

Health & Fitness

Your Health

Expect crying:

"What to Expect When You're Expecting" was your bible during pregnancy, and "What to Expect the First Year" got you through colic, 2 a.m. feedings and baby's first tooth.

Author Heidi Murkoff has plenty of parenting cred, so it's no surprise GlaxoSmithKline tapped her to write the "What to Expect Guide to Immunizations," a free booklet available at many pediatricians' offices and online at www.whattoexpect.org.

The guide provides information about vaccine-preventable diseases, a planner to help you keep track of your child's immunizations, tips on how to ease your little one's tears and answers to parents' frequently asked questions.

Money to produce the guide came from the drug company, but Murkoff donated her time and services.

"No parent likes to see a needle headed his or her child's way," she said. "But having your child vaccinated is by far one of the best ways to help keep them (and other children and adults in the community) healthy. It is because of vaccinations that some childhood diseases are only a distant medical memory in this country."

Run with the crowd:

More than 1 million runners in 25 cities — including Chicago — are expected to participate in the world's largest one-day running event on Aug. 31. The Nike + Human Race benefits the Lance Armstrong Foundation, WWF and the UN refugee agency's nine-million.org campaign.

The race begins at 6:30 p.m. in Soldier Field with a post-race concert by Fall Out Boy (but you've got to sign up for the event if you want to attend the concert).

Visit www.nikeplus.com to register, to create a personal training profile and to use the online pledge tool to raise money for the cause from family and friends.

Volunteers needed:

The Alexian Brothers Neurosciences Institute is seeking volunteers age 50 to 88 with a diagnosis of mild to moderate Alzheimer's disease to participate in an international study of an investigational drug.

"Our goal is to explore if this investigational drug can help control the progression of Alzheimer's," said Dr. Concetta Forchetti, director of the Memory Disorders Center at the Elk Grove Village hospital. "Most current therapies of Alzheimer's treat the symptoms associated with it and not the disease itself."

Participants must have a caregiver who is willing to be involved in the study. For details, call (888) 818-MEMORY or visit www.ICARASTUDY.com.

— Anna Madrzyk

Life with cancer

It's the 'little' things that make a big difference — Ruth Gesmer Silverman, Page 4

Alternative approach

A compound from the spice rack shows promise in treating pancreatic cancer — Page 6

Body basics

Moderate tempo tunes may pump up your workout better than fast ones. Songs with 115 to 120 beats per minute are ideal. Try these: Sheryl Crow's "All I Wanna Do", Aerosmith's "Dude (Looks Like a Lady)" and Matthew Wilder's "Break My Stride."

Source: Prevention



Back on her feet

New drug offers hope for Bloomingdale mom and others with a severe form of multiple sclerosis



Erin Zwirlein of Bloomingdale has MS and is taking an experimental drug for treatment. She has been keeping a very upbeat and optimistic view.

BEV HORNE/bhorne@dailyherald.com



Erin Zwirlein takes a walk in her Bloomingdale neighborhood, which helps to strengthen her legs.

BY MATT ARADO
marado@dailyherald.com

Every day, Bloomingdale resident Erin Zwirlein grabs a cane and goes for a one-mile walk.

She returns to her townhouse tired, a bit unsteady, but happier than she ever thought possible.

Zwirlein, 36, has one of the worst kinds of multiple sclerosis: the "secondary-progressive" type, defined by a steady and relentless worsening of the disease without any periods of improvement.

As recently as last year, the disease wouldn't let her complete a one-mile walk. Even a shorter one could leave her too tired to stand up.

The difference between then and now is that today, Zwirlein is a participant in a clinical trial of a new drug that doctors hope will be the first to offer viable relief to people with her type of MS.

"I feel so good," she said. "It's like I'm getting my life back."

Zwirlein doesn't know for sure that she's actually getting the drug; half of the 510 patients in the trial get the drug and the other half, a placebo. But she feels good

about her chances.

"I'm a positive person," she said. "But I don't think my brain could make these improvements happen on its own."

Dr. Daniel Wynn, the Northbrook physician who invited Zwirlein to participate in the trial, said the drug is one of the most exciting developments he's seen in his 30 years of involvement with MS research.

Up to now, the only existing treatment for secondary-progressive MS is a chemotherapy agent that has limited use because of its toxic effects on the heart. In earlier trials, the only side effect that the new

drug has caused is a harmless and temporary flushing of the skin, he said.

"This could be a gigantic advance," Wynn said. "To have something that will help those with the worst form of a terrible disease is a very big deal."

First symptoms

MS remains a mysterious disease, even though roughly 200 people are diagnosed with it each week. Medical experts believe that in MS patients, the body's immune system inappropriately attacks the healthy tissue that coats nerves in the brain and

spinal column. The result is an unpredictable, wide-ranging array of symptoms that includes abnormal fatigue, tremors, vision problems and muscle failure. There still is no cure for the disease.

Zwirlein's symptoms first appeared in 1999, when she lived in Wisconsin with her husband and infant daughter.

She experienced bouts of disorienting vertigo. She had trouble keeping her balance. And in a particularly frightening instance, she dropped her baby.

"My arms just gave

See MS on PAGE 6

Types of MS

Roughly 400,000 Americans have multiple sclerosis, an incurable disease of the central nervous system. The disease comes in four types.

Relapse-remitting: People with this type experience clearly defined flare-ups followed by periods of remission (85 percent of MS patients start with this type).

Primary-progressive: A rare form (10 percent) in which patients experience a slow but continuous worsening of the disease from the outset, with no distinct remissions.

Secondary-progressive: A later stage of the disease that affects about 50 percent of those originally diagnosed with relapse-remitting MS; in this form, the disease worsens steadily with no periods or remission.

Progressive-relapsing: Rare form (5 percent) in which patients experience progressive worsening of the disease from the outset, as well as periodic flare-ups.

Source: National Multiple Sclerosis Society

Is it colic — or heartburn?

More babies are being diagnosed with acid reflux

BY MELINDA BECK
The Wall Street Journal

Olivia Manganello was 1 month old when she started screaming, usually right after she nursed. Her family tried switching to formula, then different formulas, but nothing helped. Finally a pediatric gastroenterologist diagnosed gastroesophageal reflux disease and put Olivia on Pepcid. "In two days, she was a completely different baby," says her mother, Trina Chiara of Avon, Conn.

Years ago, babies like Olivia were

dismissed as having colic. Sometimes Valium was prescribed for their moms. Now, infants are increasingly being treated for GERD, paralleling a rise in chronic heartburn in adults.

Use of proton-pump inhibitors, the strongest acid-blocking drugs, in infants soared 750 percent from 1999 to 2004, according to a study of four

major health plans. Some experts worry that GERD is being overdiagnosed in infants; others say it isn't being taken seriously enough.

Even the terminology is confusing. Most babies have reflux — spitting up some liquid, since the valve separating the stomach from the esophagus isn't fully closed. It usually doesn't

hurt. Experts like to say these "happy spitters" are a laundry problem, not a medical problem, and no treatment is needed. Most babies outgrow this simple gastroesophageal reflux by the time they're about 7 months old.

GER becomes more-serious GERD if the infant won't eat and stops gaining weight, vomits blood and is extremely irritable. He may be highly sensitive to stomach acid — "just like some adults get heartburn and call 911," says Beth Anderson,

See COLIC on PAGE 6



Curcumin shows promise as a natural cancer treatment

Is possible that the first natural anticancer therapy may be curcumin, a spice from India? I have predicted for many years that the cure cancer would not come from a drug, but would be found in nature. We may be one step closer to realizing a natural and safe cure for cancer.

A recent clinical trial done at M.D. Anderson Cancer Center in Houston has shown that, in some patients, curcumin may actually inhibit the growth of pancreatic cancer cells. In my opinion, the M.D. Anderson Cancer Center is the premier cancer center in the country.



Patrick B. Massey, M.D.
Alternative approach

supplements.

Pancreatic cancer is the fourth-leading cause of cancer death in the U.S. Unfortunately, it is usually diagnosed

in a very late stage and even the newest chemotherapies are effective in only about 10 percent of cases.

Curcumin comes from the spice turmeric. It contains a number of compounds that have potent anti-inflammatory properties as well as anti-cancer potential. In the test tube, as well as in laboratory mice, curcumin has been shown to slow or even kill tumor cells. There are anecdotal reports of curcumin used as a chemotherapeutic agent; however, good research studies in this area have been lacking.

In a recent study published in Clinical Cancer Research, the M.D. Anderson researchers demonstrated that high-dose curcumin had significant benefit for some people with advanced pancreatic cancer. For the study, 21 patients with advanced pancreatic cancer were enrolled. The patients received large doses of curcumin — 8 g per day — and were followed for at least three months and, in one case, more than a year.

Pancreatic cancer cells make a tumor growth factor, NF-kB, that helps stimulate all aspects of tumor cell growth

and metastasis. It is believed that curcumin suppresses this tumor growth factor and, as a result, can inhibit the growth and spread of pancreatic cancer cells. Although the results in this study were not universally positive, one patient had almost a 75 percent reduction in the original tumor within the three-month period. Another patient had a slower but steady decline in tumor mass over one year. There were no significant toxicities and side effects were limited to stomach upset.

One of the drawbacks to curcumin is that it is poorly

absorbed even at high doses. In addition, at high doses, it can cause stomach discomfort.

One area being researched at M.D. Anderson is how to give curcumin intravenously. In that way, much higher blood levels can be achieved without side effects. This research is under way and probably less than a year away from clinical trials.

• Patrick B. Massey M.D., Ph.D., is medical director for complementary and alternative medicine for Alexian Brothers Hospital Network.

MS: Woman battles debilitating illness

Continued from Page 1

out," she said. "It was like I didn't have any control. I knew that wasn't normal."

When the diagnosis came, it hit Zwirlein hard. She fell into a near-depression, wondering if her life was coming to an end.

"I went through a period where I'd just start bawling," she said. "It was very bad."

Soon, though, Zwirlein realized she had a choice: Let the disease take over her life, or fight. She decided to fight.

"I'm not the type to just do nothing," Zwirlein said.

So she worked with her doctors on a drug treatment plan. Like most people with MS, Zwirlein was initially diagnosed with the "relapse-remitting" form, in which MS "flare-ups" alternate with periods of recovery. The FDA has approved a number of drugs that can slow the frequency and intensity of attacks in people with this type of the disease.

While undergoing treatment, Zwirlein stayed active. She went back to work, taking a job as a welder in a factory. And she wouldn't let anyone feel sorry for her.

"It might have been a pride thing, but I didn't want anyone to treat me special," she said. "We had a scooter in our garage, but I refused to use it. During a trip to Ireland, I

refused to get in a wheelchair, no matter how tired I got. I wanted to show everyone that I was still alive, even though I had this disease."

Zwirlein's fight hit a roadblock when her marriage began to crumble. In 2004, she left her husband and brought her daughter, Morgan, with her to Bloomingdale. The move put her six hours away from her doctors, left her without a job and sparked a stressful custody battle with her husband.

At the same time, Zwirlein's symptoms worsened. The leg brace she'd been wearing for support was no longer enough; she often had to use a cane when she walked. Occasionally, Zwirlein became so weak that she could move only by crawling on the floor.

Searching for a doctor close to home, Zwirlein discovered Wynn's medical office, Consultants in Neurology. She underwent a screening, which revealed some bad news: The disease had advanced to the secondary-progressive stage.

Still, Zwirlein didn't give up hope. She wasn't about to let the disease ruin the new life she was trying to create for herself and Morgan. When Wynn told her about the clinical trial, she jumped at the chance.

"I told Dr. Wynn that the one thing I wanted was to run again with my daughter," Zwirlein

said. "I would do anything to make that happen. I know that the trial is a roll of the dice, but Morgan's suffered enough through all this. She's probably suffered most of all."

'You can't give up'

The drug being studied in the clinical trial is known as MBP8298. In earlier trials in Canada and Europe, it has shown promise as a treatment for secondary-progressive MS.

"It appears to slow the progression by five years or more," Wynn said. "That would have a huge impact on people with this form of MS. It could mean the difference between using a cane and using a walker. Or using a walker and using a wheelchair."

Wynn said that the drug seems to defuse the immune system's impulse to attack healthy tissue, similar to how allergy medications stop the body from reacting to pollen or ragweed.

It takes just a few minutes to administer the drug via an IV, and it has not produced any serious side effects so far, Wynn said.

The trial is scheduled to last two years, but Wynn hopes the FDA will approve the drug early once results from the Canada and Europe trials are finalized.

Zwirlein reports that since

starting the trial in January, she feels stronger and walks better. She still wears a brace, but she sometimes can complete a one-mile walk without the help of a cane.

"I can't quite run with Morgan yet," she said with a laugh. "But I'm getting there."

Zwirlein hopes that her battle with the disease will inspire other MS patients to keep up the fight, even when things look grim. Toward that end, she's written an article for a medical magazine that takes a humorous look at her experiences.

"You can't give up. You have to keep up the drive to make yourself better," she said. "I sometimes feel like God gave this disease to me because other people just couldn't handle it."

Zwirlein misses working, and getting a job remains at the top of her priority list for the future. She knows it will be tough, especially because of persistent misconceptions about her disease.

"It's funny — people think that your brain doesn't work anymore, that you can't do anything, that you won't strive for anything," she said. "I hope I can show people how wrong that is."



Erin Zwirlein of Bloomingdale has MS and is taking an experimental drug for treatment. Here, she gets a hug from her daughter Morgan, 9.

Colic: Babies suffering reflux?

Continued from Page 1

founder of the Pediatric/Adolescent Gastroesophageal Reflux Association (PAGER), an information group for parents. GERD babies may also choke or aspirate liquid. Acid-reducing drugs — which run the gamut from over-the-counter antacids to H2 acid suppressors to PPIs — won't stop the reflux but can cut the acidity, and thus the irritability, if acid is causing the problem.

Most experts think colic is a separate issue, though it's still vaguely defined as at least three hours of crying at least three days a week for at least three weeks. Doctors theorize that it may be because of a milk allergy, gas or food not moving

smoothly through immature intestines. Some 20 percent of babies get colic, and it's generally gone in three months — but those can be miserable.

What's tricky is that colic and reflux can occur together. "Those babies are sometimes put on acid-reducing medications, but they don't get better," says Jeffrey S. Hyams, a pediatric gastroenterologist at Connecticut Children's Medical Center in Hartford, and Olivia Manganello's doctor. "There's no medicine for colic except time and Mother Nature."

Doctors can check for abnormal acid by putting a thin tube down a baby's nose, and rule out anatomical problems with a barium X-ray. But many simply put babies on

acid-reducing drugs first to see if they improve.

Critics say that leads to over-treatment. "It's the 'get the mom off my back approach,'" says Vikram Khoshoo, a pediatric gastroenterologist at West Jefferson Medical Center in New Orleans. He says 80 percent of reflux babies get better with time and measures such as thickening formula with cereal, avoiding cigarette smoke and reassurance.

Bryan Vartabedian, a pediatric gastroenterologist at Texas Children's Hospital, had an epiphany when his own irritable baby improved dramatically when she was treated for reflux. He thinks about half of what's considered colic may actually be undiagnosed GERD. "We should be looking for signs of treatable conditions so babies aren't suffering needlessly," he says.

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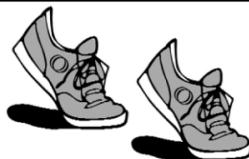
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