

ASK A HEALTH PROFESSIONAL

NATUROPATHIC



Kerie Raymond, N.D.

QUESTION: I suspect I have a Candida problem. Could you explain the symptoms and treatments available for Candida albicans?

ANSWER: Candida albicans is a fungus (yeast) that is normally present on the skin and in mucous membranes such as the vagina, mouth, or intestines. The fungus also can travel through the intestines. It becomes an infectious agent when there is some change in the body environment (such as the pH or normal flora) that allows it to grow out of control. A common cause of infection may be the use of antibiotics that destroy beneficial, as well as harmful, microorganisms in the body, permitting yeast to multiply in their place.

Symptoms of Candida can range from skin infections to other non-specific symptoms such as gas, indigestion, insomnia, sweats, cravings, allergies, sinus congestion, tired/fatigue, depression, memory problems, vision disturbances, or rectal or nasal itching. If the number of friendly bacteria is decreased (antibiotics, pesticides, chlorine ...) in relation to a number of Candida, the immune system is weakened or other conditions for yeast proliferation occur (diet high in sugar, improper pH in the digestive system) and Candida albicans will shift from yeast to mycelial fungal form and start to invade the body. In the yeast state Candida is a non-invasive, sugar-fermenting organism, while in fungal state it is invasive and can produce rhizoids, very long root-like structures. Rhizoids can penetrate mucosa or intestinal walls, leaving microscopic holes and allowing toxins, undigested food particles, bacteria, and yeast to enter the bloodstream. This condition is known as Leaky Gut Syndrome, one more name for food and environmental intolerances.

Contributing Factors:
 - Use of oral contraceptives, steroids, antacids, anti-ulcer medications, or frequent or long-term use of antibiotics
 - High-sugar diets
 - Pregnancy
 - Smoking
 - Food allergies and intolerances
 - Diabetes

CENTER FOR INTEGRATED MEDICINE
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ADVANCED SPECIALTY CARE



Stephen Archer, M.D.

QUESTION: Is weight-loss surgery right for you?

What is Obesity?

ANSWER: Obesity results from the excessive accumulation of fat that exceeds the body's skeletal and physical standards. According to the National Institutes of Health (NIH), an increase in 20 percent or more above your ideal body weight is the point at which excess weight becomes a health risk. Today, 97 million Americans, more than one-third of the adult population, are overweight or obese. An estimated 5 to 10 million of those are considered morbidly obese.

QUESTION: What is Morbid Obesity?

ANSWER: Obesity becomes "morbid" when it reaches the point of significantly increasing the risk of one or more obesity-related health conditions or serious diseases (also known as co-morbidities) that result either in significant physical disability or even death. As you read about morbid obesity you may also see the term "clinically severe obesity" used. Both are descriptions of the same condition and can be used interchangeably. Morbid obesity is typically defined as being 100 lbs. or more over ideal body weight or having a Body Mass Index of 40 or higher. According to the National Institutes of Health Consensus Report, morbid obesity is a serious disease and must be treated as such. It is a chronic disease, meaning that its symptoms build slowly over an extended period of time.

Advanced Specialty Care (ASC) is currently the only treatment center in Central Oregon offering both the Lap-Band and Roux-en-y bariatric surgeries. Our goal is to educate and inform as many people as possible about morbid obesity, which is a good starting point for anyone concerned about their weight and future health.

For more information, call Kathryn Wilson, bariatric coordinator, at (541) 322-1765.

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OPTOMETRIC PHYSICIAN



Ron Guiley, O.D., M.P.H.

QUESTION: I have floaters in my vision that are very irritating. They sometimes drift into the center of my vision and it's hard to see. Is there anything that can be done about them?

ANSWER: Floaters are strands or sheets of protein inside the eye that move more freely as we age. We actually see their shadow as they move through the light coming into the eye. It's very common to have a sudden episode in our 60s or 70s, but most of the time the floaters resolve and go away within a few weeks. Unfortunately, floaters sometimes are a sign of a more serious problem, such as a retinal tear or detachment.

Though these conditions are not common, they are so serious that most eye doctors will want to dilate your eyes when floaters occur in order to rule out serious problems.

There has never been a good treatment for floaters. The only real solution is to take them out of the eye, a surgery called vitrectomy, but this is a risky procedure that is reserved for sight-threatening disorders. There are a few surgeons who are beginning to use lasers to break up the large floaters that block vision. However, the experimental procedure is not always successful and could create more floaters than first existed.

Dr. Guiley provides a FREE e-mail newsletter on topics of public health and eye care. To receive this free newsletter, call our office at 317-9747.

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EDUCATIONAL CONSULTANT



Dore E. Frances, Educational Consultant

QUESTION: How do parents decide when the time is right for a residential placement?

ANSWER: When nothing else works and all other options are exhausted.

Most of our clients have already been engaged, sometimes for years, with counseling, local programs, and/or school interventions. Still, nothing has helped to the extent needed.

Parents often see the world of residential placement as a very confusing and different world from the one they inhabit. Our jobs as independent educational consultants is to assist these parents through a complex maze of conflicting claims and information, and help them decide the best direction for their family. We help them to focus on realistic expectations and decide when the critical decision of residential placement is a necessity. Based on our many years of personal experience and our ongoing networking with other professionals, we advise parents on which programs are best for their child.

Specializing in helping parents and professionals since 2001
 Subscribe to our monthly e-mail newsletter at www.guidingteens.com

DORE E. FRANCES, M.A.
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CHIROPRACTIC/SPINE



Lyle Zurflu, D.C.

QUESTION: I'm 45 years old and was recently diagnosed with osteoarthritis and disc degeneration in my neck. I try to stay in shape and eat well. Is there anything I can do to prevent this from worsening?

ANSWER: Unfortunately, 50% of all people over 50 years of age suffer from the symptoms of osteoarthritis. These "degenerative" changes are primarily seen in the weight-bearing bones and joints and are the result of repetitive micro-trauma or "overuse". Therefore, osteoarthritis goes hand in hand with the aging process.

Although some individuals with this condition are asymptomatic, symptoms may include joint tenderness, stiffness, loss of mobility and painful movement.

Since undue weight bearing and increased joint "stress" are believed to contribute to the progression of this disease, inversion therapies (tractioning maneuvers) are beneficial in alleviating joint stress. One such device is a slant board angled at 45 degrees, head inferior to feet.

Maintaining proper body weight, holding your correct posture, stretching frequently, and maintaining good core muscle strength are also helpful.

Eliminate unnecessary stress from other sources such as heavy tool belts, backpacks, etc. Women with long, heavy hair often place undue stress on the cervical spine and would benefit from a shorter haircut. Men who carry wallets in the back pocket stress the lower back when sitting "cockeyed" on a thick wallet. Evaluation and correction of leg length discrepancies can help with lower back stress as well.

Arthritis can be debilitating. But instead of risking the dangerous side effects of drugs or surgery, try these alternative approaches to keep your joints healthy.

Remember to call our office at 389-7660 with questions regarding this or any concerns you may have.

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CHIROPRACTIC/SPINE CLINIC
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EAR, NOSE & THROAT



C. Christian Fries, M.D.

QUESTION: My four-year-old son has a constant "cold". His voice sounds congested and his nose drains all the time. What is going on?

ANSWER: Persistently enlarged tonsils and adenoids restrict the airflow through the nose which results in "nasal" sounding speech, loud snoring at night, and mouth breathing. This overgrowth of tonsils and adenoids can contribute to daytime tiredness and irritable behavioral changes.

A course of antibiotics which suppresses bacterial growth in the tonsils can offer short-term improvement. We find that a tonsillectomy and adenoidectomy surgery are particularly helpful in this situation.

Your ENT physicians are helpful in diagnosing a variety of conditions and presenting the choices for treatment.

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COSMETIC DENTISTRY



Kelley Mings, D.M.D.

QUESTION: I think I have bad breath. I brush all the time and use mouth rinse daily. Why do I have it and how do I get rid of it?

ANSWER: The first thing to do to get rid of bad breath is to understand what causes it. The main cause of chronic bad breath is bacteria. If bacteria are allowed to congregate anywhere in the mouth you will suffer from bad breath. The most common places bacteria congregate are in between your teeth and on your tongue.

Fortunately, bacteria can be controlled. The first thing to do is to thoroughly brush your teeth at least twice a day. Brushing removes food particles and the bacteria in the easy to get places. Next, you should be flossing daily to remove the bacteria between your teeth. The tongue can be responsible for up to 90% of your odor causing bacteria. I recommend using a tongue scraper daily to remove the bacteria on the back of your tongue. Another factor in bad odor can be a dry mouth. Saliva helps control the bacteria that cause bad breath. Dry mouth can be caused by medications, smoking, and alcohol to name just a few. If you have a dry mouth you need to determine why. If you are diligent and do all of the things mentioned, you should notice your breath improving.

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THORACIC, VASCULAR & VEIN SURGERY



Edward M. Boyle, Jr., M.D., F.A.C.S., F.C.C.P.

QUESTION: I had varicose vein stripping 15 years ago. While at first it worked, the veins have returned, and my legs feel worse than ever. Is there anything else that can be done, short of undergoing vein stripping again?

ANSWER: In my practice I frequently see patients who have had previous open vein stripping or ligation. Most are patients who were treated many years prior with older surgical techniques that are now less frequently used. Current theories of why varicose veins recur after previous vein ligation and stripping include the concept of neovascularization. Neovascularization occurs when the veins from the abdomen and pelvis are dilated with gravity and ultimately coalesce to form new, large varicose veins that eventually bulge out in the legs.

The good news is that the newer office-based treatments are very effective at treating patients who have had previous vein surgery. The key is to understand why the varicose veins have recurred. For this we use Vascular Ultrasound, which is an office-based, painless, and non-invasive way to assess these often complex patterns. Once the cause of the recurrent veins is identified, there are numerous minimally invasive, office-based treatments available that do not require general anesthetics, large incisions, or post-operative pain associated with the traditional vein stripping that was common a number of years ago.

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PERMANENT MAKEUP



Susan Gruber, Certified Permanent Cosmetic Professional

QUESTION: My eyes have always been my best feature. As I have gotten older (over 50!) my lashes and brows have become sparse. I know my eyebrows have greatly improved since I had them permanently done, but can permanent makeup help put life back into my eyes so I can again have that youthful look?

ANSWER: Permanent eyeliner can add color and brightness to the eyes. The addition of color to your lash line can give the natural appearance of more eyelashes or can be applied to give a more dramatic look to your eyes. Jan Marini eyelash conditioner (available at 25% off the retail price at my salon, a \$40 savings) will actually promote hair growth, and coupled with permanent eyeliner, can again make your eyes the focus of your face. The choice is yours! Whatever look you choose, you can wake up always looking your best.

Call me for more information at 541 383-3387 or visit me online at www.permanentmakeupbysusan.com. When you want the best, experience counts. Call for your free consultation.

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PLASTIC SURGERY



Adam Angeles, M.D.

QUESTION: Five years ago I had a breast augmentation with saline breast implants. I realize that silicone implants feel more natural than saline implants, but they were not available when I had my breast augmentation. Am I a candidate for exchange of my saline implants to silicone implants? Will the company that made my implants pay for the exchange?

ANSWER: Many patients and physicians would agree with you that silicone implants feel much more natural than saline implants. And yes, silicone implants are now available for breast augmentation. Depending upon your specific situation, you may be eligible for exchange of your implants and have a portion of the total cost paid for by the manufacturer. A complete history and physical examination is needed by a plastic surgeon to adequately address your concerns and questions.

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FACIAL PLASTIC RECONSTRUCTIVE SURGERY



Michael E. Villano, M.D.

QUESTION: Dr. Villano, I have heard of a weekend face lift, or thread lift, but what exactly does this mean, and is it truly a replacement for a formal face lift?

ANSWER: A weekend face lift or thread lift is referring to a procedure that involves placing medical grade threads with either local anesthesia, or sedation, into the mid-face, lower face, or neck to lift sagging tissue. The benefits of this type of lift is that there is minimal bruising and downtime. Thus, our patients who have busy lifestyles are able to achieve a refreshed and lifted look while being able to return to work after 2-4 days.

A thread lift is not a replacement for a formal Rhytidectomy (face lift). Typically, results last 3-5 years, but patients do continue to age, and as a result the threads do not lift the tissue buy the same mechanism as a formal face lift does giving less of a longer term result.

The benefit of the thread lift is truly its ability to obtain great results with minimal downtime.

Have a question?

E-mail us at mev@cascadefaces.com or call us at 541-312-3223.

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HOLISTIC MEDICINE



Mary Ellen Coulter, M.D.

QUESTION: Cough and cold medications have been found ineffective and even unsafe for infants and young children. Are there any holistic treatments that are safe and can alleviate symptoms of a cold or flu?

ANSWER: Homeopathic remedies are safe and often extremely effective when the remedy is carefully matched to the symptoms of the patient. For best results, use just one remedy at a time and avoid combination products. In choosing a remedy, the emotional state of the child is important, as are any predisposing or precipitating factors. Although it may seem strange, any unusual food or drink cravings, associated symptoms, time of day when the symptoms are better or worse, and even the time of year can provide important clues. There are several good references for homeopathic self care in the local health food stores or bookstores. Additionally, supplements to boost the immune system, including echinacheae, goldenseal, astragalus, vitamin C, zinc, and thymactin can be helpful. For recurrent ear infections, eliminating dairy products is often worth the effort. If your child experiences multiple illnesses, or if symptoms persist, a visit to a holistic or naturopathic physician may be beneficial.

MARY ELLEN COULTER, M.D.
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