

May, 2015

Put Old on Hold

e-Magazine

Advocating Balanced Lifelong Growth and Productivity

Barbara Morris

You Have A Choice

Michael E. Platt, M.D.

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Risky Is It?**

Lura Zerick

**Trouble Makers In
Life**

Joyce L. Shafer

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The Past?**

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You Have A Choice

By Barbara Morris



There is a difference between **getting** old and **being** old but most people don't think about it because it takes "active awareness" to recognize the difference. The question is, when you are aware there is a difference, how do you make that awareness work for you?

Let's start here:

Accept that **getting** old is inevitable and unavoidable. You can't do a thing about the passage of time but you can choose not to **be** old. The difference between "getting old" but not "being old" is HUGE.

Getting old is easy. It requires absolutely no effort. Just let life happen. Choosing not to **be** old requires the ability to manage your mindset, lifestyle, personality, as well as your desire (or lack of) to continue to grow and produce. It really helps if you have a pit bull disposition that drives you to a specific goal.

Getting old starts with acceptance and adoption of the traditional retirement lifestyle and accompanying "senior status". I realize I keep harping on that but you have to get it in your head --- you have to realize that you can decide not to become a "senior". Choosing to live as a senior reorients the mind from that of a growth oriented producer to adopter of culturally defined "senior" thinking and behavior. It is an express ticket to **getting** old mentally and physically. It happens rapidly because the human mind and body require effort and challenge to avoid deterioration. Unless you stay constantly aware that you have a choice, and you focus on maintaining that choice, it's easy to slide into the senior lifestyle because the leisure oriented senior lifestyle is so pervasive and inviting.

I'll say it again: Little accelerates **getting** old faster than accepting and internalizing that you are a "senior". Embedded in that one word are negative images, presumptions and expectations for how you are supposed to be and live at your age. As an unaware senior you start

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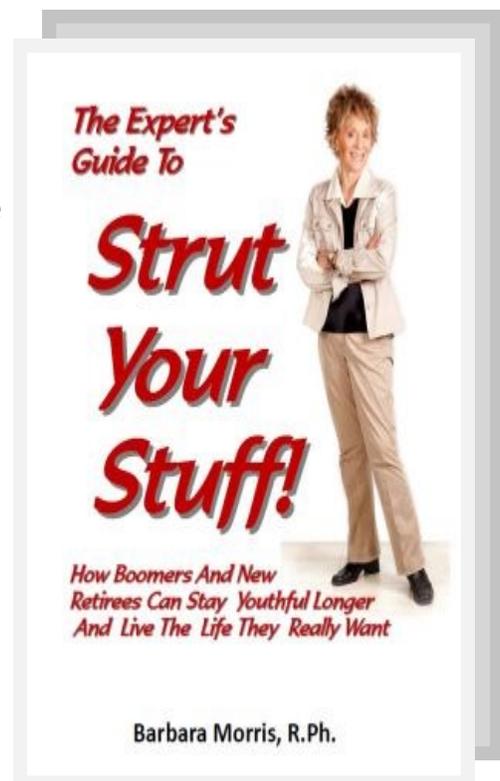
"living" in anticipation of death. The "anticipation of death" syndrome is a big deal. You constantly have to fight it. For example, if you want to do something new that requires a lot of preparation time, it's easy to think, "I'm 86 years old. Do I really want to bother working to get my real estate license since I probably won't live long enough to reap the fruit of my labor?" That's "living" in anticipation of death. A better way to think is, "So what if I don't live long enough to enjoy the result what I want to do. I'll have fun doing it and I'll be helpful to others." That is living in anticipation of life.

When you consider yourself a senior there is a tendency to regress to group oriented dependent teenage type thinking and behavior. It's very limiting. Ask most any resident of "seniors only" housing about clannish behavior of residents. If you are a widow, appear younger than the diva of "clan in charge" or have a boyfriend, or perhaps have a bit more spending money, you may be "shunned" and not invited to participate in group activities.

To fit in, seniors join "seniors only" groups, read "seniors only" publications, congregate at "senior centers". You are no longer part of the larger world. You are different. The larger world doesn't particularly like you, but that's okay; you follow the prescribed senior protocol and find comfort and security in it. It's more than limiting; it's stultifying.

People who choose not to **be** old don't follow traditional rules about living and aging. They thumb their nose at customs and outdated traditions that have failed to keep pace with the reality that we are living longer healthier lives, and that previous limiting beliefs about the physical and intellectual capacity of chronologically old people are not valid, and never were.

This is not intended to offend those who have chosen the traditional retirement lifestyle. To each his or her own. Many get to retirement age mentally and physically worn out and just want to be left alone to enjoy what is left of life. If you are not among them, and are ready for more years of productive living, just be aware that you can choose not to **be** old. But you do have to make your decision before you are sucked into the traditional retirement system and no longer have the ability to choose.



Testosterone: Just How Risky Is It?

By Michael E. Platt, M.D.



Two recent studies have indicated that testosterone replacement therapy causes a significant increase in the incidence of heart attacks, death, and strokes. As a result, the FDA is planning to investigate whether there should be concerns about the use of testosterone.

Let me start by providing some facts:

- 1) Nearly 100% of men who have heart attacks have been found to have low testosterone levels.
- 2) The heart has more testosterone receptor sites than any other part of the body.

3) Studies done at the NIH have demonstrated that men with massive heart attacks go into severe congestive heart failure (CHF). However, those men given testosterone at the time of admission to the hospital never went into CHF.

4) There have been studies that have shown that atrial fibrillation has been eliminated by using testosterone.

There are many urban legends in medicine. One of the more prominent of these mistruths is that testosterone causes prostate cancer. I now suspect that we have a new urban legend about testosterone in the making. When looked at logically, one might ask following: if testosterone causes prostate cancer as well as an increase in the incidence of cardiovascular disease, then why is it that males in their late teens do not have these problems at a time when testosterone levels are highest? Another point to consider is that those men with the highest testosterone levels have been found to have the lowest incidence of prostate cancer.

It is a known fact that testosterone can easily convert into estradiol, the strongest of all the estrogens. It is also known that estrogen can not only cause vascular problems, but is also the underlying cause of prostate cancer in men. Even though there are easy ways to prevent this conversion of testosterone into estradiol, I suspect that many doctors prescribing testosterone fail to consider potential problems related to estrogen. It may also be that the two recent

studies failed to consider this as well.

This scenario is possibly more problematic when it comes to older men because they are more likely to convert testosterone into estradiol. I suspect, that the majority of men involved in these two studies might have fallen into this category.

I would also like to point out that the majority of doctors who prescribe testosterone are actually treating lab test. When it comes to hormone replacement, it is my feeling that you can never go wrong treating a patient, but you go wrong treating a lab test. Consider the following: testosterone is released early in the AM, usually around 2-3 AM. Many men experience morning erections around this time or a few hours later. The absence of morning erections is actually the most reliable indication of a low testosterone level. Instead, doctors rely on a blood test that is taken hours after the hormone has been released, by which time it has attached to many receptor sites thereby lowering levels that can be reliably assessed in the blood. As a result, a low level is noted and testosterone is possibly unnecessarily prescribed.

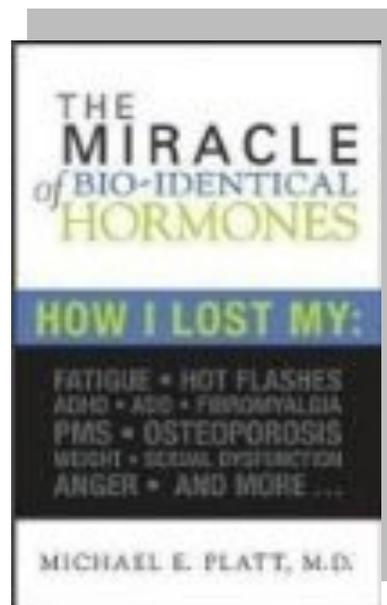
Another concern is that the recommended application sites for testosterone are often wrong. In fact, one pharmaceutical company recommends that it be placed in the axilla (armpit). The problem here is that there is an enzyme, alpha-reductase, located around hair follicles that is able to convert testosterone into dihydrotestosterone (DHT). Is it possible that this is a factor contributing to problems of a cardiovascular nature?

I should also mention that, for the most part, traditional medicine has ignored the need that women have for testosterone. In a previous

blog I have mentioned that heart attacks are the number one cause of death in women. In fact, it occurs as a cause of death six times more commonly than any other cause. I suspect that it is actually a low testosterone level in post menopausal women that is contributing to this.

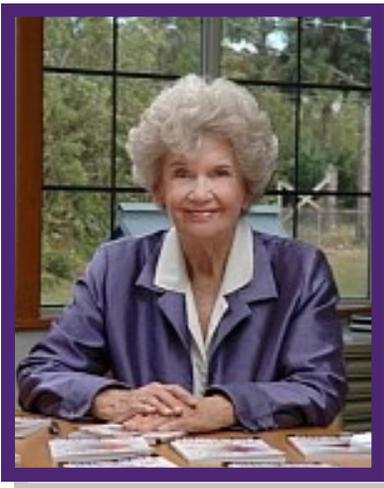
For those interested in learning more about **hormones**, including testosterone, I would recommend my book "The Miracle of Bio-identical Hormones" available on Amazon or on my website: <http://www.plattwellness.com>.

A more in-depth discussion of hormones can be found in my manual for healthcare practitioners which is a companion to the book. It is called "The Platt Protocol for Hormone Balancing", and is available only on my website. It includes a safe and effective way of using testosterone cream that not only is more effective for erectile problems, but is also healthier from the standpoint of the heart.



Trouble-Makers In Life

By Lura Zerick



I remember in high school (class of 1947), there was always at least one who voted against whatever the rest of the class agreed on. I even remember WHO it was; the one who never agreed with the rest of us. Sadly, that is often true in families also. It seems that there is one who is always ‘stirring’ up a problem or making trouble between other members. This can cause such grief and no one understands *why*. We are only aware of the truth of it.

We react differently when this is a family member. If a neighbor or an acquaintance caused a problem, it would be easier to overlook or ignore. When it is one of the family, not only does it hurt more, but we hesitate to show our true reaction. Sometimes we pretend it is nothing, really, but inside we have been damaged by the words or actions of someone we care about.

These individuals, however, don’t seem to notice the harm they have caused. They often go on their selfish way, on to the next time they can strike. Sometimes we can never get close to the family member with this attitude. Usually these individuals are not close to anyone; they seem to prefer to be alone. At least that is the idea they project to others. After a while, we stop trying. We learn that one can’t force others to be friendly, even family members.

It is a heartbreaking experience for families who long to be close to each other. It is so difficult to accept the words or actions one 'of our own' who seems determined to cause trouble between other family members. We never understand WHY and we never know WHEN these might strike again or HOW they might go about their efforts, seemingly to damage the family. All we know is that it happens. Anytime is too often.

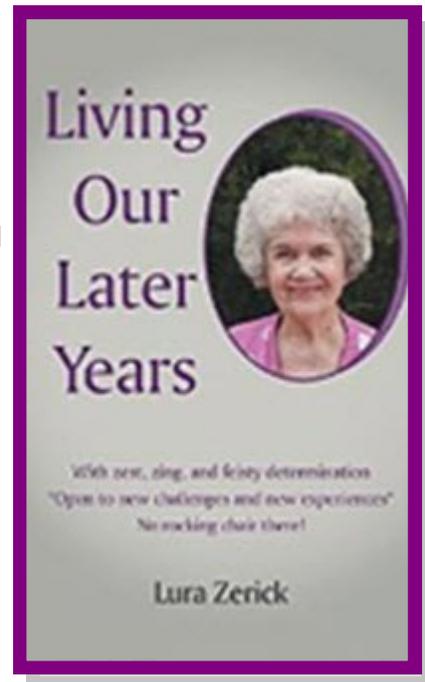
What can we do about it? Nothing, unless we sever all contact with that person. We still love them but sometimes we don't LIKE him/her. When there are family get-togethers, we learn, in a nice way, to avoid that person. This isn't always possible; these can make sure that we *can't* avoid them.

Why would they do this? Maybe these individuals enjoy the problems they cause. That might be the only excitement in their lives. Maybe causing a problem allows them to feel 'powerful' in some way. They seldom act as if they regret their words or actions. Their attitude doesn't make us eager to forgive, even though we know that we must.

The end results are that we, in the meantime, realize those we can trust and those we can't -- even within a family. We can't trust everyone. That can be a difficult lesson to learn but time often teaches us the things we need to know.

Make certain that *you* are not the one who causes trouble between family members. Whatever the reason, it happens too often and is a painful experience for all involved.

83-year-old Lura Zerick is the mother of 5 adults, grandmother of 12 and great-grandmother of 7. She was born and raised in the Florida Panhandle. After living in Miami, Atlanta, Tampa and other cities, she now lives on six acres of woods in S.E. Alabama, near Geneva.



How Do We Release ThePast?

By Joyce L. Shafer



How often we hear that it's important and freeing to release the past. But, how exactly do we do that? If doing this hasn't been easy for you, maybe this will help.

I've recently written about thoughts that have come to me from Catherine Ponder's book, *The Secret to Unlimited Prosperity*, which as I stated before, *isn't* solely about prosperity. This is because prosperity is not just about money; it's about health, well-being, personal and professional relationships, success, and more. This means that thoughts of lack about any one of these will more than likely affect one or more of the others, as well as the big picture of your life. It's just like when you're unwell or tired: you aren't as proficient and efficient as when you're well and rested. Where do thoughts of lack *originate* from? Only one place that I can think of: **the past**. For a better now and future, you must stop living in and based on the past, and begin to live where and when you are: now.

I've included segments from Ponder's book in previous writings, but a few of them are so significant to releasing the past, I'm going to provide them again according to how I add personal meaning to them. Ponder stated that those who have released the past and have accepted mentally the possibility of good are those who get results. First of all, that's like the chicken and the egg to me. Do you first release the past so that you can mentally accept the possibility of good or does this happen the other way around? Perhaps they happen in gradual measure simultaneously. Doing one should certainly result in the other, whichever order they happen in; maybe you bounce back and forth between the two. However, this is not something to focus on; I just find it interesting to give it a glimpse. It's more important to do both, no matter the order or process.

Ponder asked, "Are you so attached to old patterns of living that you cannot get along comfortably without them? Are you emotionally attached to lack and illness?" If we hang on to the past and or thoughts of lack in any area of our life that happened or originated in the past, we *are* attached to that way of thinking, like it or not. Well, ouch. So, perhaps say instead, "I now attach myself to improved circumstances and thoughts about this. I now attach myself to abundance, prosperity, and well-being and thoughts about this. I am no longer hypnotized by appearances, especially from the past. I now mentally accept better circumstances as mine and my right."

She also asked (and here, I add some words of my own), If you truly want abundance, prosperity, and well-being,

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do you still gain satisfaction from self-pity over your health, well-being, and finances? You must give up something to make way for health, well-being, and prosperity—probably self-pity and bitterness; probably the belief that you have had a hard time. Again: ouch. Let's face it: There will be times when we feel sorry for ourselves, but that's different than taking up residence in self-pity land. And, okay, I can hear, and I completely understand from my own experiences, anyone grouching about that last part she said. What the hell does she mean by calling the fact of a hard time or times in the past a *belief*?! One contemporary premise says you can change your perception about anything (reframe). This is true, but I offer there's something else involved. I'll get to that.

We know that we can't actually release the past—because it no longer exists! Yes, in some instances, there may be physical scars from one or more events that happened in the past, but they are, usually, healed as much as they'll ever be, unless they're still in the healing stage. So, we're really looking at emotional scars. But what is an emotional scar? It can't be seen. We can't take medication for an emotional scar (meds may do some things about emotions or mood, but not what we're ultimately looking for which is natural freedom from their chokehold on us). We can't physically find emotional scars so that we can put a balm on them; so the only place an emotional scar exists is in our memory.

What is memory? Let's consider the fact that every single thing you've ever seen, heard, tasted, smelled, felt, sensed, and experienced is even now holding a space in your mind's library called Memory. This means to experience a memory, you or an outside trigger has to activate it, like pulling up a song on an iPod. So, to experience a memory, you have to **deliberately bring to mind or continue to think, once a thought arises**, about something that's not happening now or has happened yet, but that has already happened. Some emotional scars may require time and even therapy to assist with healing; but eventually, to be free of their effects (not their memory), we have to alter how we think about them and how often. Do we reflect on them at times or

do we allow them to control us?

Practice a thought often enough or with enough emotional attachment and it becomes a belief. A belief is nothing more than a thought you abide by and practice. No thought, no belief. Simply put, you can't have a belief without a thought that supports or nurtures it: Ponder used the correct word. I know you already know all of this; but it takes more than realizing it if you're to release the past: this has to be put into practice.

Now, the ego-aspect may have a problem with all of this because ego tends toward black-and-white thinking, such as, "If I'm to release the past, then that means I have to act as if or somehow convince myself that what happened never happened or wasn't as bad as I've thought." See what I mean? That's a totally unrealistic approach and mindset (spiritual comprehension and resolution can shift perspective about something that happened, but not ego-aspect); yet, the ego-aspect will try to take us into that contradictory experience. And if we don't go there, the ego-aspect will take us on a guilt-trip instead.

The only things about this that you can actually release are your thoughts in the present about the past.

And, in fact, you don't release them: you just don't entertain them when they come up, and they will. Nor do you dredge them up on purpose. Sure, if a thought about something from the past rises to the surface, maybe you should give it a look, maybe ask questions about this. Maybe there's a significant message there that's to help you right now or in the future. But maybe it's a neuronal pathway that's been triggered, and the ego-aspect has slipped an old, scratched album onto the turntable of your mind (any of you reading this too young to know what a turntable is, please look it up on your favorite i-Product).

Negative thoughts about the past do something unpleasant: They cause the body, mind, and emotions to feel as though whatever it is we think about is happening again—*right now*. Down goes our mood. Down goes our health. Down goes our energy. Down goes our en-

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thusiasm. Down goes our ability to attract more of what we truly desire. Down—We—Go...into a form of mental constipation. What we need to realize is that such thoughts “rob us of today’s happiness,” as Ernest Holmes wrote. Or as author Rebecca L. Norrington asks in her book, *RealitySpirituality: The Truth About Happiness*, if something detracts from your happiness, why do it? There’s more to it than that, but you get her point. A lot of what detracts from our happiness is self-inflicted.

It’s obvious that the way we release the past so it stops impinging on our present and future experience is to mentally accept that **different, better circumstances are possible and our right**. Then we entertain *those* thoughts, and do so from a place of inner serenity, as much as we can, and cease *entertaining* any opposing thoughts about this (by entertaining, I mean inviting a thought in and feeding it as you would a guest). This never means that we ignore what should be addressed and adjusted. It means we give up the habit or addiction of *dwelling* on what we’d call the crappy stuff that came before this moment.

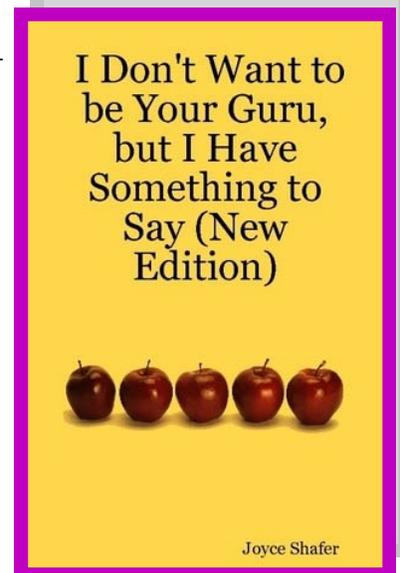
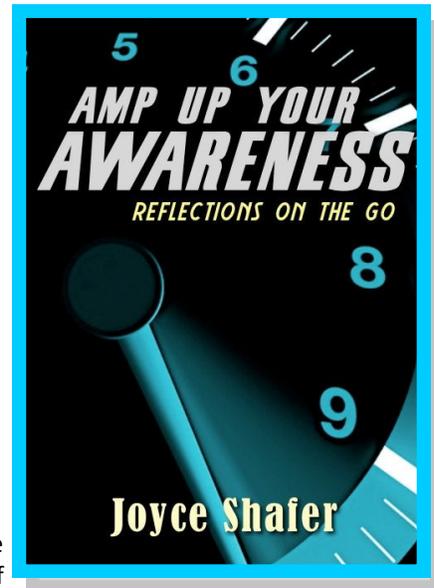
If what happened taught you something, that’s terrific. But sitting in a steaming pile of it over and over again without at least growing one flower in its center is a waste of life force and attracts more of the same or worse, AND it causes you to feel bad (reread the parts about attachment to self-pity and being too comfortable in that place). It’s also obvious that we must pay attention to triggers that cause us to travel down rutted roads yet again and, instead, deliberately take the high road. If you’re fully occupied with and committed to traveling the higher road, you’ll be looking ahead to where you’re going, not back at where you’ve been. It’s a good practice, one you’ll appreciate.

Practice makes progress.

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Joyce L. Shafer is a Life Empowerment Coach dedicated to helping people feel, be, and live their true inner power. She’s author of “I Don’t Want to be Your Guru, But I Have Something to Say” and other books/e-books, and publishes a free weekly online newsletter that offers empowering articles. See all that’s offered by Joyce and on her site at <http://stateofappreciation.weebly.com>



Facebook Folly and Pain Pill Problems

By Barbara Morris



We are living at a time when civility, common sense and decency are in short supply. As just one example, it was recently reported that a pharmacist, annoyed by a customer needing a pain medication refill posted a profanity laced rant on Facebook, calling out the customer for what the pharmacist felt was the customer's impatience. ["Facebook Rant Puts Pharmacist in Hot Water"](#).

A pharmacist working in a retail environment is under constant stress -- it's something you learn to live with and manage. There is no question that dealing with the public can be challenging. It is many times more challenging when dealing with people who are sick or in pain. But venting anger on Facebook is never acceptable for any reason. It's just plain stupid.

For the record, I don't like Facebook except for business use. Nobody cares or needs to know if I went to Starbucks this morning and most people have (or should have) better things to do than care about how others live their daily lives. For some people, Facebook is like a loaded gun they can't resist aiming and firing. It is too great a temptation to use it to share with the world what's on their mind, however inappropriate it may be.

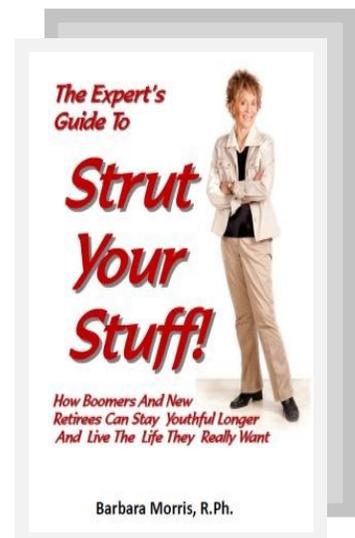
About the pain pill issue. [Last month](#) I expressed my concern about government intrusion into the lives of chronic pain sufferers. The new requirement for a written prescription from a

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doctor for each and every refill of certain pain medications is deplorable. It places an unacceptable burden on the patient, it's an unnecessary nuisance for the prescriber, and creates more stress for the pharmacist who bears the brunt of patient anger when the pharmacy is out of stock as a result of government interference.

What is so irritating is that anyone looking for a hydrocodone type medication (Vicodin, Norco) can find it on the Internet or on the street. It will be expensive and may not be the real thing and might even be harmful but the point is, if you want it, one way or another you can find what you want - without a prescription. This was made clear on a recent Dr. Phil show that featured a woman allegedly addicted to pain medication. Not only was she taking it to control pain, she said she needed it to help her cope with other issues in her life. Dr. Phil asked where she was getting the medication in excess of what the doctor prescribed. Her ex husband (she was trying to get him out of her life) was buying it for her on the street! The bottom line is that curtailing legitimate patient access to needed pain medication is creating more problems than the government can solve. If the government really wants to control drug use perhaps it should step up efforts to stop the influx of drugs coming across the border.

For all of the valuable and beneficial uses of social media, I can't help but think life was a bit more sane before its development, and life was certainly a lot less stressful before the government decided to control the degree of pain that sufferers must endure before taking medication. Our forefathers must be spinning in their graves.



Good Stuff To Know May 2015

Strength training still advisable in older age * Medical marijuana liquid extract may bring hope for children with severe epilepsy *** Civic engagement may stave off brain atrophy, improve memory *** E-cigarette use is not risk-free *** Eight nutrients to protect the aging brain *** The difference between 'Use-By' 'Sell-By' and 'Best-By' dates *** Facebook users' wishful thinking: Cyberbullying, depression won't happen to me *** Housework keeps older adults more physically, emotionally fit, researcher finds *** Difficult to break the soda habit? Sugar-sweetened beverages suppress body's stress response *** Synthetic drugs: evidence that they can cause cancer *** Cannabis consumers show greater susceptibility to false memories *** Technology could let women skip annual mammograms *****

[Strength training still advisable in older age](#)

Many over-65-year-olds are frail, or in a preliminary stage of frailty. A new study aims to raise fitness levels and quality of life for older people whose nutritional condition is inadequate. The first results show that regular strength training is particularly beneficial for increasing hand strength, and thus enabling people to live independently, says a researcher.

[Medical marijuana liquid extract may bring hope for children with severe epilepsy](#)

A medicinal liquid form of marijuana may show promise as a treatment for children with severe epilepsy that is not responding to other treatments, according to a new study.

[Civic engagement may stave off brain atrophy, improve memory](#)

Instead of shrinking as expected, as part of the normal aging process, the memory center in the brains of seniors maintained their size and, in men, grew modestly after two years in a program that engaged them in meaningful and social activities, new research suggests.

[E-cigarette use is not risk-free](#)

E-cigarettes are not without health risks for people who vape or for bystanders, researchers report. The report has only considered e-cigarettes with nicotine since there has been very little research about e-cigarettes without nicotine, they note.

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[Eight nutrients to protect the aging brain](#)

Brain health is the second most important component in maintaining a healthy lifestyle according to a 2014 AARP study. As people age they can experience a range of cognitive issues from decreased critical thinking to dementia and Alzheimer's disease. Researchers write about eight nutrients that may help keep your brain in good shape.

[The difference between 'Use-By' 'Sell-By' and 'Best-By' dates](#)

Confusion over date labeling leads to billions of pounds of food waste every year. An expert explains the difference between "use-by," "sell-by," and "best-by" dates.

[Active aging on the up in EU, despite economic crisis and austerity](#)

A healthy and active old age is a reality for many Europeans and is a genuine possibility for many more, despite the 2008 economic crash and years of austerity measures, according to a new report.

[Facebook users' wishful thinking: Cyberbullying, depression won't happen to me](#)

Facebook users with so-called optimistic bias think they're less likely than other users to experience cyberbullying, depression and other negative social and psychological effects from using the site, a study finds. The study suggests that optimistic bias, or an intrinsic tendency to imagine future events in a favorable light that enhances positive self-regard -- in other words, wishful thinking -- leaves those Facebook users vulnerable to the negative realities of social media.

[Housework keeps older adults more physically, emotionally fit, researcher finds](#)

Older adults who keep a clean and orderly home -- because of the exercise it takes to get the job done -- tend to feel emotionally and physically better after tackling house chores, according to new findings.

[Difficult to break the soda habit? Sugar-sweetened beverages suppress body's stress response](#)

Drinking sugar-sweetened beverages can suppress the hormone cortisol and stress responses in the brain, but diet beverages sweetened with aspartame do not have the same effect, according to a new study.

[Synthetic drugs: evidence that they can cause cancer](#)

Almost weekly, a new synthetic psychoactive drug comes onto the market that can be ordered legally and easily, for example as an incense blend, via the Internet. Synthetic cannabinoids are difficult to identify chemically and the possible unwanted toxic effects that can occur following their consumption have so far barely been investigated. As part of the international EU project "SPICE II Plus", researchers have now also found evidence that synthetic substances damage the DNA of human cells and can therefore possibly have cancer-causing effects.

[Cannabis consumers show greater susceptibility to false memories](#)

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Consumers of cannabis are more prone to experiencing false memories. One of the known consequences of consuming this drug is the memory problems it can cause. Chronic consumers show more difficulties than the general population in retaining new information and recovering memories. The new study also reveals that the chronic use of cannabis causes distortions in memory, making it easier for imaginary or false memories to appear.

[Technology could let women skip annual mammograms](#)

Developing technology is on track to predict if and when breast cancer will appear. "We're creating a breast cancer risk analysis system," said an electrical engineer on the study. "It will be able to inform doctors about the patient's risk of developing cancer within a few years."

[Babies feel pain 'like adults': Most babies not given pain meds for surgery](#)

The brains of babies 'light up' in a very similar way to adults when exposed to the same painful stimulus, a pioneering brain scanning study has discovered. It suggests that babies experience pain much like adults. As recently as the 1980s it was common practice for babies to be given neuromuscular blocks but no pain relief medication during surgery. In 2014 a review of neonatal pain management practice in intensive care highlighted that although such infants experience an average of 11 painful procedures per day 60% of babies do not receive any kind of pain medication.

[Coffee protects against breast cancer recurrence, detailed findings confirm](#)

Coffee helps to protect against breast cancer, a number of research studies have shown. A new study is added to that research, confirming that coffee inhibits the growth of tumors and reduces the risk of recurrence in women who have been diagnosed with breast cancer and treated with the drug tamoxifen.

[Proposed breast cancer screening guidelines would increase deaths, experts say](#)

The breast cancer screening guidelines proposed yesterday by the United States Preventive Services Task Force (USPSTF) would result in thousands of additional and unnecessary breast cancer deaths each year, according to radiologists at Loyola University Health System (LUHS).

[Caloric restriction: A fountain of youth for aging muscles?](#)

Caloric restriction has been studied as a way to increase longevity in animals. Now, researcher explore how it may positively affect muscle and find that aging muscles receive the most benefit. Calorie restriction is thought to have a protective effect on muscle cells and may help cells better use antioxidants, avoid damage caused by free radicals and function better.

[Nursing Homes Are Starting to Supplant Hospitals as Focus of Basic Health Care](#)

Hospitals often serve as breeding grounds for problems and preventable harms common to senior citizens, such as patient falls and hospital-acquired infections, as well as the risk of unfamiliar surroundings exacerbating issues such as delirium or dementia, the article said. Consequently, "the push is to reduce unnecessary hospitalization for things that can be handled in skilled nursing facilities," David Siskind, the medical director at the Gurwin Jewish Nursing and Rehabilitation Center in Commack, New York, told the Times. #

Move Faster to Move Faster!

By John Paul Ouvrier



A dear friend of mine had a terrible fall. I was close by, and there was nothing I could do. What was most difficult to witness was the look on her face

right before the fall: I could see as she started to fall she wanted to reach out to grab something. And I saw her looking at a safety bar next to her on the wall. Yet even though she saw the bar, and wanted to reach out her hand, her hand took an extra second to move and down she went. Thankfully, the fall looked worse than her injuries and she is fine.

Has this ever happened to you? You tell your body to move quickly for some reason, and instead of moving quickly, our body says, "Give me a moment..." And in a situation where a faster movement could prevent a fall or any number of acci-

dents, slow reflexes can mean disaster.

While there are many medical situations that can slow our reflexes, the most common culprit to moving slowly is moving slowly. And the solution to move faster is to move faster!

However, teaching our body to move faster does NOT mean walking faster, or intentionally trying to do things more quickly during the day; that is recipe for disaster. It means ADDING speed and coordination exercises to our daily routine that teach the body to move faster. This way, in an emergency situation, as in preventing a possible fall, we give ourselves the best chance.

Exercises to help you move faster:

Though there are many exercises that teach the body to move faster, I will focus on some quick tips to help get your feet and hands to move a little faster. Please see your doctor or physical therapist for additional exercises.

The Feet

Learning to move the feet quickly helps us in situations where our feet need to move quickly, and this can help with fall prevention.

Stand facing a sink or solid object and hold on with both hands, then:

- a. **The Tapping Jog:** Alternate tapping feet on the ground, gently but quickly, as if you're jogging in place. Keep your weight on the balls of your feet, switching feet gently. Work up to completely lifting each foot off the ground and try to be on only one foot at a time, as if you're really jogging. Keep the feet low to ground to reduce impact. Do this 3 times for 10 seconds each, trying

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to go faster each time. Safety first here!

b. **The Side to Side:** Step side to side, a little wider than your shoulder width, getting the foot off the ground as you step, and try to hop a little as if stepping over a puddle. Do quickly, yet safely, 3 times for 10 seconds.

Note: This is a big effort on the heart. Please see your doctor first. And to begin with, please only do one set for 10 seconds and then later work up to 3 sets.

The Arms and Hands

Learning to move the hands quickly, as with my friend who fell, gives us the opportunity to catch ourselves, or prevent other accidents. This is my favorite:

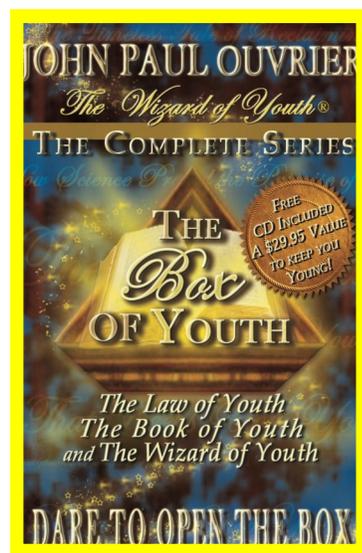
The Sit and Toss Something: For this you'll need something small and safe to toss around. Sit in a chair, feet flat on floor, hand palms down on top of your legs. Now with one hand toss the 'something' into the air right in front of you, and like a martial arts master, with the other hand try and snatch the object out of the air. This is instead of just catching it. Try to increase the speed that you can grab the object and at different heights and speeds. Catch and repeat with the other hand. Try tossing and catching with the same hand. Do this 10 times for 3 sets.

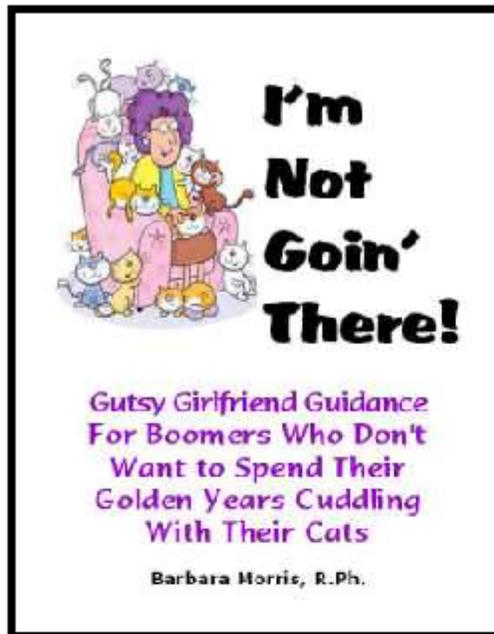
Teaching ourselves to move faster is about reminding our body to move faster by moving faster! Yet this must be done in a safe way, and not during everyday activities, such as walking or shopping. And remember, your brain may know what to do in a given situation requiring speed and coordination, yet if the body hasn't done those move-

ments for a while, those reflexes may not be there when you need them.

Training our reflexes with speed and coordination exercises can be best summarized by a client who had been feeling very shaky on his feet: We did a number of these exercises over the course of a few months, and I thought he was doing really well. And while exercising one afternoon, I asked him how he was feeling about his balance and coordination, and he said, "Wow- I forgot all about it! I was thinking about something else..." We should all be so lucky!

John Paul Ouvrier, known as The Wizard of Youth, is a fitness trainer who specializes in working with older adults. Please consult with your doctor or medical professional before beginning this or any exercise program or advice. The contents of this article do not constitute medical advice. Contact him at John@wizardofyouth.com and bring him in to entertain your audiences! [http:// wizardofyouth.com](http://wizardofyouth.com) and <http://fitness4charity.org>





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