

HEALTH CORNER



Direct Answers

from Wayne & Tamara

Personal Shopper

When I married my husband, he always put thought into gifts. They were wrapped with care, then lovingly presented. It was part of his upbringing. Now, when I receive gifts, it's all for show.

How I dread Christmas. If we put up a tree, he wants things under the tree. But he never takes time to think what I'd like. He takes me shopping just before the big day. Despite the fact I do all the other shopping for the family, suddenly it's my responsibility to be available to go out and pick out a gift for "me" at the last minute. The only reason he goes shopping at all is so, when his friends come over for holiday cheer, they see how thoughtful he was. I do all the preparations, baking and decorating, and all he needs to do is show up. No matter what I do he's always there to take credit for all "we've" done. He has no idea how much thought I put into gifts for him. I take note of things he mentions and surprise him with the appropriate gift. But usually he returns it, rather than exchanging it for something else. I feel so hurt.

The emotional pain I feel from my birthday in October to New Years is unimaginable. Forty years ago we almost split up due to this behavior. Anyone would agree I am not a materialistic person. To me it's the thought, not the gift, that counts. I have few wants or needs, I only desire genuine feelings of the heart!

That is only the start of our issues. He shares no intimacy. I feel as though I am married to my son. We both recently retired, and I feel the only reason we're together is so he's fed, has a roof over his head and all the bills are taken care of. I'm crying on the inside and feel like I'm going insane.

Patricia

Patricia, perhaps it happened so slowly you couldn't see it. Perhaps you didn't want to see it. Perhaps only in retirement has it become too painful to ignore. But the depth of the rut you made has trapped you.

Your husband doesn't think he has a problem. He likes things the way they are. You are the one with the problem. It's as if you've lived in a house 40 years and always wanted the couch to be a different color. Why didn't you switch things up years ago?

A common problem in letters we receive is a writer pointing the finger at someone else, instead of pointing the finger at themselves and asking "What do I need to do?" Change doesn't come from hoping someone else will take the hint. Change requires direct action.

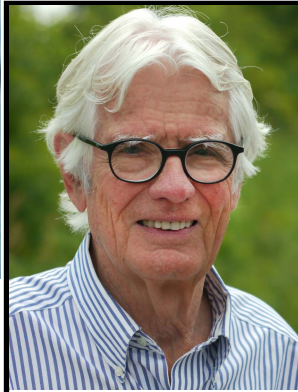
Your husband retired from his job a short time ago, but he retired from your marriage years before. When you went along with the charade of the presents, he made you a coconspirator in a fraud against his peers and against your own best interest. Why don't you do what you want, and let him cope with it?

Staying in this spot is something you have to own. Then decide what, if anything, you are going to do about it. We are not trying to be hard on you. We are pointing out a simple fact. You can only control yourself and your own actions.

Change is hard. But if we don't change, we wind up with the life we are willing to put up with.

Wayne & Tamara

Send letters to: DirectAnswers@WayneAndTamara.com



The Doctor Game

By W. Gifford-Jones M.D.

Have you ever wanted To Say, "I Told You So"

This week, a big thanks to Dr. Freddie Hamdy, Professor of surgery, Oxford University, England. Why? Because, for many years, I've advised readers, diagnosed with early prostate cancer, to take their time when deciding which treatment is best for them. Some authorities have disagreed with me. Now, I can legitimately say, "I told you so".

Does this mean I'm smart? No. I was just lucky years ago to interview Dr. Willet Whitmore, a world authority on prostate cancer at Memorial Hospital in New York City.

At the time Whitmore remarked, "The survival rate of this cancer has little to do with the type of treatment. Rather, it's related to the biological nature of the cancer." In other words, how malignant is the cancer? Some cancers are pussy cats, others raging tigers.

Now, Dr. Hamdy says, "We have learned that prostate cancer, detected by a PSA blood test, grows very slowly, and very few men die of it when followed over a period of 10 years, only around one percent, irrespective of the treatment assigned."

Researchers followed 82,000 British men who had taken a PSA test. 2,700 were diagnosed with prostate cancer. Of this number 1,643 agreed to be randomly treated by either surgery, radiation treatment, or regular surveillance, to detect whether the cancer spread.

The result? The study, reported in the New England Journal of Medicine, showed that all three treatments resulted in very low rates of death from prostate cancer. But those men who decided on active surveillance, showed a slightly higher risk of the cancer spreading, but not a significant risk of dying, after 10 years.

Further words of wisdom expressed by Whitmore have proven true. He stressed that deciding on either surgical or radiation treatment can be associated with troubling complications. This was confirmed by the recent Oxford study.

For instance, several months after surgical treatment, nearly half the men complained of urinary incontinence and were forced to use diapers. Moreover, after surgery, 88 percent could not have an erection, compared to 78 percent treated by radiation. Radiation therapy, however, also caused more bowel problems than those treated by surgery.

But men who waited and were followed by active surveillance did not get off scot-free. Eventually, 50 percent required either surgery or radiation treatment. But this also delayed potential complications.

Every year 24,000 men in Canada and 180,000 in the U.S. are diagnosed with prostate cancer by the controversial PSA test. Currently, in Canada, the test is not recommended. Advocates of the test say this is a tragic error as they claim it saves lives. Others say it's diagnosing too many men with cancers that are slow-growing, may never kill them, and that needless treatment results in troubling complications.

This is why Dr. Whitmore claimed the PSA test should not be done in men over the age of 65. Why? Because they will, in all probability, live another 15 years without treatment. So why take the risk of worrisome complications?

It is well to remember these facts. Autopsies show 50 percent of men age 70 have prostate cancer and one of three over 85. Moreover, although one in seven men is diagnosed with this disease in his lifetime, only one in 28 men die of it. Obviously this shows that not all men need to be treated. As Dr. Whitmore remarked, "Getting older is invariably fatal, cancer of the prostate only sometimes!"

The final decision of how to treat early prostate cancer must always be a decision between the patient and his doctors. This study shows that anyone diagnosed with an early prostate cancer doesn't need to make a decision within 24 hours.

Some men may decide they cannot live knowing they have a small amount of cancer and it must be treated. Others, knowing the results of the Oxford study, will accept a watchful waiting approach. And conclude it is better to live with the devil you know, than face the possible complications of treatment. So it requires the Wisdom of Solomon to determine which way is the best to treat this unique malignancy.

It is ironic that Dr. Whitmore died of this cancer.

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If You Want to Quit Smoking Read This:

The author of a book to stop smoking seeks volunteers to test his new, unique method at no charge. He says that some of the volunteers' responses, with their permission, may end up in the book. The following is my interview with Roger Farrell.

Q. You told me that you discovered your method years ago, and never wrote it out until now. However, you passed its steps out to smokers who were friends and associates, and that they quit and never again smoked.

A. That's right. I did start to write it out twenty years ago, but too busy to go further with it at that time. Q. You explained to me that the hardest part for someone to quit smoking are the nagging and disturbing cravings they get when they don't smoke. I never smoked so I can't imagine what that would be like.

A. Only smokers experience this. I should add alcoholics and drug users also experience urges or cravings if they can't get whatever product they have been using. Possibly my method may also work for them.

Q. Your method is unique. How so?

A. I've recently looked through books on the subject and none have the two most powerful steps that I came up with. The one step removes each craving as it arises. The second step changes the body's make-up so it never, ever wants smoke in its system again. You see, when we start smoking our bodies don't want it, so we force it upon our bodies until they accept it. When a smoker quits, like I did cold turkey the first time and using pure willpower, my body only buried its desire for smoke. I re-energized that desire when three years after quitting the first time I smoked a few cigarettes at my friend's stag. I soon was back smoking for the next nine years. So I know why people using other methods get a mood to smoke two years after quitting, because the body only buried its desires.

Q. How did you end up quitting the last time?

A. It wasn't a struggle like I had to go through the first time. During the first twenty-four hours of quitting, I came up with a method, maybe a discovery, that quashed the cravings that arose every thirty or so minutes. It's those cravings that make people give up. Because of this discovery I was able to continue on for the next couple of weeks without smoking, and then I stopped having to continue my method, because my second step stopped the body from wanting smoke. So I dealt with the cravings and altered my body's make-up. It was that second step, which I came upon by accident that made my body give up its desire instead of burying it.

Q. And those two steps are in your book?

A. Yes. The book's title is "Stop Smoking and Stay Stopped". There are five easy and quick steps, and there are no medicines, substitutes, or willpower required.

Q. How can volunteers reach you?

A. My business number is: 1 (905) 885-9597. My email is: pennball@teksavvy.com That's double 'V's in the email.

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