

JACCO



Journal of the
American College of Chiropractic Orthopedists

Volume 29 Number 2

November 2008

The American College of Chiropractic Orthopedists is not responsible for the contents of articles in this issue, nor does it approve or disapprove of certain statements made in the text. The accuracy of the information and the opinions are strictly the responsibility of the authors and are not necessarily the official position of the ACCO.

JACCO

January 2008
Volume 28, Number 1

A Publication of the
American College of Chiropractic Orthopedists

Editor/Publisher
Deanna O'Dwyer-Swensen, D.C.
40 West Foster Street
Melrose, MA 02176
dosdc@aol.com

American College of Chiropractic Orthopedists

Executive Board

President:	LaVerne Saboe, Jr., , D.C., F.A.C.O.
1 st Vice President:	Thomas Mack, D.C., F.A.C.O.
2ndVice President	Joseph Ferstl, D.C., F.A.C.O.
Treasurer:	David M. Swensen, D.C., F.A.C.O.
Secretary:	Boyd Peterson, D.C., F.A.C.O.
Past President:	William Fischer, D.C., F.A.C.O.
Advisor:	Rome Hanning, D.C., F.A.C.O.
Alternate Advisor	Jesse Rothenberger, D.C., F.A.C.O.

Committee Chairs

Convention:	Joseph Ferstl, D.C., F.A.C.O.
Exhibits:	Jim Vancho, D.C., FACO
Archives:	John Black, D.C., F.A.C.O., F.I.C.C.
JACCO:	Deanna O'Dwyer-Swensen, D.C.

FROM THE EDITOR

My Dear Colleagues in Chiropractic,

From time to time, we all would like to be famous. The ACCO periodically publishes an e-journal which can contain articles, abstracts, research papers and clinical pearls. If you would like to submit something for consideration, please send it to me in Microsoft Word format. After review and consideration, I will contact you as to the status of your paper.

With Kind Regards,

Deanna L. O'Dwyer-Swensen, DC

Editor, JACCO
dosdc@aol.com

JACCO Case of the Issue

Submitted by: Cliff Tao, DC, DACBR

Case Presentation:

41 year old female with non-radiating low back pain, no trauma. AP lumbar radiograph shows several large, cyst-like, or peripheral mass calcifications in the pelvis and lower abdomen. There is severely low right pelvis. What is your diagnosis?

Diagnosis:

Uterine leiomyomas (uterine fibroids).

Discussion:

Uterine leiomyomas are very common, usually detected incidentally on imaging of the pelvis. The leiomyomas in this case presentation are unusually large. They are benign muscular tumors of the uterine muscular wall and almost never turn malignant. The typical age range is 30 to 50 years of age. Having a family history, being of African-American descent, obesity, and a diet high in red meats elevates the risk of developing leiomyomas. Most are asymptomatic and do not require any treatment. However some may cause pain, severe menstrual

bleeding, enlargement of feeling of fullness of lower abdomen/pelvis, and low back pain. There are a variety of treatment methods including (but not limited to) medications, surgery, and laser ablation.



References:

1. Eisinger S. Uterine fibroids – FAQ. Accessed 7/15/08
www.4woman.gov/FAQ/fibroids.htm.

Cliff Tao DC DACBR
Orange County, California
c_tao@yahoo.com
714-876-1126

Scary Studies

that make you go “HmMMMM”....

A study by Yale University in the “Journal of Epidemiology” found that women who dyed their hair prior to 1980 had a higher incidence of Non-Hodgkins Lymphoma than women who had never dyed their hair. Further, women who started dyeing their hair after 1980 also had a higher incidence of N-H L, but only if they used a dark dye.

“Journal of Investigative Dermatology” June 2008 found that Dermabase lotion, Dermovan lotion, Eucerin Original Moisturizing Cream and Vanicream all had one thing in common: sodium lauryl sulfate and or mineral oil. These two compounds may increase your risk of skin cancer related tumors. They found that when they pre-treated mice with UVB they were more likely than the control group to develop tumors related to sun damage. These mice had an increase in number of tumors and frequency of formation than the controls.

The American Academy of Dermatologists found that women who bleach their skin had a higher frequency of exogenous ochronosis (dark blue discoloration) than those who did not. The African women studied also suffered from an increase in wound healing time and higher incidence of infection.

And if that is not enough to frighten you....

The BMJ found that pthalates, the chemical used to bind make-up together has been found in breast cancer cells. Pthalates have been linked to decreased sperm count and altered development during pregnancy. In an environmental perspective article of “Pediatrics”, they have also found 3 types of pthalates in baby shampoo, baby lotion and baby powder! For further information of this, check out the US Department of Health and Human Services “household product safety database” and the Environmental Working Groups “skin deep cosmetic safety database”.

A 2007 survey of the Campaign for Safe Cosmetics found lead in half of the 33 major brand lipsticks contained lead. Of that one third had limits which exceeded the FDA limits for candy. I didn't realize candy contained lead!

High-Fiber Diet

by Maria Adams, MS, MPH, RD
originally published by Beverly Hospital

What Is Fiber?

Dietary fiber is a form of carbohydrate found in plants that cannot be digested by humans. All plants contain fiber, including fruits, vegetables, grains, and legumes. Fiber is often classified into two categories: soluble and insoluble .

- Soluble fiber draws water into the bowel and can help slow digestion. Examples of foods that are high in soluble fiber include oatmeal, oat bran, barley, legumes (eg, beans and peas), apples, and strawberries.
- Insoluble fiber speeds digestion and can add bulk to the stool. Examples of foods that are high in insoluble fiber include whole-wheat products, wheat bran, cauliflower, green beans, and potatoes.

Why Follow a High-Fiber Diet?

A high-fiber diet is often recommended to prevent and treat constipation, hemorrhoids, diverticulitis, and irritable bowel syndrome. Eating a high-fiber diet can also help improve your cholesterol levels, lower your risk of coronary heart disease, reduce your risk of type 2 diabetes, and assist with weight loss.

How Much Fiber Should I Eat?

A high-fiber diet should contain **between 20 and 35 grams** of fiber a day. This is actually the amount recommended for the general adult population; however, most Americans eat only 15 grams of fiber per day.

Digestion of Fiber

Eating a higher fiber diet than usual can take some getting used to by your body's digestive system. To avoid the side effects of sudden increases in dietary fiber (eg, gas, cramping, bloating, and diarrhea), increase fiber gradually and be sure to drink plenty of fluids every day.

Tips for Increasing Fiber Intake

- Whenever possible, choose whole grains over refined grains (eg, brown rice instead of white rice, whole-wheat bread instead of white bread).
- Eat more vegetarian-based meals. Here are some ideas: black bean burgers, eggplant lasagna, and veggie tofu stir-fry.
- Choose high-fiber snacks, such as fruits, popcorn, whole-grain crackers, and nuts.
- Include whole-grain cereal or whole-grain toast as part of your daily breakfast regime.
- When eating out, whether ordering a sandwich or dinner, ask for extra vegetables.

High-Fiber Diet Eating Guide

Food Category	Foods Recommended	Notes
Grains	<p>Whole-grain breads, muffins, bagels, or pita bread</p> <p>Rye bread</p> <p>Whole-wheat crackers or crisp breads</p> <p>Whole-grain or bran cereals</p> <p>Oatmeal, oat bran, or grits</p> <p>Wheat germ</p> <p>Whole-wheat pasta and brown rice</p>	<p>Read the ingredients list on food labels. Look for products that list "whole" as the first ingredient (eg, whole-wheat, whole oats).</p> <p>Choose cereals with at least 2 grams of fiber per serving.</p>
Vegetables	<p>All vegetables, especially asparagus, bean sprouts, broccoli, Brussels sprouts, cabbage, carrots, cauliflower, celery, corn, greens, green beans, green pepper, onions, peas, potatoes (with skin), snow peas, spinach, squash, sweet potatoes, tomatoes, zucchini</p>	<p>For maximum fiber intake, eat the peels of fruits and vegetables—just be sure to wash them well first.</p>
Fruits	<p>All fruits, especially apples, berries, grapefruits, mangoes, nectarines, oranges, peaches, pears, dried fruits (figs, dates, prunes, raisins)</p>	<p>Choose raw fruits and vegetables over juice, cooked, or canned—raw fruit has more fiber. Dried fruit is also a good source of fiber.</p>
Milk	<p>With the exception of yogurt containing inulin (a type of fiber), dairy foods provide little fiber.</p>	<p>Add more fiber by topping your yogurt or cottage cheese with fresh fruit, whole grain or bran cereals, nuts, or seeds.</p>
Meats and Beans	<p>All beans and peas, especially Garbanzo beans, kidney beans, lentils, lima beans, split peas, and pinto beans</p> <p>All nuts and seeds, especially almonds, peanuts, Brazil nuts, cashews, peanut butter, walnuts, sesame and sunflower seeds</p> <p>All meat, poultry, fish, and eggs</p>	<p>Increase fiber in meat dishes by adding pinto beans, kidney beans, black-eyed peas, bran, or oatmeal.</p> <p>If you are following a low-fat diet, use nuts and seeds only in moderation.</p>
Fats and Oils	<p>All in moderation</p>	<p>Fats and oils do not provide fiber</p>
Snacks, Sweets, and Condiments	<p>Fruit Nuts</p> <p>Popcorn, whole-wheat pretzels, or trail mix made with dried fruits, nuts, and seeds</p> <p>Cakes, breads, and cookies made with oatmeal</p>	<p>Most snack foods do not provide much fiber. Choose snacks with at least 2 grams of fiber per serving.</p>

RESOURCES:

American Dietetic Association
<http://www.eatright.org>

Nutrition.gov
<http://nutrition.gov>

CANADIAN RESOURCES:

BC Health Guide
<http://www.bchealthguide.org/>

Dietitians of Canada
<http://www.dietitians.ca/>

REFERENCES:

Fiber. Harvard School of Public Health website. Available at:
<http://www.hsph.harvard.edu/nutritionsource/fiber.html> . Accessed January 12, 2006.

Fiber. The Linus Pauling Institute. Available at:
<http://lpi.oregonstate.edu/infocenter/phytochemicals/fiber/> . Accessed January 12, 2006

Fiber facts. University of Pittsburgh Medical Center website. Available at:
<http://patienteducation.upmc.com/Pdf/FiberFacts.pdf> . Accessed January 11, 2006.

Shield J, Mullen MC. Patient education materials. *Supplement to the Manual of Clinical Dietetics*. 3rd ed. Chicago, IL: American Dietetic Association; 2001.