

The Jersey Heartbeat



Message from the President

October 2009

I've never seen it fail, toward the end of September, specifically the 22nd day of September at 5:18 p.m. it happened again. I'm referring of course to the autumnal equinox, one of two days annually when the daylight hours and the nighttime hours are equal. At exactly 5:19 p.m., the leaves started falling off the trees. Another polite name for this day is the first day of fall.

Those of you that are long time readers of my president's message may remember back in September of 2004 I wrote about my long time golf partner and good friend, Patrick Quinn of Albany New York who was celebrating the 25th anniversary of his bypass surgery. At that time, I com-

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mented about his dedication to keeping physically fit and in training for competition swimming. There has been a great deal of that over the past five years. This year Patrick celebrated the 30th surgiversary by becoming the US Masters two-mile open water cable-swimming champion in his age group (75 -79). It all goes to prove there is no substitute for active physical exercise. So

why aren't you doing more aerobic exercise?

Another friend of mine, a confirmed couch potato sent me a few anti-exercise comments about the importance of walking. Things

like "my grandfather started walking 5 miles a day when he was 69. Now he is 97 and we don't know where the heck he is." Another one of his little gems talks about "the advantage of exercise every day so that when you'll die they can say; doesn't he look good." He wrapped it up in the statement "every time I hear the dirty word, exercise, I wash my mouth out with chocolate."

You may recall that I'm a confirmed chocoholic, it's difficult not to overdo, particularly when the medical community keeps supporting my habit. A recent New York Times article (September 15, page 6D) described the heart benefits of chocolate. I should note very specifically is it written for non-diabetic patients. The article goes through the procedure followed in the analysis of the patients being studied. It indicates that all of them had been hospitalized for their first heart attack prior to the study. They noted a significant reduction in cardiac deaths over the period of the study. I found the conclusion most interesting: "while the chocolate eaters in the study

(Continued on page 2)



Annual renewal dues will increase in January 2010 and will become the same as first year dues.

President's Message

New Members

anonymous Sep 17
 Morris Wrubel Sep 17
 anonymous Sep 24



Birthdays

Frank Montalvo Oct 11
 Kathleen Roache Oct 19
 Edward Beckenstein Oct 21
 Bruce R. Braender, Sr. Oct 24
 Harry Breckenridge Oct 28
 Walter H. Perkins Oct 29



Surgiversaries

Joseph Johnson Oct 1
 John E. Mack Oct 1
 Martin Rosen Oct 1
 Allan N. Zucker Oct 3
 Emidio A. Caruso Oct 7
 Arnold Lomita Oct 8
 William N. Germinario Oct 9
 Michael Gergel, Jr. Oct 18
 Ron Fiala Oct 23
 Matthew M. Klug Oct 23



Visiting

September 2009:
 139 patients and
 82 family members
 visited



*If you want to be listed here, or
 would rather not be...*

Please contact the Treasurer.

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 IMSI MasterClips CD © 1997 IMSI

(Continued from page 1)

had a statistically insignificant reduction in the risk of death from any cause, over an eight-year span, the reduced risk for dying of heart disease is highly significant. Additionally the results were dose dependent—that is the more chocolate consumed the lower the risk for death.” I always like reading articles with a positive outlook.

For more along the line I picked up a copy of a small booklet titled “Health Monitor at Home,” I found one article of particular interest dealing with microwave cooking. We sometimes assume if the package says “cook in the microwave on high for five minutes” that the package must know what it’s talking about. This article suggests the use of a food thermometer to test the results of the microwave cooking particularly poultry and meats dinners. They point out the hazard of bacteria that may cause food poisoning unless the actual temperature of the food reaches 165°. The article suggests that you rotate and stir to be sure there are no cold spots left in the food. I found it particularly interesting that you must always observe the standing time indicated on the labels. Apparently, the food is still cooking during that period. I always thought the standing time was so that you wouldn’t burn your tongue. I

(Continued on page 10)

Mended Hearts Chapter # 179

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Leonard Talalai

General Meeting

Thursday, October 22
12:00 noon

Speaker and program
To be announced

Room B-104
Jersey Shore University
Medical Center, Neptune

A light lunch will be served

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

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**

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

Executive Meeting

First Thursday
November 5, 1:30 PM

Conference Room
4th Floor Ackerman
Jersey Shore University
Medical Center, Neptune

*Interested members are
invited to attend*



Graphic © Pages Editorial Service, Inc.

Celebration of the Heart

Friday, December 11, 12:00 noon to 4:00 pm
midday dinner, music, door prizes

Entertainment by the
Barbershop Chorus Matinee Idols

Save the date!

Borders and clipart on this page from
IMSI Master-Clips CD © 1997 IMSI

Seriously:

We obviously need a **Program Chairperson** to arrange speakers and programs for the chapter meetings at Jersey Shore University Medical Center. Somebody who can be there regularly might find it easier to be effective. Contact Bill Ryan: 732-367-3648, drbillryan86@alum.rpi.edu.

Another Study for Skeptics

Martin
Brilliant

Four months ago the so-called “Eco-Atkins” diet made a splash with the publication of a study in the *Archives of Internal Medicine*.

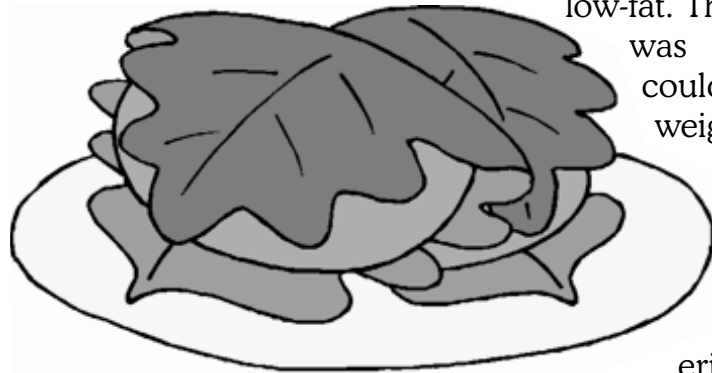


The “Atkins” diet is a low-carbohydrate, high-protein diet that typically includes unhealthy amounts of saturated fat from meat, which the “Eco-Atkins” diet avoids by relying on vegetable sources of protein.

percent from protein (mainly wheat gluten and soy), 42 percent from fat; vegan (no animal products), supplemented with vitamins and minerals, and more fiber than in the other diet.

Low-fat: 58 percent of calories from carbohydrate, 16 percent from protein, 25 percent from fat; vegetarian but not vegan because protein sources included egg white and low-fat or fat-free dairy products, less fiber, and no vitamin or mineral supplements.

Information from
various sources on
the Internet



The study compared two vegetarian diets, one low-carbohydrate, high-protein, the other high-carbohydrate, low-fat. The reported result was that both diets could reduce body weight, but only the low-carb diet lowered cholesterol and LDL and it was more effective in lowering blood pressure. Although the study was small—only 22 subjects in each diet group completed the four-week program—the design was properly randomized and the results were said to be statistically significant.

But a look at the details suggests that other factors may be at work. The two diets were:

Low-carb: 27 percent of calories from carbohydrate, 31

Apparently the study authors not only turned the tables, but overturned the tables. Where the Atkins diet has more animal content than its rivals, their high-protein diet has less. Not only that, it has more fiber and includes vitamin and mineral supplements.

We know fiber is good, we know vitamin supplements can be helpful, so it's not clear what difference the proportions of the nutrients might have made. To me, your editor, the big news is simply that the better diet had no animal products at all.

Something funny happened on the way to the study design: Solae, LLC, a company in the soy-based food industry, supported the study and employs two of the study authors. Can any study be trusted? 🍀

Health Items from *Pages*

TO LOSE WEIGHT, LIMIT 'LIQUID CALORIES'

Researchers at Johns Hopkins University studied the difference between a 100-calorie reduction in foods vs. a 100-calorie reduction in sweet drinks such as soda.

Study subjects who reduced calories from sweet drinks lost more weight than those who reduced the same number of calories from food.

Possibly because of metabolic differences, limiting "liquid calories" was more effective.

GET MORE FIBER FOR BETTER HEALTH: IT'S EASY

If you need fiber but don't like broccoli, and black beans make you look the other way, you can skip them. There's a big list of other foods to choose from.

Fiber helps to move food through your digestive system. On the way, it can improve your cholesterol numbers and lower your blood sugar. It also does things you don't regularly talk about such as reducing the risk of constipation, hemorrhoids and

diverticulosis.

Most Americans get only 15 grams of fiber a day instead of the 19 recommended for women and 38 for men. If you're 51 or over, it's 21 grams for women and 30 grams for men.

- Fruits and nuts provide a gram or two per serving, but the Mayo Clinic says pears, apples, raspberries, bananas and oranges have 3 to 5 grams.
- Among vegetables, you will get 4 to 5 grams from just a half cup of green beans, squash, baked beans or sweet potatoes.
- Some common cereals are good choices. Two shredded wheat biscuits, for example, have 5.5 grams, and a cup of Post Raisin Bran has 7.1 grams.
- If you really want to catch up on your fiber intake, some products are designed to do just that:

Kellogg's All-Bran Buds,
1/3 cup, 12.9 grams

General Mills Fiber One,
1/2 cup, 14.2 grams

Post 100% Bran,
1/3 cup, 8.3 grams

Kashi GoLean,
1 cup, 10.2 grams

General Mills Fiber One,
1 bar, 9.0 grams

For a snack: 3 cups of popcorn has 3.3 grams.

*Reprinted from
Pages Magazine*

Pages Magazine is an online resource for newsletter writers that Mended Hearts makes available to chapter newsletter editors.

NEVER EXERCISED? STARTING LATE STILL PAYS BIG DIVIDENDS

You've heard about it, read about it, and vowed to start ... some day. Now you might think it's pointless, but experts at Tufts University say it's never too late to start exercising.

If you're at mid life and your tennis shoes are just for show, you can still begin to get your body moving. Your condition will improve with every step along the way.

Check with your doctor to see what type of activity is recommended for you. With exercise, you will soon begin to feel stronger and you will improve your quality of life now and in years to come.

Over two decades, Swedish scientists studied a group of people including those who were new to exercise and those who exercised regularly.

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September Meeting at Ocean

Carla
Jones

As we arrived, we made a bee line for our heart healthy lunch—tuna or turkey sandwich, salad, bowl of fresh fruit, and a special sweet treat—oatmeal cookies. We are very lucky to have such a sensitive, caring Dietary Dept.

Diane JanTausch welcomed us and introduced our guests speaker—Debbie Dobies—RD, Community Education. Her topic was Herbs and Spices and how they can add taste and health benefits to our diets.

Most heart patients are on a low sodium diet. So how can we “spice” up our foods? Very simply, by using spices and herbs. Debbie (and her hand-out) suggests some very helpful and easy-to-do methods of adding them to our diets. And the good news is that you can grow your own herbs, especially during the summer months. They also make a great gift and they usually have a pleasant aroma.

Spices come from tropical plants and trees: bark (cinnamon), buds (cloves, saffron), seeds (mustard, poppy, sesame), berries (black pepper), and fruit (allspice, paprika).

Herbs are leaves of low-growing shrubs: parsley, chives, marjoram, thyme, dill, oregano, rosemary, savory, sage, celery leaves—used dried (whole, crushed or ground) or

fresh.

Spices and herbs can add flavor to foods while helping to cut back on dietary fat, sugar and salt. Some of the other reasons for using spices and herbs are or were as preservatives (before refrigeration), antifungal, improving taste, digestive aid, preventing pain, controlling gas, anti-nausea, anti-cancer (e.g., colon), antioxidant, smooth-muscle relaxant, anti-inflammatory, and soothing irritable bowel syndrome

A partial list of herbs and spices, their history, and their benefits....

Editor’s note: Because Debbie gave this talk at Riverview in July, and we reported it in the August newsletter, the list will not be repeated here.

Debbie provided much more information, her hand-outs were very informative—and she has a great sense of humor. A suggestion—buy yourself a good reference book about herbs and spices, the background of each, history, which go best with which foods, how to substitute for other seasonings, when to add in the cooking process, how to store and how long to keep.

Herbs and spices are a tasty and healthy way to add zest to our diets. Thank you, Debbie, for giving us so many helpful suggestions and opening our eyes to the joy of Herbs and Spices. 🍷



Debbie said we had too many pictures of her, so we can use this projected image to identify her.

September Meeting, Riverview

Sheila Turkel opened the meeting and announced that the scheduled speaker couldn't come, but she had arranged for Suzanne Bird, from Innergize Studio, to give a lecture. Suzanne gave her presentation here in May of last year (and at Jersey Shore the following August), but with interference from a loud meeting in the next room, and without the background music and dim blue lighting. Sheila also announced the Heart Walk on October 4, and reminded us that the November meeting is on the third Thursday—not on Thanksgiving Day! The scheduled speaker for that meeting is Debbi Shar on sleep deprivation—60 percent of the population is sleep deprived.

Suzanne started some slow oriental flute music, turned down the lights, and began to instruct us in Jin Shin Jyutsu, an ancient Japanese relaxation technique that was rediscovered by Jiro Murai about a century ago. Around World War II, a Japanese-American named Mary Burmeister visited Japan, studied under Jiro Murai, and returned to the U.S. to teach Jin Shin Jyutsu. Her daughter-in-law put together a book, *The Touch of Healing*.

All you need for Jin Shin Jyutsu is your hands, your fingers, and your breath—which are always with

you. Wherever you are, you can hold your fingers to relax.

Suzanne told us to wrap the fingers of the left hand gently around the right thumb, become aware of your breath, relax, drop the shoulders. Exhale from the top of your head, down the front of your body to your toes, then inhale up your back to the top of your head.

We proceeded in this way through all five fingers, a few minutes on each. Each finger has its own special properties:

- The thumb releases worry and harmonizes the spleen and stomach energy patterns (not just the organs but their larger patterns).
- The index finger releases fear, and harmonizes the kidney and bladder energy patterns.
- The middle finger releases anger, and harmonizes the liver and gall bladder.
- The ring finger releases sadness, and harmonizes the lung and large intestine energy patterns.
- The pinky releases pretense and harmonizes the small intestine, and also the heart; hold it on the way to the ER or surgery.

Besides the fingers, there are areas along the body called safety energy locks. Gently hold the part of your hand between your thumb

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Martin
Brilliant



Suzanne gave her talk in a dim blue light ...



... but she brightened up afterward.

Photos by Martin Brilliant

Heart News and Notes *Martin Brilliant*

Daily Aspirin: Not For the Healthy

Information from
theheart.org and
medicalnewstoday.com

Peppery Pain Cream May Help Heart Attack

Information from
medicalnewstoday.com

Smoking Bans Slash Heart Attacks

Information from
medpagetoday.com
and theheart.org

Not for the merely diabetic, either. Patients who have already had a coronary event should definitely take daily aspirin. The question is whether patients who are at risk but have not had a coronary event should take aspirin to prevent one.

The answer, as reported late this August to the European Society of Cardiology (ESC), is “No.” In a study in Scotland of 3350 patients whose low ankle-brachial index (ratio of blood pressure in the leg and arm) indicated atherosclerosis and high risk of heart attack, those

Capsaicin is the active ingredient in chili peppers that gives them their heat. It’s also the active ingredient in several over-the-counter creams used to relieve pain, such as arthritis pain.

Research on mice at the University of Cincinnati has shown that applying capsaicin to certain areas of their skin triggers a protective reaction that reduces heart muscle death during a heart attack. A similar effect occurs when a small inci-

More from the ESC 2009 Congress: When Iceland banned public smoking nationwide in June 2007, a research group found that ACS (acute cardiac syndrome, which includes unstable angina as well as full heart attack) dropped 21 percent in the next five months—in men, not women.

Another group, after Italy banned public smoking in January 2005, saw a 6 percent decrease in hospital admissions for coronary

who took aspirin had just as many coronary events as those who had a placebo, and had more major hemorrhage events.

At the same conference two experts independently cited similar results from studies last year of use of aspirin for diabetes patients. One pointed out that diabetes increases not only the risk of heart disease but also the risk of bleeding. Aspirin is recommended for such patients even if they have not had a heart event, but the studies showed no preventive effect. ❤️

sion is made on the abdomen. The researchers suggest that the skin not only provides physical protection for the body but also sends nerve signals that arouse system-wide protective action. This mechanism might explain the effect of acupuncture.

Pending further study, rubbing capsaicin cream on your belly if you have a heart attack is not recommended. ❤️

events in the next 30 months, affecting men and women under 70. Supposedly older people spend less time in smoky places.

A meta-study reported last month in *Circulation* found that smoking bans in public spaces in Europe and North America were followed by an overall drop in heart attacks of 17 percent a year later, and 36 percent three years later, compared with places with no such bans. ❤️

Four decades ago—more exactly, 1967 to 1970—a British research group examined some 19,000 men aged 40 to 69 who worked in civil service in London and classified them according to three cardiac risk factors: smokers or non-smokers, high or low blood pressure, and high or low cholesterol. Twelve years ago the survivors—about one-fourth of the group—were examined again. The results of a 38-year followup were published last month in *BMJ*.

Life expectancy at age 50 was 10 years shorter for those who had all three risk factors at the start of

A research group in Denmark—looking for measures of heart disease risk other than BMI and waist/hip ratio—measured the thighs of 2,816 people and reached a surprising conclusion. Those with bigger thighs had fewer coronary events in the next ten years, and lower mortality from all causes in the next 12.5 years—up to about 60 cm (23.6 inches). Bigger thighs

The Mediterranean diet is like ours upside down: lots of vegetables, fish and olive oil, all of which we tend to avoid. But both diets share coffee, which contains caffeine. Caffeine at high levels has been associated with ventricular arrhythmias, but less is known about diet and atrial arrhythmia.

An Italian research group compared 400 patients at their first diagnosis of atrial fibrillation (AF) with 400 controls. The AF patients drank more coffee and followed the Mediterranean diet less closely,

the study than for those who had none. Among those who were re-examined, about two-thirds of the smokers had quit almost immediately. The average difference between the high and low group for both blood pressure and cholesterol had dropped by two-thirds. These were the survivors; we don't know about the others.

All three of the risk factors studied are modifiable, and all affect life expectancy. The researchers concluded that we can make changes, and the changes can add years to our lives. ❤️

than that gave no benefit.

Experts are debating the meaning of these results. Thin thighs might be a sign of prediabetes. Low muscle mass might be a risk factor, or scarce subcutaneous fat might be related to poor metabolism of glucose or lipids. And maybe a ratio of thigh size to body size would have been more useful. ❤️

consuming more red meat and full fat milk products. They had a smaller intake of antioxidants, more from coffee and less from wine, fruits and vegetables. Total calorie intake was about the same in both groups.

The researchers concluded that higher caffeine intake is associated with a higher risk of AF. They also noted that AF is more likely to develop when someone who doesn't habitually drink coffee starts to consume large quantities. ❤️

Risk Factors and Life Expectancy—The Whitehall Study

*Information from
medicalnewstoday
theheart.org and
bmj.com*

Thin Thighs May Hurt Heart Health

*Information from
medpagetoday.com*

Coffee, Mediterranean Diet, and Atrial Fibrillation

*Information from
medpagetoday.com
and theheart.org*

President's Message

(Continued from page 2)

learn something new every-day.

A parting thought, if you haven't had a flu shot yet it's time to make an appointment

with the doctor, flu season is on its way.

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

Graphic from IMSIMasterClips CD© 1997 IMSI

Health Items from Pages

(Continued from page 5)

At the five-year point, those who were sedentary at the beginning of the program had the highest mortality rates.

After 10 years, however, people who began exercising at age 50 had a mortality risk as low as those who had exercised all their lives. ❤️

Graphic from IMSIMasterClips CD© 1997 IMSI

September Meeting, Riverview

(Continued from page 7)

and index finger. That's lock 18; it quiets the mind. Lock 17, the bump on the wrist below the pinky, eases panic. Lock 19 is the crook of the elbow; holding both is a position of balance and also releases the upper back.

In ancient times (Suzanne read from the book) traditional people saw no distinction between body, mind and spirit. Consequently the practices they used to assist the body promoted physical, emotional and spiritual wholeness. The concept of a life energy that pervades the universe is unfamiliar in the Western world.

There are no strict rules for how to use Jin Shin Jyutsu. You can hold any finger, left or right, in any position. The fingers are the jumper cables of your energy battery; just hook

them up.

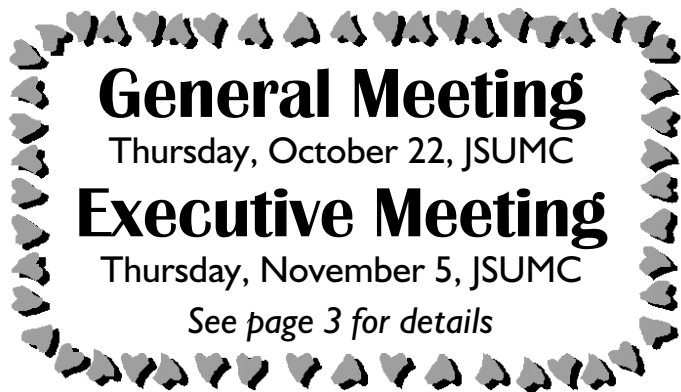
One of the most important things we can do for ourselves is to take thirty-six conscious breaths a day.

To close the session we held the energy center in the center of our palms, either palms together, or a finger or thumb on each palm. The palms regenerate the entire being.

Morristown Memorial Hospital is using Jin Shin Jyutsu in the cancer ward and has a grant to study its use in the cardiac ward. They are experimenting with using it before and after cardiac catheterization to see if it reduces pain, speeds recovery, or lowers the need for medication. The patient lies on a massage table or sits in a chair, fully clothed, while a practitioner holds their fingers or other areas of the body. ❤️

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

FIRST CLASS MAIL



General Meeting

Thursday, October 22, JSUMC

Executive Meeting

Thursday, November 5, 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.

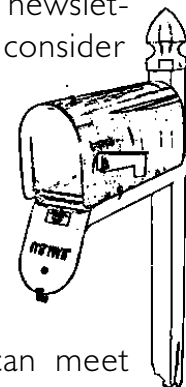
Your Last Issue?

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.