

HEALTH

News & Views

March 2012



The Most
Un-Expected
“Expect a Miracle”
Story Yet!

**Kick Start
Your Garden
in 2012**

**Candy
or Medicine?**

Expect A Miracle



It was July 31, 1999, and a beautiful summer day in Northern Ontario. Having spent the day outside at our summer home, I went to bed somewhat exhausted, however, my 14-year-old son Christopher and his friend Mathew stayed up.

Shortly after I went to bed, I heard “Bang, Bang,” what sounded like fireworks. I thought little about it, being in a somewhat deep stupor and immediately went back to sleep. As my neighbor would later tell me, 20-30 seconds later, a third Bang happened, this time followed by a voice that awoke me - “HELP, I can’t see!”

Any parent will tell you that they recognize the sound of their children’s voice in a second. I reacted, jumped out of bed, and ran to the edge of the lake. Seeing my son’s face on fire, I threw him into the lake. You see, there had been a third blast in this firecracker contrary to what was written on the package, and Christopher bending over picked up the tube with the intention to dip it into the water for safety, and as he did this, the third blast went off in his face, causing second and third degree burns, and burning both his eyes.

I packed his face in ice from the cooler on the deck, having prepared for the next day’s family gathering. We rushed to the hospital. As Chris laid on the gurney severely burned and blind in both eyes he said “Dad, can you adjust me.” In that moment, I realized what he was asking and the impact that would have on his recovery. Even though I had practiced chiropractic for more than 20 years, having adjusted hundreds of thousands of people, in the moment of crisis, I had forgotten that the power that made the body heals the body, and it took my son to remind me.

I palpated his neck, adjusted a very subluxated atlas (1st bone in the neck just below the skull) and continued to check him every hour or so for many days.

Yes, he was in pain from the burns, and the physicians did what they could to make him comfortable. Within hours, we were flying to Sick Children’s Hospital in Toronto. He was examined by an ophthalmologist who said that he might or might not regain his sight; we simply had to wait it out. Both eyeballs were burned.



The following day a team of plastic surgeons examined Christopher. The prognosis was good. He would need 2-3 grafts, but he was young and recovery would likely leave him with minimal scarring, if any. His nose looked like the end of a burned hot dog that you cook on a campfire. The docs suggested that I take him out of the hospital, and we checked in to The Park Hyatt in Toronto for the week.

I turned the sheets from the foot to the head of the bed so Christopher’s head and neck would be accessible to me. I continued to check him, and the same subluxation that had been evident the first time I checked him, just seemed to be continuously present. So, I adjusted him repeatedly.

He slept most of the time, moaning and groaning, and as any caring father would do, I pretty much stayed awake sleeping in moments rather than hours. On day three he said, “Dad, are you wearing a blue shirt?” (As I write this note my eyes are filled with tears, that 7 years after the event.) As the day progressed, he would tell me that he could see shadows, and on the next day he asked to watch television.

Nine days after the accident, we returned to Sick Children’s Hospital to consult with the plastic surgeons. The very kind young female doctor walked in, and as she looked at Chris, she very loudly and emphatically said “What have you done to him?” I was taken aback and asked “What do you mean?” She replied “Well, look at his new skin; this is beautiful. What have you been giving him,, what have you been putting on the burns?” I said “Nothing. I have been

keeping the area clean as you suggested removing dead tissue with a Q-tip. Nothing else.” She replied “This is amazing. He won’t need any surgeries if he keeps healing this way. I have never seen this before.”

At that point, I explained what I had been doing. Yes, I had been adjusting my son almost every hour on the hour for 9 days and his subluxation pattern had slowly been normalizing, and his body healing as it was designed to do. You see the power that made the body, heals the body. She was in disbelief, but as we discussed anatomy and neuro-physiology, she became somewhat convinced that what I was explaining was possible, it was simply outside her sphere of experience and expertise. Because she could not explain it, she was in awe, and even though my chiropractic experience allows me to believe it, I also was in awe of the mysterious capacity of the human body to heal such severe wounds.

Because of Christopher’s upbringing regarding chiropractic he had asked the fateful question, “Dad, can you adjust me?” Within less than 4 weeks, Christopher’s facial burns were gone, his body had produced new skin cells, and not a mark of the incident was evident (other than a tiny scar the size of the head on a straight pin remains underneath his nose still today). Was this a miracle? Was this chiropractic in action? Was this the human body and innate intelligence in action? As described in chiropractic, the body has the innate ability to heal provided there is no interference with transmission of this innate energy across the nervous system. When Chris’ nervous system was clear and free of interference, the power that made his body healed his body. Plain and simple.

If your body is subluxated and your nervous system not functioning at full capacity, just imagine what chiropractic can do for you.

You do not have to be burned or in a serious acute crisis to benefit from chiropractic. Anyone with a spine should be checked regularly for subluxation, and get adjusted when necessary. It’s not about pain, it’s about function.

Christopher was not adjusted because he had spinal pain, he was adjusted because there was evidence of subluxation in his neck and the flow of energy was impeded.

Because of chiropractic, he healed as his body was designed to heal. What a gift.

This true story is dedicated to all who have yet to discover that The Power that made the body heals the body.

With love and respect for the wonders of chiropractic and the human body.

Dr Gilles Lamarche
Canada

Article courtesy of Expectamiracle.com

Kick Start Your Seeds

Do you ever feel like your gardening efforts are cut short and not as productive as you hoped they would be? In some parts of the U.S., vegetable and flower seeds can be successfully planted directly into the garden. But in many areas, the growing season is too short to allow this.

Cool spring soil temperatures and cold weather can prevent seeds from germinating or kill young seedlings. If you wait until the weather warms, the plants get off to a late start only to be zapped by fall’s first frost; they don’t get a chance to bear a full crop or to put on a full floral display. That is a lot of effort gone to waste.

Starting from seed indoors, however, is easy, is cheaper per plant and allows a greater variety of choice among both ornamentals and crops than buying nursery plants.

Providing plants with a head start is very important, but planting too early indoors may result in plants that are tall and spindly. It is generally better to err on the side of starting your seeds too late rather than too early. A small plant can eventually catch up, but an overgrown, leggy plant that has been held in a small pot too long may never fully recover its vigor.

First decide when you want to put your plants outside, usually based on the last chance of frost for your area. Then count back the number of weeks before you should sow. Keep records of when you started each type of seed and how that timing worked in order to fine tune your own planting schedule.

Some crops should not be started indoors, however, because they don’t transplant well or they need an impractical amount of room. Root, tuber or bulb crops (beets, radishes, turnips, onions, potatoes, carrots, etc.) and leafy greens (lettuces, spinach, cabbage, chards) are a good example of crops that should be directly planted outside and not started indoors. These cool season plants can withstand planting directly outside even before the weather fully warms. Likewise, things you are going to plant in large numbers like corn, peas or beans should wait until they can be sown into the garden soil.

Tomatoes and peppers, broccoli, eggplants, cauliflower, melons and squashes can all be started successfully indoors. Herbs and flowers also benefit from the controlled environment of indoor seed starting. So do some research, roll up your sleeves and kick start your garden this spring. You’re sure to enjoy reaping the benefits all summer long!



Asian Lettuce Wraps

- 16 Boston Bibb or butter lettuce leaves
 - 1 pound chopped chicken
 - 1 tablespoon cooking oil
 - 1 large onion, chopped
 - 2 cloves fresh garlic, minced
 - 1 tablespoon soy sauce
 - 1/4 cup hoisin sauce
 - 2 teaspoons minced pickled ginger
 - 1 tablespoon rice wine vinegar
 - Asian chile pepper sauce (optional)
 - 1 (8 ounce) can water chestnuts, drained and finely chopped
 - 1 bunch green onions, chopped
 - 2 teaspoons Asian (dark) sesame oil
- Rinse whole lettuce leaves and pat dry, being careful not to tear them. Set aside.
- In a medium skillet over high heat, brown the chicken in 1 tablespoon of oil, stirring often and reducing the heat to medium, if necessary. Drain, and set aside to cool. Cook the onion in the same pan, stirring frequently. Add the garlic, soy sauce, hoisin sauce, ginger, vinegar, and chile pepper sauce to the onions, and stir. Stir in chopped water chestnuts, green onions, sesame oil, and cooked beef; continue cooking until the onions just begin to wilt, about 2 minutes.
- Arrange lettuce leaves around the outer edge of a large serving platter, and pile meat mixture in the center. To serve, allow each person to spoon a portion of the meat into a lettuce leaf. Wrap the lettuce around the meat like a burrito, and enjoy!

Teachers and Children Mistake Candy for Medicine in Study



More than one in four kindergarten children, and one in five teachers, had difficulty distinguishing between medicine and candy in new research conducted by two, now seventh-grade students, who presented their findings on Monday, Oct. 17, 2011 at the American Academy of Pediatrics (AAP) National Conference and Exhibition in Boston.

Casey Gittelman and Eleanor Bishop conducted their study, "Candy or Medicine: Can Children Tell the Difference?" earlier in 2011 at Ayer Elementary School in suburban Cincinnati, Ohio.

The girls obtained a medicine cabinet from The Drug and Poison Information Center at Cincinnati Children's Hospital Medical Center with a mixture of 20 candies and medicines. They then randomly selected 30 teachers and 30 kindergarten students and asked them which items in the cabinet were candies, taking into consideration that many of the younger children were unable to read. In addition, participants were surveyed on how they stored medicine at home and their daily medicine usage.

Candy was correctly distinguished from medicine at a rate of 71% by students, and 78% by teachers. Students who couldn't read did significantly worse at distinguishing between candy and medicine compared to students who could read. The most common mistakes among teachers and students were M&Ms being mistaken for Coricidin (43%), SweeTARTS for Mylanta (53%), Reese's Pieces for Sine-off (50%), and SweeTARTS for Tums (53%).

"(The candy) most frequently mistaken were circular objects, those similar in color and shine, and those with no distinguishable markings," said Bishop. In addition, 78% of the 60 students and teachers in the study said medicines in their homes were not locked and out-of-reach.

"We found that neither teachers nor students store their medicines appropriately at home," said Gittelman. "Interventions to educate families about safe storage of medicines, and manufacturing medicines to have distinguishable appearances may help to reduce unintentional ingestions of medications."

The study authors recommend interventions to educate families about safe storage practices for medication, and the development of medications with distinguishable appearances to reduce unintentional ingestions.

Article Courtesy of thechiropracticjournal.com

What are YOU doing to PROTECT you and your family?

The Bad News - Did you know that Cardiovascular Disease (CVD) is the nations #1 killer and that it exceeds the next 4 causes of death combined? Did you know that 1 in 3 or 81 million people in the U.S. suffer from CVD?

The Good News - For a limited time, we are offering a breakthrough Cardiovascular/ Autonomic nervous system screening using Max Pulse™ technology. The Max Pulse™ screening will give you important information regarding your arterial health. Heart Rate Variability (HRV), stress levels, wave type and other indices.

At the screening event we will also be offering supplementation, based on Noble Prize winning research and the effects of Nitric Oxide as a signaling molecule in the cardiovascular system.

Date: Tuesday, March 13th
Time: 8am-12pm
Cost: \$40
Place: Vitality Health Center

Dr. Josh Johnston and his staff invite you to participate in a life changing event for you and your immediate family. Space is limited so please call and make your appointments today.

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