factors and establishing the conditions for health.

2. **Correct structural integrity** by addressing musculoskeletal abnormalities.

3. **Address weakened or damaged**

**Evidence**

Naturopathic approach to health and treatment follows an established protocol, called Therapeutic Order. These principles guide a physician to choose that type of treatment that is most likely to help, while causing the least side effects. The steps in the Therapeutic Order are in order of increasing intervention and include:

1. **Remove obstacles to cure** by identifying and removing disturbing factors and establishing the conditions for health.

2. **Correct structural integrity** by addressing musculoskeletal abnormalities.

3. **Address weakened or damaged**

**Evidence**

Naturopathic approach to health and treatment follows an established protocol, called Therapeutic Order. These principles guide a physician to choose that type of treatment that is most likely to help, while causing the least side effects. The steps in the Therapeutic Order are in order of increasing intervention and include:

1. **Remove obstacles to cure** by identifying and removing disturbing factors and establishing the conditions for health.

2. **Correct structural integrity** by addressing musculoskeletal abnormalities.

3. **Address weakened or damaged**

**Evidence**

Naturopathic approach to health and treatment follows an established protocol, called Therapeutic Order. These principles guide a physician to choose that type of treatment that is most likely to help, while causing the least side effects. The steps in the Therapeutic Order are in order of increasing intervention and include:

1. **Remove obstacles to cure** by identifying and removing disturbing factors and establishing the conditions for health.

2. **Correct structural integrity** by addressing musculoskeletal abnormalities.

3. **Address weakened or damaged**

**Evidence**

Naturopathic approach to health and treatment follows an established protocol, called Therapeutic Order. These principles guide a physician to choose that type of treatment that is most likely to help, while causing the least side effects. The steps in the Therapeutic Order are in order of increasing intervention and include:

1. **Remove obstacles to cure** by identifying and removing disturbing factors and establishing the conditions for health.

2. **Correct structural integrity** by addressing musculoskeletal abnormalities.

3. **Address weakened or damaged**

**Evidence**

Naturopathic approach to health and treatment follows an established protocol, called Therapeutic Order. These principles guide a physician to choose that type of treatment that is most likely to help, while causing the least side effects. The steps in the Therapeutic Order are in order of increasing intervention and include:

1. **Remove obstacles to cure** by identifying and removing disturbing factors and establishing the conditions for health.

2. **Correct structural integrity** by addressing musculoskeletal abnormalities.

3. **Address weakened or damaged**

**Evidence**

Naturopathic approach to health and treatment follows an established protocol, called Therapeutic Order. These principles guide a physician to choose that type of treatment that is most likely to help, while causing the least side effects. The steps in the Therapeutic Order are in order of increasing intervention and include:

1. **Remove obstacles to cure** by identifying and removing disturbing factors and establishing the conditions for health.

2. **Correct structural integrity** by addressing musculoskeletal abnormalities.

3. **Address weakened or damaged**

**Evidence**

Naturopathic approach to health and treatment follows an established protocol, called Therapeutic Order. These principles guide a physician to choose that type of treatment that is most likely to help, while causing the least side effects. The steps in the Therapeutic Order are in order of increasing intervention and include:

1. **Remove obstacles to cure** by identifying and removing disturbing factors and establishing the conditions for health.

2. **Correct structural integrity** by addressing musculoskeletal abnormalities.

3. **Address weakened or damaged**

**Evidence**

Naturopathic approach to health and treatment follows an established protocol, called Therapeutic Order. These principles guide a physician to choose that type of treatment that is most likely to help, while causing the least side effects. The steps in the Therapeutic Order are in order of increasing intervention and include:

1. **Remove obstacles to cure** by identifying and removing disturbing factors and establishing the conditions for health.

2. **Correct structural integrity** by addressing musculoskeletal abnormalities.

3. **Address weakened or damaged**

**Evidence**

Naturopathic approach to health and treatment follows an established protocol, called Therapeutic Order. These principles guide a physician to choose that type of treatment that is most likely to help, while causing the least side effects. The steps in the Therapeutic Order are in order of increasing intervention and include:

1. **Remove obstacles to cure** by identifying and removing disturbing factors and establishing the conditions for health.

2. **Correct structural integrity** by addressing musculoskeletal abnormalities.

3. **Address weakened or damaged**
systems or organs by strengthening the immune system, decreasing toxicity, normalizing inflammatory/metabolic function, and enhancing regeneration.

4. **Address pathology** by using specific natural substances, modalities, or interventions, and/or by using specific pharmacologic or synthetic substances.

5. **Suppress or surgically remove pathology.**

The following case studies illustrate application of the naturopathic principles and therapeutic order in family practice.

**Case 1 - Psoriasis:** A 62-year old female patient was diagnosed 4 years ago. At the time of the visit, psoriasis was severe, widespread, and refractory to topical medications. Periodically, she was using systemic steroids, but did not tolerate them well and they only provided temporary relief.

This patient was otherwise healthy and physically active.

We ran several tests on her, including test for vitamin D3 (25-OH). It was found to be low at 9ng/dL (Normal: 30-100). As a treatment, supplementation with 5000 IU/day of vitamin D3 was chosen, and after 9 months of treatment psoriasis virtually resolved with minimal residual scars.

The patient was stable at her 18-month follow up.

**Case 2 - Gastro-esophageal reflux disease:** A 54-year old male patient reported that onset of the disease was in his late 30s, but he has had some degree of heartburn since teenage years. Initially, he was prescribed acid blockers, which were marginally helpful, but were causing persistent nausea, poшкоджених систем та органів шляхом зміцнення імунної системи, зниження токсичності і нормалізації запальної/ метаболічної функції, і посилення регенерації.

4. **Лікування патології** з використанням специфічних природних речовин, умов, або втручання, і / або з використанням специфічних фармакологічних або синтетичних речовин.

5. **Подавити або хірургічно видалити патологію.**

Наступні тематичні дослідження ілюструють застосування принципів натуропатії і терапевтичний порядок в сімейній практиці.

Випадок 1 - Псоріаз: пацієнтка 62-років, діагноз був поставлений 4 роки тому. Під час візиту, стан псоріазу був важким, пошкодження широко поширене, і несприйнятливими до поверхневих ліків. Часом вона використовувала системні стероїди, але недобре їх переносила їй вони давали лише тимчасове полегшення.

В цілом іншому пацієнта була здорова та фізично активна.

Ми провели кілька тестів, в тому числі тест на рівень вітаміна D3 (25-OH), що був виявлений зниженим 9 нг / д( норма: 30-100 нг / д). Якість лікування призначено вітамін D3 5000 МО / добу, і після 9 місяців лікування псоріазу ураження були практично вилікувані з мінімальними залишковими рубцами.

Стан пацієнтки був стабільним на повторному обстеженні 18 місяців потому.

Випадок 2 – Гастро-езофагеальна рефлюксна хвороба: чоловік 54 років. Пацієнт повідомив, що вперше відчув хворобу на прикінці його 30-х років, але він мав печіну починаючи з підліткового віку. Спочатку йому було призначено блокатори шлункової кислоти, які трохи

**JUMANA**
Vol. 54, No. 1 (158)
therefore, he eventually stopped taking them.

He had normal weight, was physically active, non-smoker, and had no other co-morbidities.

We tested him for food allergies, which are commonly a culprit in acid reflux. Food allergy panel showed IgE antibodies to dairy, soy and wheat. He was advised to exclude allergenic foods from his diet, and, per his report, acid reflux ceased within two weeks.

As a supporting treatment and for acid-buffering effect, he was prescribed supplemental calcium citrate (1000 mg) and magnesium citrate (500 mg) before bed.

At 12 month follow up, he reported that his symptoms have not returned.

Case 3 - Parkinsonism: A 58-year old male patient reported symptoms of tremor and muscle rigidity that started two years prior to the visit. At the time of the visit, his condition was progressing rapidly, causing periods of disability. He also had psoriatic-type patches on his scalp. Subsequent laboratory testing revealed low folate, which prompted ordering further genetic testing for the methyl-tetrahydrofolate reductase (MTHFR) deficiency, as these genetic mutation are frequently implicated in tremors and neurological decline. He was found to be homozygous for the MTHFR genetic mutation. He was also tested for celiac disease and was found to be positive for tissue transglutaminase antibodies. Further biopsy confirmed celiac disease.

This patient was prescribed 1000 mcg of methylfolate in the morning and started on gluten-free diet.

At 3 month follow up he reported decreased symptoms, but the symptoms continued.
rigidity and improved energy level. At 6 month follow up he reported that he no longer experiences periods of blurry vision, his energy was stable, and tremors virtually disappeared. At 12 month follow up he was stable. He continues to be monitored by his treating neurologist, who at this point reduced his medications to only neupro-patch (rotigotine) daily. There has been no relapse.

Case 4 - Hyperlipidemia: A 44-year old male patient was diagnosed with mixed hyperlipidemia 4 months prior to the visit. His LDL was 143 mg/dL (N:0-99 mg/dL); HDL was 36 mg/dL (N:40-59 mg/dL); and triglycerides were 300 mg/dL (N:0-149 mg/dL). He reported chronic fatigue and inability to lose weight. His PCP recommended statins, but the patient wanted to try herbal options first.

His difficulties losing weight and hyperlipidemia prompted me to evaluate his thyroid function. He was previously tested in his PCP’s office and his TSH was 8, however, since his T4 was found to be within normal range, no treatment was prescribed.

Upon retesting for thyroid function, his TSH was 25 (N:0.45-4.5); free T4 was 7 (N:4.5-12); and free T3 was 54 (N:71-180). His anti-TPO antibody levels were 560 (N: 0-34).

This patient was started on Armour thyroid 60 mg/day.

At one month follow up: significant improvement in energy, TSH: 6. His dose was adjusted to 75mg. He also was started on 1000 mg of quercetin for inflammation. 4 weeks later his TSH was in the normal range at 3.2.

At 3 month follow up, his TSH was 1.8, LDL: 100, Trigs: 179. He had lost 7 lbs. His energy stabilized, and depression, which he never previously acknowledged, "improved
dramatically”.

At 9 months, his TSH was 1.8; LDL: 99; triglycerides: 86. He lost 20 Lbs. His condition stabilized on 75 mg of Armour.

Conclusions: The Naturopathic approach to diagnosis of any condition requires one to look for causes of symptoms and to have a holistic view of the entire individual. It is important to take into consideration living conditions, stress level, diet and physical activity, prior/current medical treatment, and hereditary tendencies. For instance, when evaluating a person with symptoms of anxiety or depression, I am prompted not only to look at their mental health, but, equally, at their general health. In those instances, I might consider anemia or vitamin B12/folate deficiency; or hyper/hypothyroidism; or non-celiac gluten sensitivity. Similarly, when evaluating a pediatric patient with ADHD, I will likely rule out food allergy; or hypoglycemia; or reaction to food additives and colorings, as well as multiple chemical sensitivity.

Naturopathic health care is deeply rooted in prevention, therefore, when evaluating and treating a patient, it is important to consider past medical history, family history, environmental exposures and living conditions. This requires a physician to spend more time getting to know the patient and the family. It also requires a doctor to become a teacher, who guides a patient on their path to health and empowers the patient to become an active participant in their health care. This dynamic relationship is a unique and integral factor in achieving the ultimate healthcare goal – wellness.

Через 9 місяці в: ТСГ=1.8; ЛПНЩ=99; Тригліцериди=86. Він схуднув на 20 фунтів (9 кг). Його лікування залишається на дозі Армор 75 мг.

Висновки: Натуропатичний підхід до діагностики будь-якого стану вимагає шукати причини симптомів і мати цілісне уявлення всієї особистості. Важливо враховувати умови життя, рівень стресу, фізичної активності та дієту, попередне/поточне медичне лікування, а також спадкові захворювання. Наприклад, при обстеженні людини з симптомами тривоги або депресії, я дивлюсь не тільки на їх психічне здоров'я, а й в рівній мірі, на їх загальний стан здоров'я. В таких випадках, можна запідозрити анемію або дефіцит вітаміну B12 / фолієвої кислоти; чи гіпер / гіпотиреоз; або чутливість до глютена (НЕ целіакія). Крім того, при обстеженні педіатричних пацієнтів на дефіцит уваги з гіперактивністю, я б в першу чергу виключила харчову алергію; або гіпоглікемію; або реакцію на харчові добавки та барвники, а також множинну хімічну чутливість.

Натуропатія має глибоке зав’язана на профілакриці, тому при обстеженні та лікуванні пацієнта, важливо враховувати попередню історію хвороби, сімейну історію, вплив навколишнього середовища і умов життя. Це вимагає від лікаря приділяти більше часу, щоб пізнати пацієнта і його сім’ю. Це також вимагає від лікаря бути вчителем, який направляє пацієнта на їх шляху до здоров'я і дає пацієнтіві стати активним учасником в їх медико-санітарній допомозі. Ці динамічні відносин є унікальним і невід’ємним чинником у досягненні кінцевої мети - здоров'я.
In Memoriam

Paul Dzul, MD
Павло Джуль, хірург
1921-2015

The Board of Directors of the Ukrainian Medical Association of North America (UMANA) announces with great sadness the passing Paul Dzul MD on November 2, 2015.

Dr. Dzul was born on October 14, 1921, in the village of Mylno, Ternopil Oblast, Ukraine. He entered medical school in Lviv in 1943 but, because of World War II, had to complete his studies at the University of Innsbruck, Austria, in 1948. In 1949, he immigrated to the United States, settled in the Detroit area, developed a successful private clinical practice in otolaryngology and achieved a clinical professorship at Wayne State University. He also belonged to several specialty medical associations in the US and held various executive positions there.

Управа Українського Лікарського Товариства Північної Америки (УЛТПА) ділиться сумною вісткою, що 2 листопада 2015 р відійшов у вічність ПавлоДжуль.

Д-р Джуль народився 14 – ого жовтня 1921 року у с. Мильні, Тернопільщини. Вступив на медичні студії у Львові у 1943 р.; через воєнні події завершив їх докторатом з медицини у 1948 р. в Інсбруці, Австрія. У 1949 р. переселився до Америки, оселився в околиці м. Детройту, і згодом став клінічним професором на Вейнському університеті та керівником приватної отоларингологічної клініки; належав до американських медичних товариств та займав у них поважні керівниці становища.
Dr. Dzul, an otolaryngologist, was an Honorary Member of UMANA and long-time member of the UMANA’s Michigan Branch. As Editor in Chief (1966-2003), for over three and a half decades, Dr. Dzul guided, developed and sustained the Journal of UMANA, a.k.a. Likarskiy Visnyk.

Dr. Dzul was instrumental in the formation of the World Federation of Ukrainian Medical Associations (WFUMA) in 1977 and served as its President (1992-2000). Thereafter, he founded and led the American Ukrainian Medical Foundation (AUMF) to provide the Ukrainian medical community with several significant mono-and bilingual medical dictionaries and translations of handbooks and atlases.

In 1985 Dr. Dzul was awarded Honorary membership in UMANA, and in 2003 the status of Editor-Emeritus of JUMANA.

Dr. Dzul was a multifaceted activist in the Ukrainian community, including full member of the Shevchenko Scientific Society (NTShS-A) in America and the Ukrainian Academy of Arts and Sciences (UVAN) in the U.S.A.

Dr. Dzul will be remembered as a consummate clinician, historian, educator, social activist and medical lexicographer. His exemplary life and dedication have long served as an inspiration to those concerned with the state of medicine in Ukraine and general trends in the development of Ukrainian society.

Dr. Dzul, an otolaryngologist, was an Honorary Member of ULMANa and long-time member of the ULMANa’s Michigan Branch. As Editor in Chief (1966-2003), for over three and a half decades, Dr. Dzul guided, developed and sustained the Journal of ULMANa, a.k.a. Likarskiy Visnyk.

Dr. Dzul was instrumental in the formation of the World Federation of Ukrainian Medical Associations (WFUMA) in 1977 and served as its President (1992-2000). Thereafter, he founded and led the American Ukrainian Medical Foundation (AUMF) to provide the Ukrainian medical community with several significant mono-and bilingual medical dictionaries and translations of handbooks and atlases.

In 1985 Dr. Dzul was awarded Honorary membership in ULMANa, and in 2003 the status of Editor-Emeritus of JUMANA.

Dr. Dzul was a multifaceted activist in the Ukrainian community, including full member of the Shevchenko Scientific Society (NTShS-A) in America and the Ukrainian Academy of Arts and Sciences (UVAN) in the U.S.A.

Dr. Dzul will be remembered as a consummate clinician, historian, educator, social activist and medical lexicographer. His exemplary life and dedication have long served as an inspiration to those concerned with the state of medicine in Ukraine and general trends in the development of Ukrainian society.

In 1985 Dr. Dzul was awarded Honorary membership in ULMANa, and in 2003 the status of Editor-Emeritus of JUMANA.

Dr. Dzul will be remembered as a consummate clinician, historian, educator, social activist and medical lexicographer. His exemplary life and dedication have long served as an inspiration to those concerned with the state of medicine in Ukraine and general trends in the development of Ukrainian society.
In Memoriam

Miroslau Kolenskyj, DDS
Мирослав Коленський, стоматолог
1923-2015

The Board of Directors of the Ukrainian Medical Association of North America (UMANA) announces with great sadness the passing of Miroslau Kolenskyj DDS on August 24, 2015.

Dr. Kolenskyj was an Honorary Member of UMANA and long-time member of the UMANA’s Michigan Branch. Dr. Kolenskyj was UMANA President (1983-1985), as well as its Secretary. He also served as the Secretary and later as the Vice President of the World Federation of Ukrainian Medical Associations (WFUMA). In these roles, Dr. Kolenskyj organized many WFUMA conferences in Europe and Australia.

Dr. Kolenskyj will be remembered as a dedicated dentist, patriot, humanitarian activist, who found time in his busy schedule to pursue his additional talents in sports (tennis) and music as part of UMANA’s orchestra.

JUMANA
Vol. 54, No. 1 (158)
The Board of Directors of the Ukrainian Medical Association of North America (UMANA) announces with great sadness the passing of Paul Pundy, MD on August 25, 2015.

Dr. Pundy was an Honorary Member of UMANA. He enthusiastically supported students in health professions, helping found the “Studentska Medichna Hromada” in Illinois.

In 1977, Dr. Pundy founded the UMANA Archives and Library. He also served as the official UMANA photographer for many years. He was a prolific author of many books, articles and publications about the history of medicine in the US and in Ukraine.

Dr. Pundy will be remembered for his devotion to preserving the history of our Association.

Управа Українського Лікарського Товариства Північної Америки (УЛТПА) ділиться сумною вісткою що 25 серпня 2015 віддійшов в вічність др, мед.Павла Пундій.

Д-р Пундій був почасним членом УЛТПА і активно підтримував студентів медичних професій, зсановив «Студентську Медичну Громаду» в штаті Іллінойс.

В 1977 році, Д-р Пундій заснував Архіви УЛТПА та бібліотеку. Він і довголітно служив в якості офіційного фотографа УЛТПА. Він був автором багатьох книг, статей і публікацій про історію медицини в США і в Україні.

Д-ра Пундія пам'ятатимуть за його відданість збереженню історії нашого товариства.
The Board of Directors of the Ukrainian Medical Association of North America (UMANA) announces with great sadness the passing of George Truchly MD on September 9, 2015.

Dr. Truchly was President of UMANA (1967-1969) and an active member of UMANA’s New York Metro Branch, as well as past-Treasurer of this Branch. In addition, he was a member of the Editorial Board the Journal of UMANA a. k. a. Likarskiy Visnyk.

Dr. Truchly authored a multitude of clinically scientific articles that were published in a host of specialty orthopedic journals. He was an avid skier and supporter of the Ukrainian Institute of America in New York.

Dr. Truchly will be remembered as a clinician, educator and supporter of Ukrainian medicine.

Управа Українського Лікарського Товариства Північної Америки (УЛТПА) ділиться сумною вісткою, що 9 вересня 2015 р відійшов у вічність Д-р Юрій Трухлій - хірург.


Д-ра Трухлого пам'ятатимуть, як лікаря, педагога і прихильника української медицини.
«Research4Life»

«Дослідження для життя»

«Research4Life» consists of four programs – Research in Health (Hinari), Research in Agriculture (AGORA), Research in the Environment (OARE) and Research for Development and Innovation (ARDI), which provide free or low cost access to peer-reviewed content online to developing countries.

Eligible libraries and their users benefit from:

- Online access to up to 69,000 peer-reviewed international scientific journals, books and databases
- Full-text articles, downloadable for saving, printing or e-reading
- Search by keyword, subject, author or language
- Resources in several languages
- Training in information literacy and promotional support

«Research4Life» is a public-private partnership of the WHO, FAO, UNEP, WIPO, Cornell and Yale Universities, the International Association of Scientific, Technical & Medical Publishers and up to 185 international scientific publishers including UMANA.

«Дослідження для життя» - це чотири заходи - Дослідження охорони здоров'я (HINARI), дослідження сільського господарства (AGORA), дослідження середовища (OARE) і дослідження з розвитку та інновацій (ARDI), які надають розвиваючим країнам безкоштовний або таний доступ по павутинню до спільно-прівіренних статей. Прийнятні бібліотеки і їх користувачі отримують такі переваги:

- Інтернетний доступ до до 69000 спільно-прівіренних міжнародних наукових журналів, книг і баз даних
- Повні статті, що завантажуються для збереження, друку або е-читання
- Пошук за ключовим словом, темі, автору або мови
- Джерела на декількох мовах
- Навчання в інформаційній грамотності і рекламної підтримки

«Research4Life» є державно-приватна співпраця ВООЗ, ФАО, ЮНЕП, ВОІВ, Корнелл і Сільського університетів, Міжнародної асоціації наукових, технічних і медичних видавців і до 185 міжнародних наукових видавництв, включно з УЛТПА.
New UMANA Members
Нові члени УЛТПА
2013 - 2015

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>City</th>
<th>Name</th>
<th>Location</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany, Zhana</td>
<td>Illinois</td>
<td>Albany</td>
<td>Alexander, Victoria</td>
<td>NYMetro</td>
<td>Ohio</td>
</tr>
<tr>
<td>Bej, Katherine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bilaniuk, Borys</td>
<td>Montreal</td>
<td></td>
<td>Bodnar, Sophia</td>
<td>Illinois</td>
<td></td>
</tr>
<tr>
<td>Bolotova, Olena</td>
<td>Syracuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bucierka, Tanya</td>
<td>Buffalao</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bukachevsky, Roman</td>
<td>South California</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buniak, Nicholas</td>
<td>NYMetro</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buniak, William</td>
<td>NYMetro</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burak, Marta</td>
<td>Ohio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cherniawski, Bohdan</td>
<td>Toronto</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chernysh, Inessa</td>
<td>NY Metro</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ciuhu Nadia</td>
<td>DC Metro</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fedorowich, Yuri</td>
<td>Illinois</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gerasimov, Mikhail</td>
<td>Michigan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gergits DO, Franklyn</td>
<td>Pennsylvania</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gorelik, Marina</td>
<td>At Large</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grushchak, Solomiya</td>
<td>Illinois</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hanchuk, Stefanie</td>
<td>NY Metro</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herasym, Khrystyna</td>
<td>Toronto</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Itarenko, Ellie</td>
<td>At-large</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iwanik, Christina</td>
<td>New England</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karol, Michael</td>
<td>NY Metro</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kazaniwskyj, Andrea</td>
<td>Illinois</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Khodakivska, Olga</td>
<td>NY Metro</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Khrabatyn, Tetyana</td>
<td>NY Metro</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kobita, Iryna</td>
<td>Michigan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kompaniyets, Arnold</td>
<td>Illinois</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kotsopey, Peter</td>
<td>At-large</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kowalchuk, Oleksander</td>
<td>Syracuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Albanі, Жана
Бей, Катерина
Біланюк, Борис
Боднар, Софія
Болотова, Олена
Бушцієрка, Таня
Букачевський, Роман
Буняк, Никола
Буняк, Василь
Бурак, Марта
Чернявський, Богдан
Черниш, Інесса
Цюга, Надія
Федорович, Юрій
Герасимов, Михайло
Гергіць, Франклин
Горелик, Марина
Грущак, Соломія
Ганчук, Стефания
Герасим, Христина
Ітаренко, Елі
Іваник, Христина
Кароль, Михайло
Казанівський, Андрея
Ходаківська, Ольга
Храбатин, Тетяна
Кобіта, Ірина
Компанієць, Арнольд
Коцопей, Петро
Ковальчук, Олександр
<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kozak, Oleg</td>
<td>Michigan</td>
<td>Kozak, Олег</td>
<td></td>
</tr>
<tr>
<td>Kulyk, Iryna</td>
<td>Toronto</td>
<td>Кулик, Ірина</td>
<td></td>
</tr>
<tr>
<td>Kulynych, Taras</td>
<td>NY Metro</td>
<td>Кулинич, Тарас</td>
<td></td>
</tr>
<tr>
<td>Kupriyenko, Rostyslav</td>
<td>Illinois</td>
<td>Купрієнко, Ростислав</td>
<td></td>
</tr>
<tr>
<td>Kushnir, Oksana</td>
<td>Illinois</td>
<td>Кушнір, Оксана</td>
<td></td>
</tr>
<tr>
<td>Lushchak, Nataliya</td>
<td>Syracuse</td>
<td>Лушак, Наталія</td>
<td></td>
</tr>
<tr>
<td>Lypko, Pavlo</td>
<td>Illinois</td>
<td>Липко, Павло</td>
<td></td>
</tr>
<tr>
<td>Marenych, Nadiia</td>
<td>Illinois</td>
<td>Маренич, Надія</td>
<td></td>
</tr>
<tr>
<td>Matsyuk, Mykola</td>
<td>Michigan</td>
<td>Машюк, Микола</td>
<td></td>
</tr>
<tr>
<td>Melnitchouk, Nelya</td>
<td>New England</td>
<td>Мельничук, Неля</td>
<td></td>
</tr>
<tr>
<td>Melnitchouk, Sergei</td>
<td>New England</td>
<td>Мельничук, Сергій</td>
<td></td>
</tr>
<tr>
<td>Mikhalyuk, Andrew</td>
<td>New England</td>
<td>Михалюк, Андрій</td>
<td></td>
</tr>
<tr>
<td>Motsyuk, Yuriy</td>
<td>NY Metro</td>
<td>Мощюк, Юрій</td>
<td></td>
</tr>
<tr>
<td>Nagrebetsky, Alexander</td>
<td>Illinois</td>
<td>Нагребецький, Олександр</td>
<td></td>
</tr>
<tr>
<td>Nebeluk, Nazary</td>
<td>At Large</td>
<td>Небелюк, Назарій</td>
<td></td>
</tr>
<tr>
<td>Nedoshytko, Tetyana</td>
<td>Toronto</td>
<td>Недошитко, Тетяна</td>
<td></td>
</tr>
<tr>
<td>Ostapenko, Svitlana</td>
<td>NY Metro</td>
<td>Остапенко, Світлана</td>
<td></td>
</tr>
<tr>
<td>Pavelko, Yevhen</td>
<td>Illinois</td>
<td>Павелко, Євген</td>
<td></td>
</tr>
<tr>
<td>Piddoubny, Maria</td>
<td>NY Metro</td>
<td>Піддубний, Марія</td>
<td></td>
</tr>
<tr>
<td>Pidkaminetsky, Vasyl MD</td>
<td>NY Metro</td>
<td>Підкаминецький, Василь</td>
<td></td>
</tr>
<tr>
<td>Popadiuk, Catherine DO</td>
<td>DC Metro</td>
<td>Попадюк, Катерина</td>
<td></td>
</tr>
<tr>
<td>Riabokin, Tatiana DC</td>
<td>At Large</td>
<td>Рябокін, Татяна</td>
<td></td>
</tr>
<tr>
<td>Rymaruk-Varner, Vita</td>
<td>At Large</td>
<td>Римарук-Варнер, Віта</td>
<td></td>
</tr>
<tr>
<td>Serafin, Natalia</td>
<td>Illinois</td>
<td>Серафін, Наталія</td>
<td></td>
</tr>
<tr>
<td>Sharak, Nazar</td>
<td>Florida</td>
<td>Шарак, Назар</td>
<td></td>
</tr>
<tr>
<td>Shkraba, Pavlo</td>
<td>Ohio</td>
<td>Шкраба, Павло</td>
<td></td>
</tr>
<tr>
<td>Sosenko, Teresa</td>
<td>Illinois</td>
<td>Сосенко, Тереза</td>
<td></td>
</tr>
<tr>
<td>Szczupak, Anna</td>
<td>NY Metro</td>
<td>Щупак, Анна</td>
<td></td>
</tr>
<tr>
<td>Tarnawsky, Stefan</td>
<td>Toronto</td>
<td>Тарнавський, Стефан</td>
<td></td>
</tr>
<tr>
<td>Usacheva, Marina MD</td>
<td>At large</td>
<td>Усачева, Марина</td>
<td></td>
</tr>
<tr>
<td>Vaskul, Roksolana MD</td>
<td>NY Metro</td>
<td>Васкуль, Роксолана</td>
<td></td>
</tr>
<tr>
<td>Witkowsky, Olya</td>
<td>Illinois</td>
<td>Вітковська, Оля</td>
<td></td>
</tr>
</tbody>
</table>
Armed conflicts inflict long-lasting debilitating consequences. This conference is dedicated to exploring Ukraine’s rehabilitative needs, the current state of art, and the role our diaspora can play in strengthening Ukraine’s approach to physical and psychological restoration. Please Attend and Participate!

XLIV-та Наукова Конференція УЛТПА
XXXVII-ий З’їзд Делегатів УЛТПА
«Відновлення і відбудова»
Кі Бридж Марійот Готель
Вашінгтон, ДК, США
14-18 -ого червня 2017 року

Збройні конфлікти лишають довговічно виснажуючі наслідки. Ця конференція присвячена вивченню потреби України для відновлення, поточний стан мистецтва, і ролі як наша діяспора може грати в зміцненні можливості України для фізичної і психічної відбудови. Щиро Запрошуюмо До Участі!
Friends of Radiology in Ukraine - 20th Anniversary Conference
«Practical Questions in Contemporary Clinical Imaging»
September 19-21, 2016
«Small group seminar» September 22-30, 2016
Hotel Lviv, Chornovil Avenue, Lviv, Ukraine

International Faculty includes: James Abrahams, ASNR Visiting Professor, Yale University
School of Medicine (New Haven, USA); Lawrence Ginsberg, ASNR Visiting Professor, MD
Anderson Cancer Center (Houston, USA); Roxolana Horbowyj, WFUMA, USUHS
(Bethesda, MD); Myrosia Mitchell, Formerly University of Chicago (Chicago, USA); Myron
Pozniak, University of Wisconsin (Madison, USA); Donald Schomer, MD Anderson Cancer
Center (Houston, USA); Leo Wolansky, Case Western Reserve University, School of
Medicine (Cleveland, USA)

For more information please contact Co-chairmen Yuri Ivaniv vivaniv@gmail.com or
Leo Wolansky LJWolansky@gmail.com

Друзі радіології в Україні - 20-я річниця Зустрічів
«Практичні питання в теперішній клінічній образованню»
19-21-ого вересня 2016 року
«Семінар малої групи» 22-30-ого вересеня, 2016
Готель «Львів», на проспекті Чорновола, м. Львів, Україна

Міжнародні викладачі включають: Джеймс Абрахамс, ASNR запрошений професор
школи медицини Єльського університету (Нью-Хейвен, США); Лоренс Гінсберг, ASNR
відвідувачий професор, MD Anderson Cancer Center (Гюстон, США); Роксолана
Горбова, СФУЛТ, USUHS (Bethesda, MD); Мирося Мітчелл, бувше при Університеті
Чикаго (Чикаго, США); Мирон Позняк, університет штату Висконсин (Медисон,
США); Дональд Шомер, MD Anderson Cancer Center (Гюстон, США); Лео Wolansky,
Школа медицини університету Case Western Reserve (Клівленд, США)

Для додаткової інформації звертайтеся до співголовів:
Юрій Іванів vivaniv@gmail.com і Лев Волянський LJWolansky@gmail.com
UMANA FOUNDATION CONTINUES TO SPONSOR
Cardio-Pulmonary Resuscitation (CPR) and FIRST AID CLASSES

ФУНДАЦІЯ УЛТПА ПРОДОВЖУЄ ПІДТРИМКУ
Вишколу Серцеволенгенового відговлення (СЛВ) і Першої допомоги

Over 30 camp counselors in Chicago, Philadelphia and Whippany have completed CPR and first aid classes in preparation for the 2016 camp season. Since the CPR project began in 2009, more than 400 counselors and campers in the United States and Canada have received training.

Organizations that offer CPR and/or first aid classes can apply to the UMANA Foundation for a grant to offset course costs. For information please contact:

773-278-6262
foundation@umana.org

To donate your support this project go to:


organizations that offer CPR and/or first aid classes can apply to the UMANA Foundation for a grant to offset course costs. For information please contact:

773-278-6262
foundation@umana.org

To donate your support this project go to:

Ukraine's Immunization Challenges Discussed at Capitol Hill Roundtable

Виклики щеплення в Україні обговорені за круглим столом на гірці столиці

http://campaign.r20.constantcontact.com/render?m=1100917358001&ca=6aafb115-a7d2-43e4-adf5-0fca9a04f9c

The U.S.-Ukraine Foundation invited technical health experts and members of the Ukrainian community for a roundtable discussion on Immunization and Polio Eradication in Ukraine. The event was hosted by Rep. Marcy Kaptur (Co-Chair, Congressional Ukrainian Caucus) and the U.S.-Ukraine Foundation in Washington, DC, on June 8, 2016 and moderated by Dr. Boris Lushniak, former U.S. Deputy Surgeon General. Participants included: Dr. Patrick O'Connor, Team Lead, Accelerated Disease Control, Vaccine Preventable Diseases and Immunization, WHO-EURO; Dr. Kateryna Bulavinova, Senior Health and Communication Advisor at UNICEF Ukraine; Dr. Roxolana Horbowyj, WFUMA; Yaroslav Brisiuck, Deputy Chief of Mission, Embassy of Ukraine in the USA; Ellyn Ogden, USAID, and (via video) Judyth Twigg, Professor of Political Science Virginia Commonwealth University and author of the March 2016 CSIS Global Health Policy Center report: Polio in Ukraine: Crisis, Challenge and Opportunity.

Фундація США-Україна запросила технічних знавців охорони здоров'я і членів української громади для обговорення за круглим столом про імунізації і знищення поліомієліту в Україні. Захід гостями Депутат Марсі Каптур (співголова Української конгресової спільноти) і Фундація США-Україна в місті Вашингтон, округ Колумбії, 8-ого червня 2016 року. Керував д-р Борис Лущняк, бувшій заступник Говного лікар’я служби охорони здоров'я США. Серед учасників були: д-р Патрік О'Коннор, керівник групи, прискореної боротьби з хворобами, недугами які можна запобігти щепленням та імунізації, ВООЗ-EURO; Д-р Катерина Булівінова, старший радник Здоров'я і зв'язків в ЮНІСЕФ України; Д-р Роксолана Горбова, СФУЛТ; Ярослав Брисюк, заступник голови місії Посольства України в США; Еллін Огден, USAID, і (за допомогою відео) Твігті Джудіт, професор політології в Університеті Вірджинії і автор доповіді центру CSIS Global Health Policy березня 2016 року: Поліомієліт в Україні: криза, виклики і можливості
Вказівки для авторів

«Лікарський вісник» (ЛВ) – це міжнародний, рецензований українсько-англійський медичний журнал. Кожен випуск присвячений одному напрямку. Перед відправкою рукопису, просимо авторів впевнитись, що рукопис:

- відповідає "Єдиним вимогам до рукописів, що подаються до біомедичних журналів" [http://www.icmje.org/]
- http://www.plainlanguage.gov/
- Державному стандартові України ДСТУ 3008 - 95
- має відгуки двох фахівців з теми поданого матеріалу котрі не є авторами даного рукопису і є визнані у темі. рукопису
- Поданий по українськи та англійськи з використанням "Взіреця статті для ЛВ" та MS Word. Допустимий розмір тексту мовою оригіналу без врахування посилань є таким:
  - Звіт випадку - до 1500 слів
  - Звіт оригінального дослідження - до 1500 слів
  - Систематичний огляд – до 2000 слів
  - Книжковий огляд - до 500 слів
  - Звіт з історії Українського лікарського товариства - до 1000 слів
  - Новини - до 100 слів
  - Кількість посилань у статті – до 30.
- супроводжується заявою ICMJE для виявлення можливих сутечків [ICMJE Form for Disclosure of Potential Conflicts of Interest]
- Супроводжується «Заявою авторів ЛВ», що підтверджує наступне:
  1. Рукопис являє собою насправді оригінальну роботу авторів
  2. Ні поданий, ні аналогічний за змістом рукопис тих же авторів не був опублікований і в даний час не розглядається для публікації в інших виданнях
  3. При потребі, автори нададуть дані, на яких основані матеріали рукопису, для їх оцінювання редакторами або правонаступниками
  4. При потребі, на додаток до опису в рукописі процесу розгляду представленого дослідження комітетом з етики, автори забезпечать наявність відгуку від комітету з етики, відповідального за нагляд за ним
  5. «Лікарський вісник» і публікованна стаття, захищені авторськими правами коли опубліковані

«Взірець статті для ЛВ» та «Заяви для авторів» доступні запитом до rihrih@wfuma.org

Повідомлення про отримання рукопису та рішення редакції будуть відправлені авторам електронною поштою. Просимо насилати рукописи та будь-які питання до rihrih@wfuma.org
Instructions for Authors

JUMANA is an international, peer-reviewed Ukrainian-English medical journal. Each issue is dedicated to a specific specialty. Before submitting a manuscript, authors should assure that the candidate manuscript is:

- Consistent with:
  - National Standard of Ukraine NSTU- 3008 - 95
- Reviewed by 2 independent subject matter experts who did not author the manuscript
- In side-by-side Ukrainian - English format using an MS Word template for JUMANA manuscripts with word count for text, excluding references, in original language as follows:
  - Case report - up to 1500 words
  - Report of original research (up to 1500 words)
  - Systematic review - up to 2000 words
  - Book review - up to 500 words
  - Report from the History of a Ukrainian Medical Association - up to 1000 words
  - News - up to 100 words
- Maximum number of references per article: 30.
- Accompanied by the ICMJE Form for Disclosure of Potential Conflicts of Interest
- Accompanied by the JUMANA Checklist for Authors to certify that:
  1. The manuscript represents the authors’ valid original work
  2. Neither the submitted nor a substantially similar manuscript by the same authors has been published or is being considered for publication elsewhere
  3. If requested, authors will provide the data on which the manuscript is based for assessment by editors or assignees.
  4. If requested, authors will provide the feedback on the study by the ethics committee responsible for study oversight, in addition to describing the Ethics Committee process for this study in the manuscript.
  5. Acknowledgement that JUMANA and the published article are protected by copyright at the time of publication.

JUMANA templates for manuscript submission and Checklist for Authors are available upon request to rihrih@wfuma.org

Authors will be sent notifications of manuscript receipt and editorial decisions by e-mail. Please submit candidate manuscripts and any questions to rihrih@wfuma.org
<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Author(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Table of Contents</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>From the Editor – in – Chief</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Exercise for Health</td>
<td>Daria Trojan</td>
</tr>
<tr>
<td>8</td>
<td>Evolution of Probiotic Therapy</td>
<td>Borys Buniak</td>
</tr>
<tr>
<td>12</td>
<td>Nutritional pearls that Baba tried to teach me</td>
<td>Peter Kujtan</td>
</tr>
<tr>
<td>20</td>
<td>Women’s Wellness in the Reproductive Years to Optimize Pregnancy Health</td>
<td>Christina Duzyj Buniak</td>
</tr>
<tr>
<td>24</td>
<td>Nasal Saline Irrigations</td>
<td>Andrew Dzul</td>
</tr>
<tr>
<td>30</td>
<td>Vis Medicatrix Naturae – A Naturopathic Approach to Health and Wellness</td>
<td>Nadia Ciuha</td>
</tr>
<tr>
<td>36</td>
<td>News – In Memoriam</td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>News</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>News – New Members</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>News -Other</td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Instructions For Authors</td>
<td></td>
</tr>
</tbody>
</table>

**Journal of the Ukrainian Medical Association of North America (158)**

**ЛІКАРСЬКИЙ ВІСНИК**

**Журнал Українського лікарського товариства Північної Америки (158)**

**Table of Contents**

1. From the Editor – in – Chief
2. Exercise for Health
   *Daria Trojan*
3. Evolution of Probiotic Therapy
   *Borys Buniak*
4. Nutritional pearls that Baba tried to teach me
   *Peter Kujtan*
5. Women’s Wellness in the Reproductive Years to Optimize Pregnancy Health
   *Christina Duzyj Buniak*
6. Nasal Saline Irrigations
   *Andrew Dzul*
7. Vis Medicatrix Naturae – A Naturopathic Approach to Health and Wellness
   *Nadia Ciuha*
8. News – In Memoriam
9. News
10. News – New Members
11. News -Other
12. Instructions For Authors
13. Table of Contents