

The Jersey Heartbeat

It's Great to be Alive
And to Help Others

Message from the President

August 2009

As most of you know I enjoy walking and particularly playing golf walking. Along about April I began to notice a little extra pain around the lower back area and I was quick to blame my new golf shoes. As the summer progressed it became noticeably more severe to the point



where I have to resort to using a golf cart. This week I was pleased to read a *USA Weekend* "Health Smart" column (July 17-19) discuss how to "Ease the pain in your joints."

After reading the column I became convinced that my problem was not new golf shoes. That means body parts are wearing out. Dr. Mitchell in discussing osteoarthritis (OA) describes how weight-bearing joints especially hips

and knees are affected. When cartilage breaks down it permits the bones to rub together causing pain, swelling and loss of motion. He suggests two simple things you can do to reduce the pain, exercise and weight loss. Of course, my favorite exercise is walking and that has become a challenge. The doctor also suggests anti-inflammatory medication, physical therapy and the possibility of relief by injections that are considered temporary. I'm more of a permanent type person and he mentions the gold standard being joint replacement. I'm now doing serious research to learn all I can about the latest methods and techniques particularly in hip replacement. I'll keep you posted.

Last month in my message, I wrote about in the artificial heart and made comments about technology. The science fiction author; Arthur C. Clarke addressed the issue is this way, "any sufficiently advanced technology is indistinguishable from magic" (his "third law of prediction," see

wikipedia.org). A July 20 New York Times article described a new device implanted in the eye of an 86-year-old woman suffering from macular degeneration. The device is a tiny glass telescope size of the pea. The patient is once again able to read e-mail. At 86, that's magic.

Not all technology is necessarily good. Last month I referred to the use of a cell phone as a classic example of modern technology. Remember the wrist radio in the Dick Tracy comic strip—that was the late 40s. And while cell phones are easy to use, there remains the controversy of using the cell phone while you're driving your car. New Jersey and New York are among the

(Continued on page 2)

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Michael D. Fornino is the author of "A Member's Viewpoint" in the July newsletter; his byline was omitted in the print edition due to an editing error. The last line was omitted in the article titled "June Meeting at JSUMC"; the sentence should read "We're looking forward to the tour in August." The gray band across pages 6 and 7 won't happen again. We regret the errors.

President's Message

(Continued from page 1)

New Members

No new members last month

Birthdays

Richard Biolsi	Aug 9
William Balicki	Aug 12
Nick Kaiser	Aug 13
William V. Caufield III	Aug 14
Joan M. Calt	Aug 15
Florence I. Williamson	Aug 17
John Blair	Aug 21
James T. Fry	Aug 21
Stephen A. Molello	Aug 24
Tina Shymko	Aug 26
Patricia Mutschler	Aug 29
Linda Lamberson	Aug 31

Surgiversaries

Edward Beckenstein	Aug 1
Bruce R. Braender, Sr.	Aug 16
Matthew Bregoff	Aug 19
Kathleen Roache	Aug 24
Soon E. Wheeler	Aug 29

Visiting

July 2009:
139 patients and
68 family members
visited

If you want to be listed here, or would rather not be...
Please contact the Treasurer.

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states that have approved laws prohibiting the use of hand-held cell phones while driving. Do you know anyone who has been ticketed by the police in violation of the law? Is it possible to concentrate on the highway and on the conversation on your cell phone? If you're driving and your cell phone rings do you answer it?

Readers Digest published an article in March on "7 Dumb Things We Do." One of the seven is "when we multitask, we get stupid." Simply stated multitasking is trying to do two important things at the same time. We do it all the time, things like reading the newspaper while you're watching the ballgame. In preparing dinner in a kitchen, very often three or four things are happening at once. It's a different matter when you're on the highway—there it can be dangerous. In a very early study, the U.S. Army concluded that cell phone usage leads to significant decreases in abilities to respond the highway traffic situations. This study also noted, "this is especially true for older drivers, the older we are, the harder it becomes to screen out distractions. The decline is noticeable after age 40." Don't overestimate your own ability to safely multitask. The life you save may be more than just your own.

(Continued on page 10)

Mended Hearts Chapter # 179

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Rita and Jack Beerman

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Frances Grubb

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Visiting and Visitor Training

Leonard Talalai

General Meeting

Thursday, August 20
6:00 pm

Kathryn Collins, VP, JSUMC

New Facilities Tour

Room B-104

Jersey Shore University
Medical Center, Neptune

Refreshments will be served

* **BE ON TIME!** *

Call Bill Ryan 732-357-3648
if you need handicapped
assistance

— Call for information —
— Please register —
1-800-DOCTORS

Executive Meeting

First Thursday
September 3, 1:30 PM

Conference Room
4th Floor Ackerman

Jersey Shore University
Medical Center, Neptune

Interested members are
invited to attend

Wanted:

A **Program Chairperson** to arrange speakers programs for the monthly chapter meetings, par- at Jersey Shore University Medical Center; prefer- body who can be there regularly. Contact Bill Ryan: 732-367-3648, drbillryan86@alum.rpi.edu.

Not Mended Hearts, but of
interest to heart patients
SUPPORT GROUPS
Free - registration required

ICD Education and Support Group

call
732-775-5500 Ext 5249

Successful Living with Heart Failure

call 1-800-560-9990

Central Jersey Transplant Support Group

call 732-450-1271

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Meeting Schedule

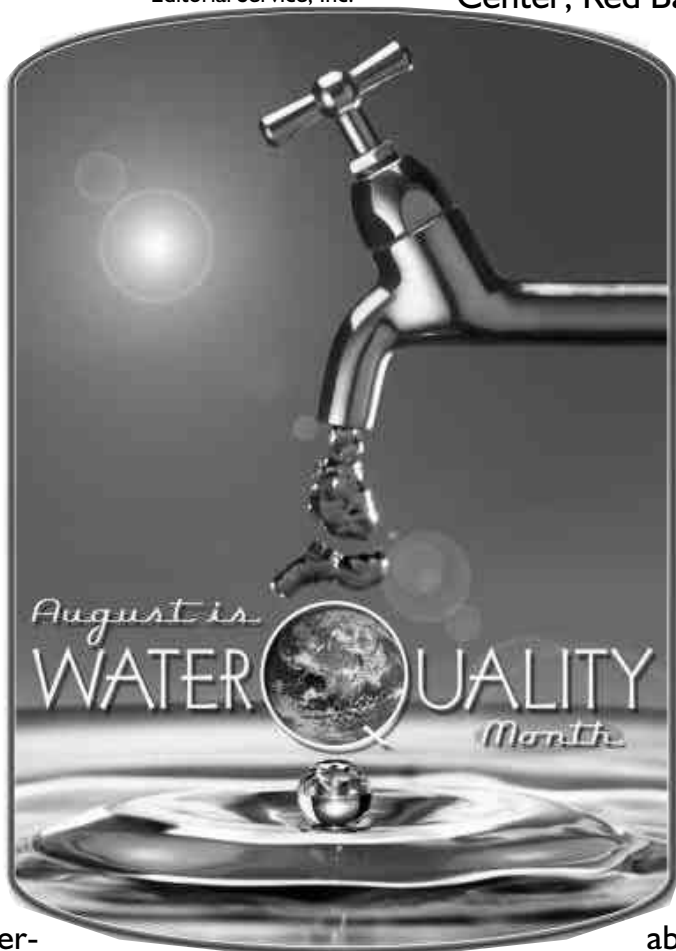
Noon, fourth Thursday
(usually)

Even Months
(Feb., Apr., June,
Aug., Oct., Dec.)
Jersey Shore

University
Medical Center,
Neptune

Odd Months
(Jan., Mar., May,
July, Sept., Nov.)
Ocean Medical Center,
Brick (fourth Tuesday)
and

Riverview Medical
Center, Red Bank



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and pro-
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July Meeting, Riverview

Martin
Brilliant



Debbie is a lively speaker.

Sheila Turkell opened the meeting, reminded the new attendees that Mended Hearts is a volunteer organization, and introduced our featured speaker, Debra Dobies, Registered Dietitian, whose topic (for today; she always has good topics) was “Spice Up Your Life (this is about food, not your personal life).”

Debbie began by telling us the new guideline for sodium is 1500mg a day (it was 2300mg, which is in one teaspoon of salt). That’s hard to meet. Most of our sodium comes from canned and processed food and from eating out. Ask them to omit the salt, but sometimes they can’t. When we prepare our own food, we can add flavor by using herbs and spices—many of which also have medicinal value—and use less salt.

Traditionally, spices and herbs were used as preservatives to prevent foods from spoiling, and many of the plants they come from have antimicrobial and antifungal activity. The Queen of Spain sent Columbus to get spices from China because they didn’t have iceboxes (let alone refrigerators).

What’s the difference between a spice and an herb? A *spice* comes from the bark (e.g. cinnamon), root (ginger, onion, garlic), buds (cloves,

saffron), seeds (yellow poppy), berry (pepper) or fruit (allspice, paprika) of a plant. *Herbs* are leaves of low-growing shrubs (e.g. parsley, chives, marjoram, thyme, basil, caraway, dill). These can be obtained fresh or dried, and dried may be whole, crushed or ground.

Herbs have been used in traditional Chinese medicine and many herbs and spices have antioxidants that protect us from free radicals. Free radicals are oxidants—you’ve seen what happens to olive oil exposed to air—it gets rancid—and Debbie warned us that free radicals could make us rancid.

SOME SPICES

CINNAMON is one of the oldest known spices. Because of its aroma it was used in biblical times in anointing oils, and in ancient Rome it was burnt at funerals to cover the smell of the deceased. It comes in stick or ground form. Ceylon cinnamon is less common than Chinese but more pungent and flavorful and slightly sweeter. It helps reduce inflammation of the arteries and improves insulin response. It has been approved in Germany for the treatment of indigestion, bloating and flatulence. A study in 2003 reported that a quarter teaspoon a day reduced blood sugar, triglycerides and cholesterol in diabetics by about 20

Photos by Martin Brilliant

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percent. Throw it on your cereal and in your tea. It's also antibacterial and antifungal. And studies show that just smelling it can increase cognitive ability.

CUMIN (a key component of curry powder) is used in Indian, Middle Eastern, Mexican and Tex-Mex foods. Native to Egypt, it was used in preparing mummies and as payment for priests. It's from the same plant family as caraway, parsley and dill—the seeds resemble caraway seeds. It helps extract energy from foods, slightly increasing metabolism; studies show it increases secretion of pancreatic enzymes. It may also protect against some cancers.

BLACK PEPPER is one of the world's most popular spices (you can also get white and red pepper). In ancient Greece it served as money and was offered to the gods. In medieval times it was used to cover "less than fresh foods" and was a key object of trade with China. It's a strong antioxidant and antibacterial, and the outer layer of the berry stimulates the breakdown of fat cells. It reduces the formation of intestinal gas—it's not a stomach irritant (as some people believe) but it may bother some people. It comes whole or ground but it's better



bought whole and crushed in a peppermill.

TURMERIC (also called *Indian saffron* because of its strong yellow color) has shown antioxidant, anti-inflammatory and cholesterol lowering activity. Native to southern India and Indonesia, it was used as a condiment, healing remedy and dye, and in Indian and Chinese medicine as a treatment for arthritis. It may protect against Alzheimer's disease and dementia, and against colon cancer, and may help prevent childhood leukemia and improve liver function.

CLOVES, traditionally stuck in baked ham, can be used in cider, main dishes and baked goods. Used in 200 B.C. as a breath freshener, it's still used in mouthwash. It masks the flavor of poorly preserved foods, prevents free radical formation and improves digestion. It's an antibacterial, anti-inflammatory and a mild anesthetic—throat sprays with clove oil numb your throat.

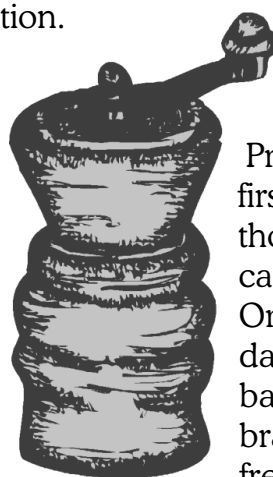
GINGER is good for nausea, intestinal distress, gas, motion sickness—and it's safe for pregnant women. Fresh is better than ground. A 2001 study found that a concen-

trate equivalent to a bushel of fresh ginger relieved knee pain from osteoarthritis.

SOME HERBS

THYME was used in Egypt for embalming mummies, burned in Greece as incense, and in medieval times hung as a symbol of courage and admiration. It's been used in topical treatments for skin problems and as an antiseptic in mouthwash. It can prevent food contamination and decontaminate spoiled food. In India and China it's been traditionally used as a tea to treat cough.

OREGANO is traditional in pizza. It's good for food preservation—a 2003 study found that a concentrate destroyed *Listeria* bacteria in lunch meat and hot dogs. Pregnant women in the first trimester should boil those meats, as *Listeria* can cause miscarriage. Oregano has an antioxidant that destroys the bacterial cell membranes. It also combats free radicals.



CILANTRO was cultivated in China, Egypt and India thousands of years ago, and was introduced to Mexico and Peru by the Spanish conquistadores. Unusually for herbs, the entire plant is edible. It's antibacterial, and is effective against *Salmonella*. In some countries it's used to treat diabetes to

(Continued on page 10)

June Meeting at JSUMC

Carla Jones



Debbi Shar—*are we laughing yet?*

As Diane JanTausch was unable to attend, our guest speaker Debbi Shar introduced herself. Debbi has worked for Meridian for many years and is currently in the Community Outreach Department.

Her topic was “Laughter is the Best Medicine.” Hasn’t everyone had a good belly laugh over a movie or TV, a book, a good joke? After the good laugh didn’t you experience a really “good” feeling of being more relaxed, less stressed? Debbi did warn us not to give up our meds—but laughter has no side effects.

After a good laugh, the brain’s transmitters release endorphins—the body’s natural painkiller. Endorphins make us feel good, lower blood sugar, lower blood pressure, dilate blood vessels allowing more oxygen to flow throughout the body, release stress hormones, release adrenalin, help to increase memory and learning. The body tends to relax and muscle tension is lessened. It also helps to dilate the cardiovascular system—allowing blood to flow more freely.

Use laughter to promote good health, not to be mean or laugh at someone or something. If you know someone who seems to be depressed they usually don’t see humor in anything. Debbi suggests surrounding yourself with up-beat people and avoiding people

who are negative as they tend to bring you down.

Stress is one of the top risk factors for heart disease. Here are a few changes that can reduce stress:

- make positive changes
- children can help reduce stress, as can pets
- happy friends or funny stories
- TV or books.

A big change would be to get rid of anger, hostility or negativity.

Studies have been done showing that laughter is related to longevity—an excellent reason to have a good laugh every day.

A list of stress relievers:

- Deep breathing—in through the nose till belly is extended and release slowly through the mouth. This brings more oxygen into the blood stream.
- Meditation.
- Guided imagery: close eyes, play quiet music, a leader will talk you through a happy “place,” or you provide your own “place” or memory.
- Self-hypnosis.
- Yoga.
- Music, 20 minutes a day—great for relaxation.
- Exercise (all roads to good health involve exercise!) releases endorphins, helps us

relax, we sleep better.

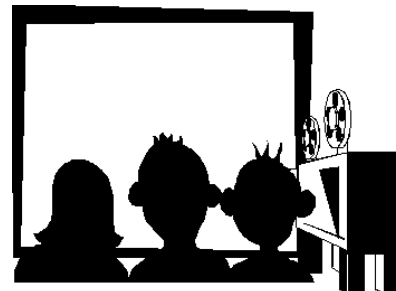
On a lighter note—here are a couple of “other” uses for paper toilet seat covers often found in public bathrooms:

- Bib.
- As a seat saver at social functions. Put one on each chair needed to be saved and *no one* will sit there—because, after all, no one knows where it was last!

As her closing, Debbi showed a good portion of the very funny movie “Mrs. Doubtfire,” starring Robin Williams.

A great presentation, leaving us with some positive suggestions on how to enjoy life more and help reduce stress. 🍀

Next meeting at OMC is September 22, 2009: Debra Dobies on “Nutrition and Diet.”



The Cochrane Reviews

One of the studies we considered for the “Heart News and Notes” section was a Cochrane Review that concluded that lowering blood pressure below 140/90, the standard criterion for hypertension, was not associated with any significant benefit, either in all-cause mortality or in the incidence of heart disease, stroke or kidney disease.

Since people are now encouraged to be concerned about blood pressure above 120/80, called prehypertension, this is a surprising result, suggesting a need for more study. But apart from our surprise, we wondered: what is a Cochrane Review?

Our search led to the website of the Cochrane Collaboration: <http://www.cochrane.org>. It told us that the Cochrane Collaboration is a global network of volunteers dedicated to improving

health care through systematic reviews of the effects of interventions, with the intent of furthering “evidence-based medicine.” Their results are published in the Cochrane Library.

What’s the Cochrane Library? A link on cochrane.org took us to a page on the website of the publishing company Wiley Inter-science, which hosts the Cochrane Library online.

According to Wikipedia—an online encyclopedia that anyone can contribute to—the Cochrane Library is a collection of health-care databases provided by the Cochrane Collaboration and other organizations, the core of which is the Cochrane reviews.

Full access is by subscription, and many countries (but not the U.S.) have made it available free to all residents. However, summaries of the reviews are available free of charge. 🍀

Martin Brilliant



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If you’re looking for a chronological list of reviews, it can be found at <http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/pressroom.html>

Heart News and Notes *Martin Brilliant*

Tomato Leaves May Lower LDL

Information from The New York Times July 29 "Dining" section,

Tomatoes were once thought to be poisonous. Tomato leaves still are. Current handbooks say its solanine content is harmful and potentially lethal (though one handbook says the toxic dose is "at least a pound").

Harold McGee, writing as "The Curious Cook" in *The New York Times*, says experience and studies say otherwise. Solanine is a potato alkaloid; commercial tomatoes contain tomatine, according to Dr. Mendel Friedman of the USDA. Dr. Friedman fed tomatine to lab animals and found that not only did it pass through the gut practi-

cally unabsorbed, but (like Zetia, but cheaper) it took cholesterol with it. The lab animals wound up with less LDL ("bad" cholesterol). The raw leaves smell rank, but McGee cites chefs who use them in sauces to "punch up" the flavor.

Before cooking up a mess of tomato greens, I would want to know the "therapeutic window"—how much I'd need to be effective and how much would be toxic. Drug manufacturers can afford the thorough tests needed to get this data, but since there's little profit in tomato leaves, we may never know. ♡

An Infant's Temporary Heart Transplant

Information from medpagetoday.com and theheart.org

Hannah Clark was diagnosed with heart failure at eight months, and as her condition deteriorated she received a heart transplant at age two. She is now 16 and living a normal life—with her own heart, not the transplant!

The transplant was from a five-month old infant, too small to replace her heart, so it was put in alongside her own heart, both hearts taking blood from the same veins and pumping it into the same arteries. In the next four years both

hearts became stronger, but then the donor heart developed EBV-PTLD, a malignancy due to a virus. The dose of immunosuppressant drugs was lowered, but then the donor heart began to fail due to rejection. The donor heart had to be removed—but by that time her own heart could function alone.

Moral of the story: immunosuppression doesn't always have to last a lifetime. Sometimes "unloading" a failing heart enables it to recover. ♡

Lifestyle Benefits Confirmed

Information from medicalnewstoday.com and theheart.org

Two new studies, published last month in *JAMA*, confirm that following any or all of six behaviors can help your heart.

One, using data from the Nurses' Health Study, found that normal BMI, regular vigorous exercise, DASH diet, moderate drinking, minimal use of pain relievers, and taking folic acid reduced the

risk of high blood pressure by 80 percent. Only 0.3 percent did all six, but any one alone helped.

The other, based on the Physicians' Health Study, found that following at least four of normal weight, never smoking, exercise, moderate drinking, eating cereals, and eating fruits and vegetables halved their risk of heart failure. ♡

Mortality for Medicare patients within 30 days after heart attack is below 7 percent at some hospitals, but nearly 30 percent at others, according to a recent study. Mortality after heart failure, and readmission rates, vary similarly. Curiously, hospitals in the Northeast tend to have lower mortality but higher readmission rates.

Another study looked at how often defibrillation was started within two minutes after in-hospital cardiac arrest, and found that it varied from one-fortieth to one-half of events. Of course survival rates were affected. The variation could not be explained by any known

Local laws, insurance rules, and public misconceptions bar emergency medical service (EMS) workers from best use of resuscitation for out-of-hospital cardiac arrest. Less than half of teams follow AHA guidelines to stop CPR, and not take the patient to a hospital, after 20 to 30 minutes without pulse.

Medicare won't fully reimburse the ambulance team for their half-hour of work unless they carry the dead victim to a hospital. Some

African-Americans are more likely than whites to have high blood pressure, and less likely to respond to beta blockers as a treatment for heart failure. Two studies published last month show that it isn't race, but specific gene variants found more often in one race than another, that make the difference.

One study found specific genes that affect blood pressure that occurred in both racial groups but

“best practice” factors.

Still another study found that some procedures for CT angiography, which screens for calcification in the coronary arteries, expose patients to ten times as much radiation as other protocols. The calculated risk of cancer varies accordingly from 14 to 300 cases per hundred thousand.

Hospital Compare has been posting 30 day mortality data from Medicare on the World-Wide Web since 2007. It recently added 30 day readmission data. Look for it at <http://www.hospitalcompare.hhs.gov>.

state laws require transport to a hospital instead of CPR at the scene. Laypersons overestimate the survival rate, at about 60 to 70 percent, not the actual 7 percent.

Result: survival after out-of-hospital cardiac arrest is about one in four in Seattle, vs. one per thousand in Detroit. Seattle does not practice “scoop and run,” with paramedics trying to apply CPR in an ambulance at 90 miles per hour with lights and sirens blaring.

occurred more often in one group than another. The research is slow and difficult because many genes are involved, none of which by themselves have much effect.

The other study found, as one result, a gene variant that is common in African-Americans, but rare in whites, that acts as a beta blocker. Beta blocking drugs appear to be ineffective because they have nothing to add.

Hospitals Differ

*Information from
medpagetoday.com*

Resuscitation Illusions

*Information from
medscape.com,
theheart.org and
medicalnewstoday.com*

Some Blacks Are Different

*Information from
medpagetoday.com
and theheart.org*

July Meeting, Riverview

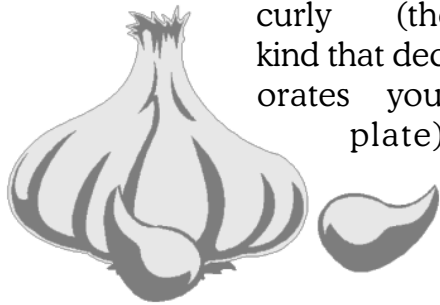
(Continued from page 5)

lower blood sugar and cholesterol, and it also appears to lower blood pressure.

BASIL means “royal” in Greek. It’s a symbol of hospitality in India and of love in Italy. It’s good for your heart, it’s antioxidant, and it reduces inflammation of the bowel and the pain of rheumatoid arthritis.

PARSLEY is not just a decoration on the plate; you can eat it, and it cleans your breath. It’s native to the Mediterranean area of southern Europe. There are

curly (the kind that decorates your plate),



Italian flat-leaf and Hamburg varieties. It was considered sacred in ancient Greece, used for athletes’ wreaths and to decorate tombs. It’s a cancer preventive; it inhibits tumor cell growth and neutralizes some carcinogens. It may help the pain of rheumatoid arthritis.

GARLIC should be left for 15 minutes after cutting it to release allicin, which lowers blood pressure and cholesterol. Add it toward the end of cooking to preserve its health benefits. Garlic eaters have lower rates of some cancers. It’s a blood thinner, so avoid it if you’re on Coumadin. It can be expensive; buy it at Aldi’s. Garlic pills are ineffective.

Fresh is always better. You can grow herbs in pots, but outdoors they may take over your garden. Fresh

herbs keep for about a week in the refrigerator in a baggie.

Store dried spices and herbs in a cool place (not near the oven)—not more than a year for herbs and ground spices, two for whole spices. Whole spices are better than pre-ground; you can grind them in a coffee grinder.

When to add them in cooking: delicate fresh herbs like basil, marjoram and parsley a few minutes before the end of cooking, less delicate herbs like oregano, rosemary and thyme twenty minutes before, whole spices and dried herbs an hour before the end, ground spices and herbs at the end.

Debbie gave us a handout with information about these and other spices and herbs, how they can help reduce fat, sugar and salt in the diet, some good spice and food combinations and recipes for seasoning blends. We gave her a good evaluation. 🍷

Graphic from IMSIMasterClips CD© 1997 IMSI

President’s Message

(Continued from page 2)

Remember the August meeting is on the third Thursday. I have notified the call-in 800-number of our meeting exactly as described on page 3. I suggest you call in early, cut off is 40 people. Don’t forget your walking

shoes. Anyone who needs handicapped assistance please phone me at 732-367-3648 immediately after you’ve made your reservation.

*Bill Ryan, President
Mended Hearts
Chapter #179
A.K.A. Dr. Bill*



**The Mended Hearts, Inc.
Hearts of Jersey Chapter #179
NEW MEMBER APPLICATION**

This is not the approved form. We put the best features of the approved form into our own form. You send us this form, and we fill out the approved form and send it to National.

Membership information: (please print or type)

Name (Mr./Mrs./Ms.) _____ Phone () _____
 FOR FAMILY MEMBERSHIP — other member (one only): Alt Phone () _____
 (Mr./Mrs./Ms.) _____ Email: _____
 Address _____ Preferred Contact: Phone Email Mail
 _____ Would like to visit patients
 City _____ State _____ ZIP _____ Help with other activities
 Preferred meeting time: Day Evening Place: JSUMC, Neptune OMC, Brick RMC, Red Bank

Medical/Demographic Information: (Optional—no application is denied based on information below)

YOURSELF

Date of Birth _____ Retired Yes No
 Vocation _____
 Interests _____
 Are you a: Physician RN Health Admin
 Other health professional Caregiver (not professional)
 Heart patient? Date of Surgery/Treatment _____

Please enter one date (month/day/year) and initial here _____ to let us list your name and dates on page 2.

PTCA Atrial Septal Defect VALVE:
 MI Pacemaker Aortic
 Aneurysm Transplant Mitral
 Bypass (how many _____) Other _____ Pulmonary
 Tricuspid

THE OTHER MEMBER

Date of Birth _____ Retired Yes No
 Vocation _____
 Interests _____
 Are you a: Physician RN Health Admin
 Other health professional Caregiver (not professional)
 Heart patient? Date of Surgery/Treatment _____

Please enter one date (month/day/year) and initial here _____ to let us list your name and dates on page 2.

PTCA Atrial Septal Defect VALVE:
 MI Pacemaker Aortic
 Aneurysm Transplant Mitral
 Bypass (how many _____) Other _____ Pulmonary
 Tricuspid

Membership Dues: Includes national dues and \$5.00 annual chapter dues. National membership includes subscription to *Heartbeat* and one insignia pin for an individual or two for a family membership. Chapter membership includes subscription to *The Jersey Heartbeat*. Dues less \$10.00 are tax deductible.

Annual Dues Payment

	First Year	Renewal*
Individual:	\$ 22.00 <input type="checkbox"/>	\$ 17.00
Family:	\$ 29.00 <input type="checkbox"/>	\$ 22.00

National Life Membership

	First Year	Renewal*
	\$ 155.00 <input type="checkbox"/>	\$ 5.00
	\$ 215.00 <input type="checkbox"/>	\$ 5.00

Dues Summary:

First Year Dues \$ _____ (check one box in table above)
 Contribution \$ _____ (optional—tax deductible)
TOTAL \$ _____ (enter total here).

* Current members will receive a renewal notice in the mail from the national office each year three months before the renewal date. National Life Members pay chapter dues annually but will not pay any further national dues.

Please write check for the TOTAL to:

Send to Chapter Treasurer:

Martin B. Brilliant
39 McCampbell Road
Holmdel, NJ 07733-2232

Hearts of Jersey Chapter #179
The Mended Hearts, Inc.
72 Newbury Road
Howell, NJ 07731

FIRST CLASS MAIL

General Meeting
Thursday, August 20, JSUMC
Executive Meeting
Thursday, September 3, JSUMC
See page 3 for details

The Mended Hearts

is a support organization consisting of heart patients, their families, health professionals, and other interested persons. The focus of the organization is members visiting heart patients in hospitals as living examples of survival and recovery.



Not all members visit. Many contribute in other ways. YOU are invited to scan the list of officers and committees and let one of us know how you can help.

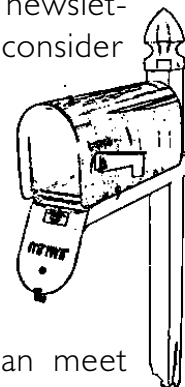
Your Last Issue?

If you are a member, the national office will send you a renewal notice three months in advance of your due date. You will receive the newsletter for a few extra months while you consider renewing.

If we visited you in the hospital, we will send you the newsletter for three months while you recover.

Whether or not you are a member, you and your family are invited to attend our meetings, where you can meet others who share your experience. Programs are selected to be of interest to heart patients.

Members receive this newsletter each month. There is an application form on the opposite side of this page.



Don't throw this copy away!

Please pass it along for someone else to read.