University of Tennessee Scholars Senior Project by

Ellen Ashley Martin
graduate of the class of 1991
May 10, 1991
B.S. in journalism, news-editorial

Senior Practicum:
Reporting for *The Knoxville Journal*

I completed a paid practicum on the health page of *The Knoxville Journal* from September 1990 to December 1990. I was assistant to the health page editor, Jeff Zimmer.

The position called for 12 hours per week with hourly wages, although these 12 hours did not have to be spent in *The Journal* newsroom. I was responsible for approximately one main health page story each week, usually on a topic suggested by Mr. Zimmer or the city editor, Betsy Lumbye. I was encouraged to generate topics of my own as well.

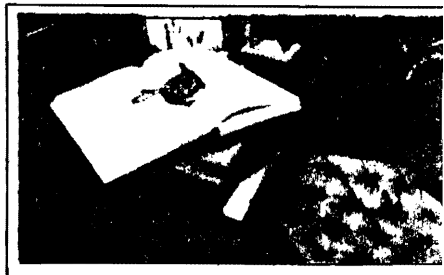
I was also occasionally assigned news stories to be run in other sections of the paper. The total number of stories per week carrying my byline averaged about two per week, never exceeding three.

CLEAR TOPPER

THE KNOXVILLE
JOURNAL

Sept. 21, 1990 | Our 151st year | 35¢

INSIDE



DESIGNER SHOW HOU
Tempo, 1

JIM DYKES, 10A

Syphilis cases up 62% in Knox

BY ASHLEY MARTIN
of The Journal staff

Syphilis in Knox County is on the rise.

Local health officials said reported cases increased 62 percent in Knox County since last year.

"It's going to get worse before it gets better," said Alicia Dale, a public health representative at the Knox County Health Department's sexually transmitted disease clinic.

"I think drug use is a big part of it," she said.

According to health department statistics, 76 cases were reported locally from Jan. 1 to Aug. 31, compared to just 47 during the same period in 1989.

There have been 1,209 reported cases of the highly contagious, sexually transmitted disease in Tennessee so far this year, up 47 percent from the 821 cases during the same time last year.

In April, Tennessee ranked sixth in the nation for the number of syphilis cases. No updated figures were available Thursday.

Syphilis is an infectious venereal disease characterizd by lesions that can appear anywhere on the body and usually on the skin. After an incubation period of up to three months in which there are no positive test results and no symptoms, the primary stage begins with one or more sores or lesions. The disease is most contagious at this stage.

The secondary stage occurs about six weeks after the lesions appear and may include by rashes on the palms or feet, mucous patches in the mouth, headache, fever, or malaise, in addition to the lesions.

The preferred treatment is with antibiotics such as penicillin. Relapses are common, with varying periods of remission.

Over the past 10 years, syphilis has been on the rise

Please see SYPHILIS, 11A

SYPHILIS CASES

	1989	1990	% Increa
Knox County (1/1-8/31)	47	76	62
Tennessee (1/1-9/8)	821	1,209	47
National (1/1-9/8)	29,487	32,876	11.5

SOURCE: Knox County Health Dept. and Centers for Disease Control, Atlanta

MANNY BAUTISTA/The Journ

ACES
INTERESTING



Prince

Prince enjoys his own music the most

Prince enjoys the music of Michael Jackson, MC Hammer, Madonna and even Bruce Springsteen. But the music he likes best is his own.

"I like a lot of people's music, and I'm interested in what's going on, but I don't listen to them," Prince said in an interview in the Oct. 18 Rolling Stone.

"When I'm getting ready to go out, or driving the car, I listen to my own stuff," Prince said in the interview, possibly his first in five years. "That's the way it has always been."

Springsteen's rock may seem to have little in common with Prince's funk, but Prince said he respects

Hugo anniversary time to reflect

The Associated Press

SULLIVANS ISLAND, S.C. — Some damaged homes await repairs and members of the Sunrise Presbyterian Church continue to meet under a tent one year to the day after Hurricane Hugo devastated South Carolina.

"It was a dark and sad day," said the Rev. Mac Hammett, who preaches from the tent within sight of his splintered sanctuary. "It was a moment of death."

The hurricane smashed ashore in the state on Sept. 21, 1989, pounding Charleston and this barrier island and battering the fishing hamlet of McClellanville with a 19-foot storm surge.

Hugo claimed 29 lives and caused an estimated $5.9 billion on the U.S. mainland after killing at least 56 people and causing more than $2 billion in damage in the Caribbean.

The anniversary has some South Carolinans reflecting. Others want to forget.

"I've heard some people say they've worked it out and don't want to talk about it. There are others who have some memories they want to share and it feels good when they do," family counselor Bob Boston said.

A candlelight ceremony was planned for late today on the steps of Charleston's City Hall. Gov. Carroll Campbell and Charleston Mayor Joseph P. Riley Jr., among the leaders who shepherded the recovery, will attend.

Organizers expected up to 2,000 people at City Hall, which had its tin roof wrenched off by Hugo and served as a command post during the catastrophe.

"We felt we did not want to let the moment pass without giving thanks because we have so much to be thankful for," Riley said. "We're thankful for generosity of those from all over the country. We have thanks we have recovered and we have thanks so few lives were lost."

Little damage from the storm remains visible in Charleston.

Syphilis
From Page 1A

across the nation, and the trend in the state apparently "started in West Tennessee and is moving eastward," said Elizabeth Maxen, assistant director of the state's sexually transmitted disease control program. An estimated 75 percent of the state's syphilis cases are in Shelby County in West Tennessee, Maxen said.

Both Maxen and Dale attribute the syphilis surge to increased drug use and sexual activity.

"People are selling sex for drugs these days — it's the heterosexual community too ... anyone can get it," said Maxen.

According to the Centers for Disease Control in Atlanta, there were 32,876 cases reported nationally as of Sept. 8, compared to 29,487 cases during the same time last year.

Maxen indicated that the nation may see a simultaneous rise in reports of AIDS cases as well. "It's an obvious implication that people are having unprotected sex," she said. "If the AIDS virus is in that same population, then we will see an increase."

Drug
From Page 1A

longer. For a second offense, the

beer out and send the kids home."

"Now, there is an increased awareness on the part of law officers. Now, there's a reason to bring 'em to us."

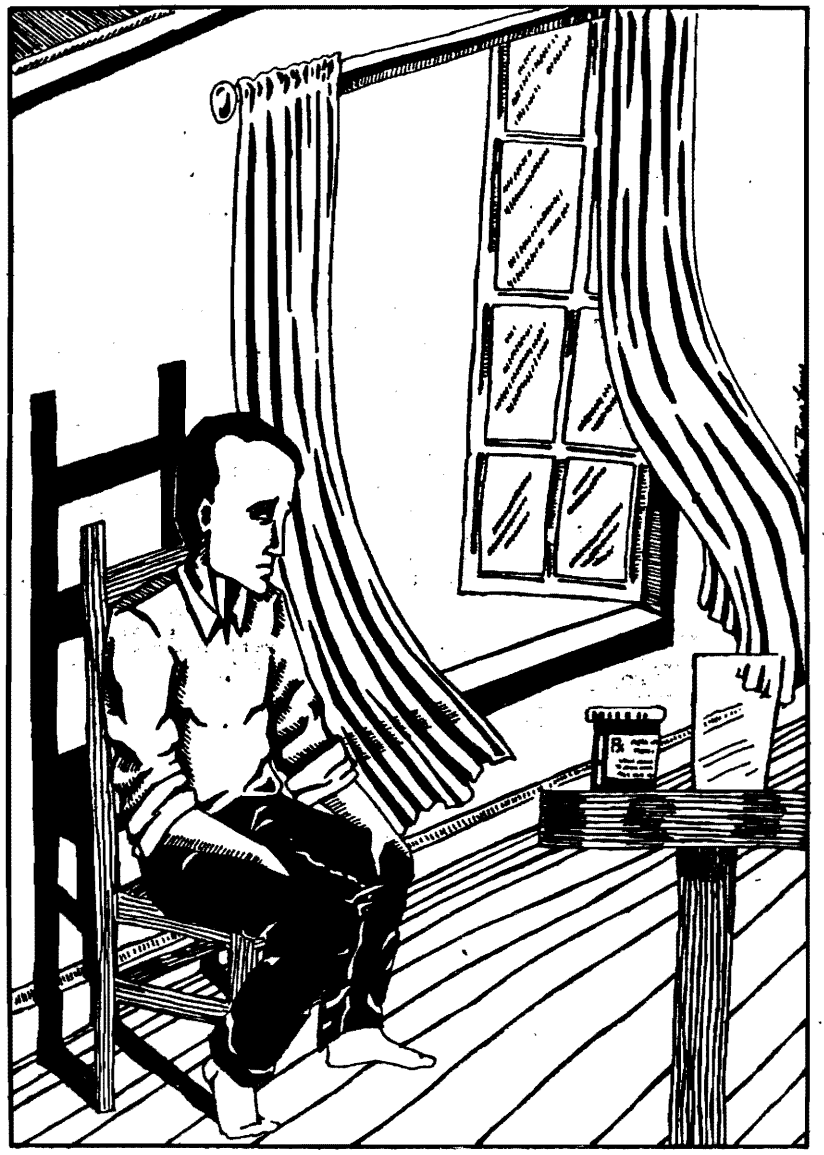
As a component of the law, kids arrested on DUI charges are re-

with DUI in Knox County "are low, if anything" and believes before Oct. 1, a significant number of additional teen-agers will be affected by the law.

Keith praised law enforcement

e Knoxville Journal, ptember 25, 1990

Prozac induces suits



Knoxville psychiatrists not worried over 'anecdotal' reports of Prozac's side effects

BY ASHLEY MARTIN
of The Journal staff

Despite some reports of Prozac inducing suicidal obsessions, doctors in the Knoxville area aren't shying away from prescribing the drug.

The reports are too few to be alarmed about, they say, and the drug is working well for a vast majority of the countless thousands who use the medication to battle severe depression.

"To be so alarmed by them (the reports) is premature," said Dr. Clif Tennison, medical director at the Helen Ross McNabb Center.

"It's good to have these types of anecdotal reports, and if you look at the medical journals, those reports are in there in every journal every month about one drug or another," he said.

Prozac, widely prescribed for patients suffering from severe depression, has been marketed by Eli Lilly & Co. since 1988. By 1990, the drug was overwhelmingly successful, with an estimated prescription rate of 1 million per month.

"What we have to judge our prescribing on is not the one-time anecdotal report of five or six or seven people out of thousands, but long-term, double-blind, placebo-controlled scientific research, which has shown good results with Prozac," Tennison said.

"It's important to keep our eyes open to these reports, but they are just sort of the first red flag and then later on, if there are enough red flags, the large-scale research projects get going."

Marjorie Waldrop, executive director of the Mental Health Association of Knox County, said "there are a lot of medications that are threatening, but you have to balance the benefit of any medication with how horrible the disease is ... It's important to know how devastating depression is — people think they know what depression feels like, but it really is much more serious."

Dr. Corbet Curfman, chief of psychiatry at University of Tennessee Medical Center, said he has "had no trouble with it as outlined in the media." Curfman said a "good number" of his patients take Prozac for depression and it has proven effective.

Tennison said "research shows that it is at least as effective as any other anti-depressant, and the big plus is that it has much fewer side effects. It's safer, easier to use and people probably tend to comply with it more because it doesn't cause so many uncomfortable feelings."

Tennison said when his patients come to him concerned about the safety of the drug, he explains the side effects as exaggerations of the good characteristics of Prozac. One effect Tennison cited is that it does not cause drowsiness or sluggishness.

"This is good but, if taken to the extreme, people can experience insomnia. Another effect is that it doesn't cause weight gain, but taken to the extreme, it can cause queasiness and stomach upset. Prozac doesn't sedate people or make them feel blunted or numb — in the extreme, people get the jitters."

Tennison added that doctors might avoid some of these side effects by "custom-tailoring" the dosage to each patient. He encourages his patients to observe the results they have had with Prozac and base the decision to remain on the drug on their individual experiences.

"If you can make a good, solid diagnosis of a major depressive syndrome, then you can assume the patient has really been suffering and the drop-out rate is fairly low if patients begin to experience relief."

In response to the criticism that our government is hasty in approving new drugs like Prozac, Tennison said, "in the United States we are very, very conservative in allowing drugs to come out on the market; in fact, in the field of psychiatry, there are a number of useful medications used in Europe and we don't get to use them ... it may be years before they pass the strenuous research criteria set by our government and the medical research society."

Antidepressant drug reportedly causes suicidal tendencies

BY ERIN MARCUS
Times-Post News Service

It was called the "breakthrough drug for depression."

Boosted by a barrage of media attention, including cover stories in New York magazine and Newsweek, Prozac became the best-selling antidepressant in history in less than two years, bringing in an estimated 1 million prescriptions a month for its manufacturer, Eli Lilly & Co.

But into the life of a drug so successful, inevitably some rain must fall.

First came a report — published in the American Journal of Psychiatry earlier this year by a Harvard researcher — about six people who took Prozac and began fantasizing obsessively about killing themselves. Last month, a Long Island, N.Y., secretary filed a $150 million suit against Lilly, alleging that Prozac made her slash herself with razor blades, dig scissors and screws into her skin and attempt suicide repeatedly.

In the past month, more than half a dozen lawsuits have been filed against Lilly by people who claim that Prozac, known generically as fluoxetine, causes violent behavior.

One such suit, filed July 25, involves Joseph Wesbecker, a former press operator, who took Prozac. A Louisville lawyer contends that Prozac was the reason Wesbecker gunned down 20 of his former coworkers with an AK-47 before fatally shooting himself in September 1989. The suit, filed on behalf of three women whose husbands Wesbecker killed, asks Lilly for $150 million in damages.

Whether Prozac is responsible for these incidents is a matter of considerable debate. And even if Prozac can, in rare instances, cause an obsession with suicide, many psychiatrists say these problems are outweighed by the fact that the drug has fewer side effects and is more effective for some people than other antidepressants.

"Prozac is not a wonder drug," said Brian B. Doyle, a clinical professor of psychiatry and family medicine at Georgetown University School of Medicine. "It has side effects and some of them may be very serious. But I'm still very glad to have it available because it helps some people whom nothing else has helped, and many people find it easier to take than other antidepressants. When it works, it really works."

Some patients who have taken Prozac are enthusiastic about its effectiveness. They say the drug has worked where therapy and other medications have failed. "It has really made a difference in my life," said a 33-year-old Washington, D.C., public affairs director, who has taken Prozac. The woman, who asked not to be identified, said she had been depressed since adolescence. Years of therapy and a trial of Xanax, a popular anti-anxiety drug, did not help much, she said.

"After a few weeks on Prozac, I realized my outlook on life was brighter," she recalled. Lilly began marketing Prozac in 1988. Within months, it outpaced what was then the market leader, a drug called Pamelor, to become the top-selling antidepressant in the country.

Much of Prozac's initial success stems from the fact that psychiatrists have viewed it as much safer than other antidepressants, which have been associated with sluggishness as well as blood pressure and heart disturbances. The main side effects associated with Prozac are insomnia, nausea and anxiety — complications doctors view as considerably less serious.

'Prozac is not a wonder drug. It has side effects and some of them may be very serious. But I'm still very glad to have it available because it helps some people whom nothing else has helped.'

Brian B. Doyle, a clinical professor of psychiatry and family medicine at Georgetown University School of Medicine

While other antidepressant have been linked to weight gai Prozac has been associated wit weight loss, an advantage for som depressed people. Another benef is that the lethal level of Prozac i much higher than that of other anti depressants — a major consider ation in treating depressed patients who have a greater risk of suicid and may be tempted to overdose o prescribed medication.

As more people started takin the drug, side effects began t emerge. In February, Teicher an two others reported that six pa tients had developed intense, ob sessive thoughts of suicide afte taking Prozac. Two patients sai they thought about buying a gun fo the first time; another fantasized bout killing himself in a gas explo sion or car crash.

The study is crucial to the Ken tucky lawsuit against Lilly — and i at the heart of the debate over Pro zac's safety. "It's a major piece o evidence," said B. Hume Morris, th lawyer representing the three wid ows. McLean is "a well-respecte (hospital), and the study seems wel done," he said.

But many psychiatrists sa Teicher's report is limited and fa from conclusive. For one thing they say, it would directly compar Prozac with a placebo and wit other antidepressant drugs. "I doesn't make sense to reach sweeping conclusion about a dru on the basis of a cluster of events, said Paul Leber, director of th FDA's division of neuropharmaco logical drug products.

Another criticism is that the fe patients the report describes don accurately represent the more tha 2 million people who have taken th drug. Five of the patients describe in the article had considered suicid in the past, and all had previously tried other antidepressants — wit mixed success. Critics also say tha patients at a psychiatric hospita are probably not typical of de pressed people, the majority c whom are never hospitalized.

Teicher acknowledges that th report alone is not conclusive. Bu he said the study's findings are rele vant because the type of obsessiv suicidal behavior he observed in hi patients "was unlike anything the had ever experienced either befor or since. It really seemed to b something out of the expected pat tern."

"Although the study is limited t six patients, it suggests this is possible effect of the medicatio and that more research is needed, he added. "We wrote the article t say 'Please be aware of this an please let us know.' "

In May, Lilly revised Prozac package insert to add that "suicid ideation" — violent behavior — an pancreatitis, an inflammation of th pancreas, had been reported i some of those who took the dru But company spokesman Edwar West said there is no proof Proza causes suicidal thoughts and ado that such thoughts have also bee seen in people on other antidepres sants, as well as in depressed peopl who aren't on any medication.

The Knoxville Journal Front Page, September 26, 1990

State has fewer nursing grads, but more passing licensing tests

BY ASHLEY MARTIN
of The Journal staff

Reflecting the nationwide nursing shortage, the number of nursing school graduates across the state continues to decline.

However, the good news in Knox County is that 98 percent of its nursing graduates are passing their licensing exams.

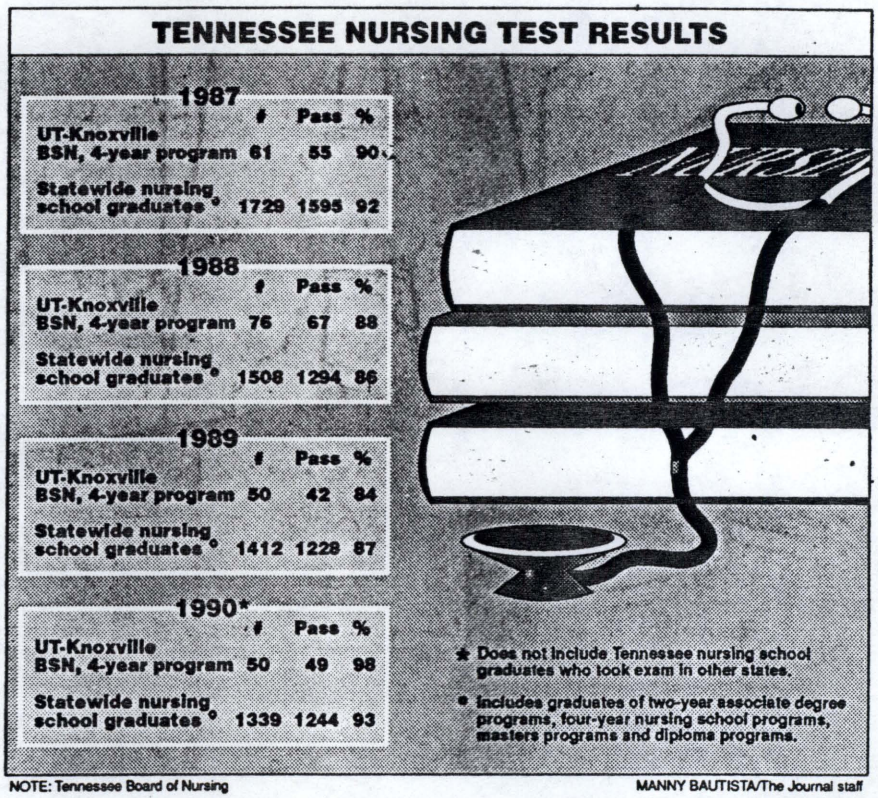
Recovering from a significant decline in passing rates in 1988 and 1989, this year's graduates from the University of Tennessee's four-year bachelor's program in nursing fared 14 percent better on the licensing exam than the 1989 graduates.

Of the 50 graduates from UT's program who took the test in Tennessee, only one candidate failed the exam this year for a 2 percent failure rate, compared to 16 percent in 1989 and 12 percent in 1988.

Johnie Mozingo, professor and associate dean of UT's College of Nursing, said she believes the higher passing rates might have resulted from individual students working to prepare themselves for the exam. She said no significant changes were made in the coursework since last year.

"We were concerned about the scores in 1989, and we tried to say to the students, 'You have the responsibility of studying for this exam.' It's possible that students took more time using the materials we already had, such as the interactive computer programs and

Please see NURSE, 15A



NOTE: Tennessee Board of Nursing

MANNY BAUTISTA/The Journal staff

Nurse

From Page 1A

videotapes that are designed to prepare the students for the exam."

Mozingo said the college also emphasized that the results of diagnostic tests can indicate how a student will perform on the state board examination. Students were encouraged to pay attention to these scores and prepare themselves accordingly.

Elizabeth Lund, executive director of the state Board of Nursing, which administers the exam each February and July, attributed the increase in passing rates to the "adjustment of teaching technology to the student who is less qualified."

Lund said the board exam is periodically revised to reflect changes in the job descriptions of newly licensed nurses when studies indicate changes are necessary.

Despite the success in passing rates, the shortage of nurses continues to affect hospitals across the country.

The number of nursing license candidates steadily declined from 1,729 in 1987 to 1,339 in 1990.

Carolyn Yocum, director of research services for the National Council of State Boards of Nursing, attributes the decrease in the number of graduates to the difficulty of recruiting top high school graduates into nursing programs.

"Twenty years ago, nursing and education were in competition for the top student. Now that women are entering other professions, the applicant pool is down," Yocum said.

"Nurses today also have a lot more to deal with, not only with physical labor, but intellectually ... there's a lot more technology in use and patients in hospitals are sicker and older than they used to be because of government regulations of Medicare reimbursement," said Yocum.

"I think the nursing shortage is still there and it's going to be around for a while. Demand has exceeded supply. There are more places for nurses now outside the hospital, such as in homes with patients who need constant nursing care."

Carol Pullen, an assistant professor at East Tennessee State University's nursing school, doubts a slight elevation in passing rates will significantly reduce the nursing shortage.

Pullen said nursing schools should admit more students to the nursing programs, but she pointed out that most nursing programs are limited in enrollment because of the clinical nature of the programs, which require more faculty members.

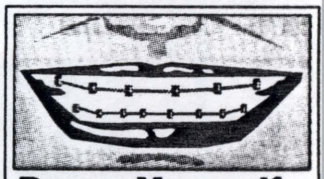
"In order to increase the enrollment, you have to increase the number of faculty ... that is a problem with state programs and monies," she said.

TUESDAY

THE KNOXVILLE
JOURNAL

Oct. 2, 1990 | Our 151st year | 35¢

INSIDE



Brace Yourself...
HealthBeat, 6B
WHISPERS, 1B

HealthBeat

Better brace yourself for a surprise

Orthodontia needn't mean 'metal mouth' any longer

BY ASHLEY MARTIN
of The Journal staff

New treatment options are putting smiles on orthodontic patients' faces and an end to jeers of "tin grin," "metal mouth," or "brace face."



Eddy

Innovative materials and orthodontic techniques for altering jaw structures and aligning teeth mean braces can be less noticeable, more comfortable appliances.

White or clear ceramic and plastic brackets are bringing more adults into orthodontists' offices because they are less visible than metal appliances.

Tiny devices bonded to the teeth, brackets, hold the main wire of braces in place.

"There have been clear appliances available for probably 15-20 years," said Dr. Grayson Eddy Jr., a Knoxville orthodontist. "But the ceramic ones are a form of glass and do not pick up the stain that plastics do and did. Plastics become yellowish after a year or so because of some adults- . . . drinking Coca-Cola or smoking. This requires cleaning that is difficult to do on a home care basis."

Also available are white teflon-coated wires, which are less conspicuous than stainless steel wires, he added.

Dr. Rupert Knierim, a staff member at the UT Medical Center who also practices privately, said another new effective appliance is the "space age" wire developed through the NASA space program.

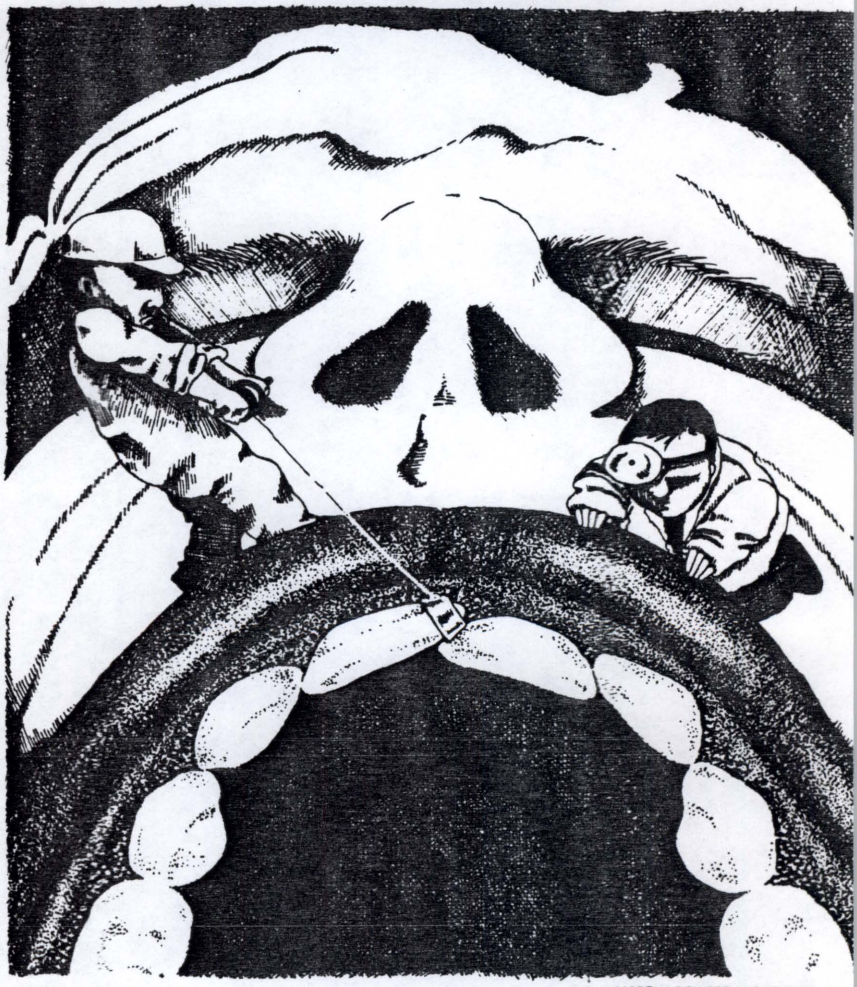
"The nickel-titanium alloys in these wires make them move the teeth faster and with less discomfort than the stainless steel wires, which are still used today. They are extremely flexible and therefore long-lasting," he said.

Eddy said the most desirable characteristic of these new appliances is that they don't show as much, which attracts those adults who might otherwise be reluctant to wear braces.

"We are a face culture,"said Eddy. "We put a great deal of emphasis on how the face looks. Faces sell everything from cars to sex appeal....The psychological aspect is a very strong motivator."

Patients who choose to wear ceramic appliances should avoid foods that stain teeth, however. The adhesive used to bond the brackets to the teeth is "slightly porous" and can become discolored, causing a "yellowish halo" around the brackets, said Eddy.

Dr. Thomas Pryse, another area orthodontist, said that he "doesn't push the ceramic brackets because they are more expensive, more difficult to place and difficult to remove." He opts for an improved version of plastic brackets which are stronger and more dense than earlier plastic appliances, though the newer plastic still might not be as strong as metal or ceramic.



MARTHA POWERS LYONS/The Journal

Pryse said that one of his patients who wears the improved plastic brackets has kept her brackets "like new" by abstaining from staining foods such as ketchup, mustard, tea, cola, and coffee.

Pryse tries to accomodate his patients who prefer less noticeable appliances. "People who are in the public light such as teachers and entertainers usually request these," he said.

Pryse estimates that 25 percent of his patients are adults. Of these, "about half" opt for clear or white appliances.

According to Pryse, adults are fairly conscientious patients. "They really desire and request the treatment and they're the ones paying for it," he said. "They are sometimes a little more particular than my younger patients, though."

In addition to the obvious cosmetic motivation for se orthodontic treatment, there are many functional benef the appliances as well.

"Improving the functional chewing ability may enh the longevity of the teeth," Eddy said. "There may have prior mutilation to the teeth, i.e. extraction or loss of a that has not been replaced."

Eddy said that adjacent teeth may tip into the s where a tooth has been and cause an imbalance in the wa teeth meet during chewing. Certain problems in jaw and alignment may cause tooth loss later in life, somtimes re ing dentures, he added.

Knierim said that having braces may cause adults to better care of their teeth. "People who are more happy their teeth tend to keep their teeth more healthy," he sa

C-LINE #6203
CLEAR TOPPER

Friday, October 12, 1990
The Knoxville Journal

Mother, daughter seek help for mentally ill children

BY ASHLEY MARTIN
of The Journal staff

Knoxvillian Monica Eberle has a unique perspective on childhood mental illness.

Four years ago, Monica, 11, was diagnosed with bi-polar affective disorder, formerly known as manic-depressive disorder.

She and her mother, endocrinologist Dr. Andrea Eberle, were asked to appear in Los Angeles Wednesday to show their support for a proposed plan by the National Institute of Mental Health.

The NIMH Plan for Research on Child and Adolescent Mental Disorders is a blueprint for funding from Congress for more research into the biological nature of these illnesses.

Eberle testified about her personal experiences as the mother of a mentally ill child before the National Advisory Mental Health Council and the National Mental Health Leadership Forum.

The Los Angeles conference coincided with the Annual Mental Awareness Week Conference in Knoxville, sponsored by the Knoxville Alliance for the Mentally Ill.

Monica's father, Peter Eberle, chairman of the Knoxville conference, said Monica's illness causes her to have wide mood swings, which can be controlled somewhat through medication.

Monica's medication "clips off the highs and lows that occur with her illness," he said. Bi-polar affective disorder is characterized by fluctuating moods of depression and mania, or excessive energy.

She was diagnosed as bi-polar when she was 7, Peter Eberle said.

Monica attends the Knoxville Adaptive Education Center next to Bearden Elementary. The center was set up as a special school for children with biologically based mental disorders. Peter Eberle said his daughter's experience there has been "very positive."

"She has a top-notch teacher who knows how to deal with these children. There is special attention paid to the medical aspect of their disorders. They have a practical nurse on staff who can handle medications. They have very strict, detailed procedures for that, though," he said.

Peter Eberle said the center's system of positive reinforcement to modify the children's behavior is more effective than the traditional programs for behavior modification, which often use punitive measures.

He added that it is important for people to recognize that these children's illnesses are medical — that they are not behavior problems that the children can control themselves.

Previously, research into mental illness in children has not been a priority, he said. "The NIMH plan calls for more research into the biological nature of these disorders and how environmental factors affect the children," he said.

Andrea Eberle's testimony urged that more funding be designated for this research.

She told of her daughter's success in the adaptive education center, stressing the importance of funding for special services for children and adolescents who are mentally ill.

"Parents are now beginning to realize that their children's future may depend on this research," she said.

Monica's father said it has been interesting to watch Monica handle the publicity.

"She wants to keep a lot of this private, but she also realizes that it's important for children and families to come out and talk about these illnesses," he said.

At Wednesday's conference, Andrea Eberle presented Monica's wish list to the 800-plus audience on her behalf. Among the things Monica asked for were "more and better medicine for kids' mental illnesses," "more activities like softball or other sports for kids like me," and "more special teachers to help kids like me."

Oct. 23, 1990 · Our 151st year · 35¢

HealthBeat, 6B
WHISPERS, 7B

HealthBeat

Tuesday, Oct. 23, 1990

GOOD FOR WHAT AILS YOU?

Without drugs, doctors, rural folk found remedies



MARTHA POWERS LYONS/The Journal staff

BY ASHLEY MARTIN
of The Journal staff

How do you treat a bad case of warts when you don't have a car and live 30 miles from the nearest highway, far from doctors or pharmacies?

For Knoxvillian Betty Long, who grew up in the late 1930s on Cumberland Mountain between Chattanooga and Nashville, a dirty dishrag would do the trick.

"You can be in somebody's house and steal their dishrag, and rub that dishrag over them warts, and throw that dishrag away, or bury it, but never look back at that dishrag. And by the time that dishrag rots, every one of them warts will be gone," said Long. "It worked for us up in the mountains."

In the absence of modern medicine, rural East Tennesseans often resorted to home remedies and recipes passed down through families and friends.

Long used one of the home remedies on her own daughter when she injured her shoulder.

"My little girl, when she was little, she was swinging with her hands up and it pulled her shoulder out of the socket. I told my husband to get the vinegar and brown paper and we wrapped her shoulder in it and when she woke up, there wasn't nothing wrong with her shoulder," said Long.

Monnie Shepherd, who also grew up in East Tennessee, said her grandmother and grandfather mixed tonics for their family's ailments.

"When we was little, my granny used to tell my mama when we had worms to give us turpentine and water with a little sugar in it. My papaw used to mix us up cough syrup out of rock candy, whiskey, and ... something else ... and give it to us for a cold," said Shepherd.

Herbs also were popular remedies for cold and flu symptoms. Long said her family dug up the healing herbs themselves.

"When you was raised out where I was raised, you don't have no doctor to run to; you have to do your own. I've gone out many a night by carbide lantern and dug up herbs out of the ground things," she said. "We'd get rat's vein, butterfly, ginseng ... the best thing, the quickest thing, was old field sage grass."

Just a few spoonfuls of water in which sage grass roots had been boiled would "break a fever in just a little while," said Long.

Vann Dennis, also of Knoxville, said he remembers wearing herb poultices — hot, moist packs placed on the skin — and drinking water from boiled onions for colds.

Tobacco and snuff remain common remedies for bee-stings to reduce pain and swelling, and Long said her mother once used snuff on a snakebite.

"When she got home and washed it off, it wasn't no more than if a bee had stung her," she said.

Whether based on facts or fables, some of these remedies may help ease the symptoms of minor medical problems, although modern prescription drugs or treatments often are superior, said Dr. George Shacklett, chairman of the department of family medicine at University Hospital.

Although most of these remedies probably aren't harmful and they may be effective for some people, they don't take the place of modern medicine, Shacklett said.

But before modern medicine there were home remedies, he noted.

"For instance, before they had antibiotics, they used hot stoops — heated rags with coal tar and turpentine in between — as a counter-irritant to bring blood to the area. Although it's not recommended in today's world, it did in fact increase the circulation of blood to the area," he said.

Soot rubbed on a cut to stop bleeding is another example of an effective, but not necessarily desirable, home remedy.

"As far as I know it's not harmful, but it does leave black soot in the cut, making a permanent black scar," said Shacklett.

Shacklett, 64, remembers many of these home remedies from his own childhood in Rockwood.

His parents gave him a turpentine tonic when he was a boy, but he's not sure if it worked or even if he actually had worms.

Even today, Shacklett said, his patients sometimes employ alternative methods of self-treatment.

"The modern thing is wearing copper bracelets for arthritis. I've seen several arthritis patients wearing them, but I don't know if they work. I certainly wouldn't want patients to spend a lot of [illegible] money on this, but it won't harm them," he said.

Sprains

Wrap a brown paper bag soaked in vinegar around a sprained joint to reduce swelling

"It doesn't hurt anything, but ice is better. The old theory is that you put something on it that will draw out the swelling," said Dr. George Shacklett, chairman of the department of family medicine at University Hospital.

Snakebite

Wrap a recently killed black chicken split open around a snakebite to draw out the venom

"It might work for some people, but I wouldn't recommend it because snakebites can be deadly," Shacklett said.

Worms

Mix turpentine with sugar and water to get rid of intestinal worms

"I remember taking it as a child. It's potentially harmful if there is too much turpentine – it can harm the kidneys. Kerosene has been used in the same way. In the late 1800's, parents thought their children should be de-wormed every spring," said Shacklett.

Asthma

Take a child with asthma and stand him up against a white oak tree. Drill a hole just above his head and place a lock of the child's hair in it, secured with a wooden peg. When the child grows taller than the hole, he will have outgrown his asthma

"I had that remedy, too. I did get over my asthma, but I doubt that it has any medical value," Shacklett said.

City&State

Saturday, Oct. 27, 1990

Cosmetologists offer help to cancer patients

BY ASHLEY MARTIN
of The Journal staff

The American Cancer Society and area cosmetologists want cancer patients to look good and feel better by learning to cope with body changes that accompany medical treatments.

Developed by the Cosmetic, Toiletry and Fragrance Association Foundation in cooperation with the ACS and the National Cosmetology Association, the "Look Good... Feel Better" program will teach cancer patients "little tricks of the trade" to improve their appearance and self-esteem, said Piper Cook, program director for the ACS.

"When you take chemotherapy, it dries out your skin because it affects your entire body chemistry. It dries out your hair, too, sometimes making it fall out," said Cook. Other side effects may include blotchiness of the skin, discoloration of the fingernails, or the loss of eyelashes and brows.

"Cosmetologists can teach the patients how to use eyebrow pencil to fill in brows or to use a tiny brush to make it look like they have more lashes," she said.

"A patient can use the same concealer that she uses under her eyes to cover blotches on her skin," she added.

Cancer patients will also learn to use wigs, scarves, turbans, and other accessories in creative ways to compensate for hair loss resulting from chemotherapy.

"Look Good... Feel Better" will not interfere with the doctor-patient relationship, said Cook, but will recommend grooming techniques to improve the patient's image and self-esteem.

Beginning in January, licensed cosmetologists who have completed a two-hour training session on the program and its goals will offer their services to patients as American Cancer Society volunteers.

The training sessions are conducted by the American Cancer Society on the local level to instruct cosmetology professionals on the special needs of cancer patients.

Instruction includes a video on the program and its benefits as well as information on the side effects of various treatments, said Cook.

Side effects vary not only among individual patients, but among types of treatment.

"Chemotherapy patients take in chemicals foreign to the body which can cause splotchy, dry skin; darkening of the veins in the arm closest to the injection site; and — because the chemicals cause nausea — weight-loss," said Cook.

"Patients receiving radiation treatment do not have chemical injections, so they generally don't lose their hair unless they receive radiation near their head," said Cook. However, the cosmetologists are instructed to be careful not to wash off special markings on the skin, made during treatment, which indicate areas of radiation.

Several area National Cosmetology Association members have already completed the training session, including Robert McCarter of Jessie's Salon; Darrell James and Martin West of Fleenor's Salon; and Jack Rogers of the Executive Institute of Hair Design.

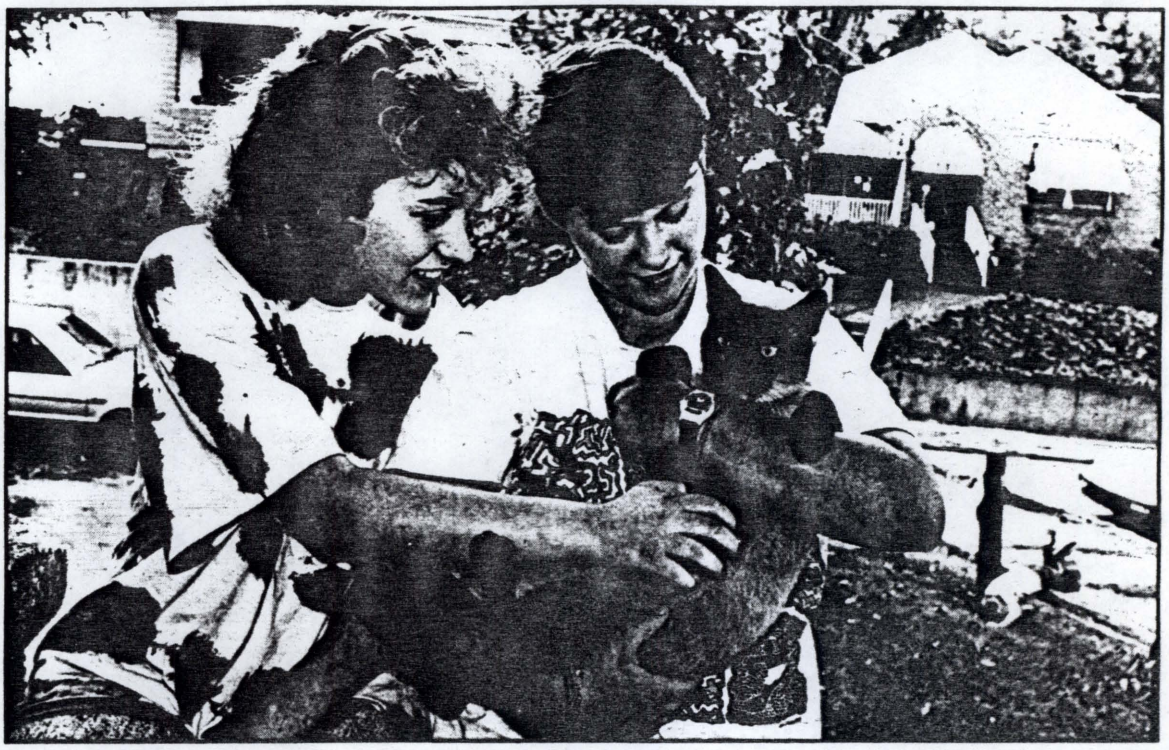
The cosmetologists participating in the program will provide the first visit free, demonstrating makeover and hair techniques to the patient in either a personal appointment or a group demonstration, said Cook. Future appointments can also be arranged if the patient wishes to become a client.

There will be a kickoff reception for "Look Good... Feel Better" November 19 from 5:30 to 7:30 p.m. at the Candy Factory. Area cosmetologists, doctors, nurses, cancer patients, and their families and friends are invited to view demonstrations of the beauty and fashion techniques available through the program.

Judy Gardner of WBIR-TV and Watson's, spokesperson for the event, will demonstrate scarf and turban-tying techniques at the reception.

Cook said invitations will be sent to American Cancer Society self-help and support groups and to oncology units in area hospitals.

"We want to have hands-on demonstrations with patients, too," said Cook. "We hope to ask each hospital to provide us with at least one patient."



SUSAN J. HICKS/The Journal staff

Wendy Stafford (left) and her sister, Karen, participated in the Home Ties program, which helps families work out problems by communicating.

Home Ties helps families

Unique method takes up where social services agencies leave

BY ASHLEY MARTIN
of The Journal staff

Wendy Stafford is home to stay, thanks to Child and Family Service's Home Ties Program.

Wendy was 16 years old when she first concluded she couldn't take living at home. Life was filled with long bouts of heated arguments with her mother and screaming fits lasting as long as eight hours.

"I hated it here," said Wendy, now 17. "But I hated it at the runaway shelter, too."

Wendy ran away four times before she met Robin Pike, supervisor for Home Ties and the counselor assigned to work with the Staffords. The Department of Human Services referred the Staffords to Home Ties in a last-ditch effort to keep Wendy in her home.

Wendy was in danger of being placed in an institutional facility, as are many teenagers who have behavior and emotional problems so severe that they can no longer live at home.

Lynelle Hammett, assistant executive director of Child and Family Services, said Home Ties is part of a national tend in family preservation programs. The Knoxville Home Ties program is one of eight in the state.

"There are not enough appropriate facilities for children being taken into care. Tennessee has the second-highest rate of psychiatric hospitalization of teen-agers in the nation," she said.

The Tennessee project, modeled on a program started in Washington state, is a year old this month. Hammett said the Home Ties program has served 77 families since the program started.

"The idea is that if it's a true crisis, then the usual social services where the counselors see the family in the agency, or where they see them only a few hours a week, are just not going to get the job done," Hammett said.

Wendy's mother, Judy Stafford, liked the program because of the cooperative relationships between counselor and parent, and between counselor and teen-ager.

"Wendy felt like she couldn't trust anybody out there," Stafford said. "But she could trust Robin. Other agencies took sides, and Home Ties didn't. I felt like they were trying to help me as much as they were trying to help Wendy."

The program's strategy is a unique approach called the psychoeducational model, said Hammett. "The idea is that there are things you need to teach the family in order for them to live together. If everybody is screaming at each other, then nobody is listening."

Wendy's mother said Pike helped her family communicate more efficiently. "Robin would more or less referee sometimes ... we'd have chalkboards, and it would be 'What's wrong with Wendy?' Robin would let me get it all out. If it had just been her and me, we'd have come to blows before I got to No. 2," she said.

Wendy said that with Pike's help, she finally got to give her side of the story. "When I would come home late, Mom just didn't want to listen to me. She want her own conclusions about e We talk to each other now did," Wendy said.

Stafford says her daughter cam now. "I told them that the swee girl under all that, and h said.

Alth gh the Staffords ha their tern of counseling wit which was extended to six we request, there are still a few th to improve.

One thing Wendy wants to ing back to school and makin Her ma When she ran away, but Wend return to school in January.

"It'll be hard out I guess I'll Wendy. "I'm gonna be mysel ways trying to fit in with oth doing what they told me to do. what I know is right."

FUN at the *DENTIST?!*



Dentist Dr. Nick Showalter reduces patients' stress with humor.

SUSAN J. HICKS/The Journal staff

Dental visits don't have to hurt, 2 Knox doctors say

BY ASHLEY MARTIN
of The Journal staff

One local dentist took some of the scariness out of dental work this Halloween by giving his young patients toy sets of neon false teeth.

But giving away toys and stickers is just one way Dr. Philip Powell, dental health chairman of the District II American Dental Society, relaxes frightened patients.

Powell and his staff wear colorful knit shirts and khaki pants instead of the traditional "starched white uniforms" to make their office environment less threatening.

Powell's efforts are among the many techniques dentists are using to relax the fear and anxiety common in dental patients of all ages.

Powell's examining chairs are all in one room, forming an "open-bay" office layout, where children can see other children under treatment.

"If they can see other children in chairs, they think, 'If he can do it, I can do it too,' " Powell said. "Fear of the unknown is what makes children fearful of dental work."

Another Knoxville dentist, Dr. Nicholas Showalter, eases his patients' fears by sharing some of his own. "I just tell them how much fun I have on an airplane," Showalter said. "No matter what the source, if you're scared of it, you're scared of it.

"Ninety percent of what we do is to sit down with the fearful patient and ask them what bothers them the most," he said.

Showalter said sometimes a patient objects to a particular instrument or smell. "We try to dissipate the typical 'dentist smells,' " he said.

Chemicals such as eugenol, a compound used under fillings as an insulator, and formo-creosol, which "smells like the stuff they put on telephone poles," are particularly unpleasant to patients, Showalter said.

"Eugenol will linger forever, so we don't keep it in the rooms," he said.

Showalter believes a thorough explanation of dental procedures also allays patients' fears. "I go through it from A to Z, telling them exactly what I'm going to do before I even begin. I do the dentistry *with* my patients, not *on* them."

Showalter promises his patients that if they say, "Unh" just once when they feel something uncomfortable, he will stop immediately.

Showalter — "Nick" to most of his patients — wears anything from sandals and bermuda shorts to rugby shirts and khakis to make his patients feel more comfortable.

"We don't wear anything that even looks like a uniform. A lot of that doctor stuff is fine, but it tends to alienate people," he said.

Showalter dresses up his equipment as well. "A lot of the equipment is kind of spooky, so we try not to put anything over the patient's head. Our X-ray unit is painted with a great big face with a nose and freckles," he said.

The only white lab coat in the office is a "Deputy Dentist" outfit that young patients can wear for fun.

Anxious patients sometimes can't figure out what to do with their hands while they're in the chair, Showalter said. "We put a stuffed animal in each room to give them something to hold onto," he said.

Soft rock from one of the local radio stations usually plays throughout the office, but patients can bring their own favorite music to play on cassette recorders with headphones.

Showalter's patients range in age from 2 to 82. He encourages parents to bring their children in at a very young age for an "orientation visit" — perhaps even during a parent or sibling's appointment time.

Children who become familiar with the dentist's office and equipment before they become patients themselves are less likely to be fearful of examinations in the future, he said.

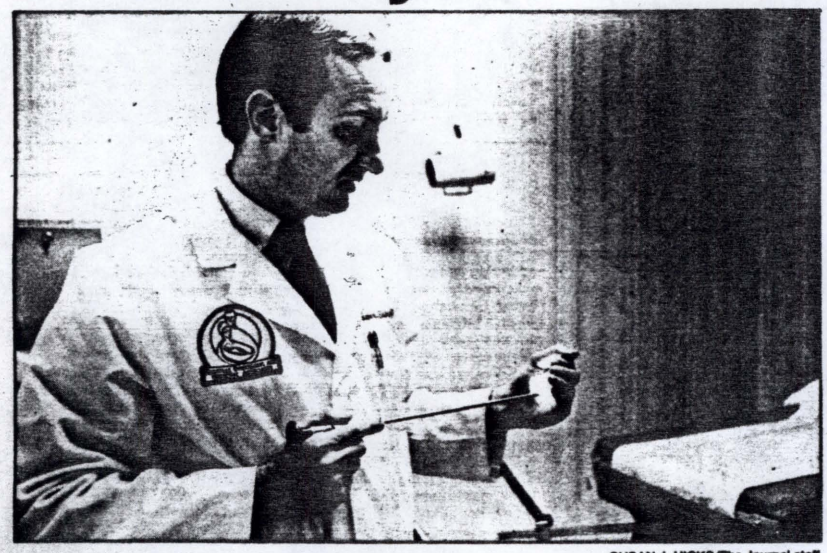
"We might let them hold the vacuum or watch the parent or sibling under treatment," said Showalter. "We tell them that when they get old enough, we'll let them get in the chair, too."

When young patients are particularly frightened of being examined, they may feel more comfortable being examined sitting in a parent's lap, said Showalter.

HealthBeat

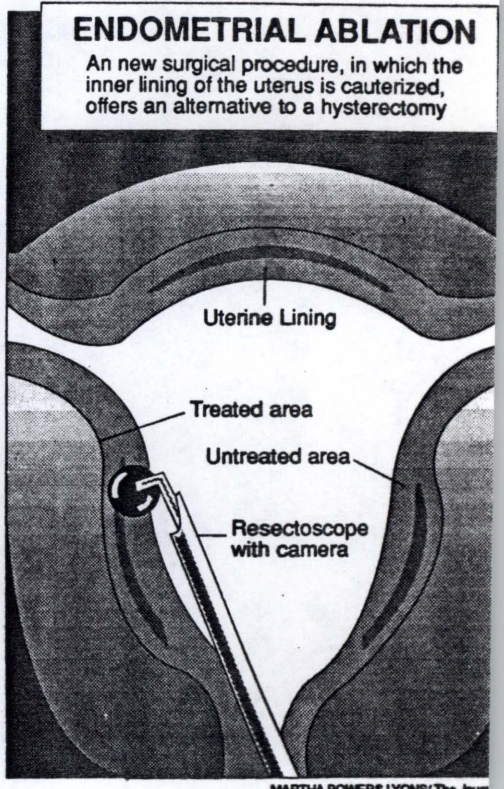
Tuesday, Nov. 6, 19

Minor surgery can mean major relief



SUSAN J. HICKS/The Journal staff

Robert Elder demonstrates a hysterscope in one of his examining rooms.



MARTHA POWERS LYONS/ The Jour

New procedure offers less expensive, less painful alternative to hysterector

BY ASHLEY MARTIN
of The Journal staff

Relief from long, heavy menstrual periods no longer requires major surgery, thanks to a new minor surgical procedure called endometrial ablation.

Offered as an alternative to hysterectomies, endometrial ablation involves insertion of an instrument through the cervix to cauterize the inner lining of the uterus. Destruction of the cells that produce the uterine lining each month greatly reduces or even eliminates a woman's menstrual flow.

Dr. Larry Gurley, of Centennial Medical Center in Nashville, said endometrial ablation is part of a growing trend in gynecology to develop less invasive surgical procedures using lasers and other modern technology.

"Telescopic procedures such as this one are replacing open surgical procedures... they're more cost-effective, less risky, relatively painless, and the recovery time is much shorter," Gurley said.

An instrument called a resectoscope, a pencil-sized tool with an electrified rollerball or loop on the end, has taken the place of lasers, previously used for this procedure.

Although lasers were successful, the resectoscope is "more cost-efficient, quicker, and safer" than the laser, said Gurley.

A hysterectomy, or surgical removal of the uterus, is a major surgical procedure costing between $10,000 and $20,000, compared with $4,000 to $7,000 for endometrial ablation.

Recovery time for a hysterectomy is six weeks, compared to a short two to four days for endometrial ablation.

Gurley said eligible candidates for this procedure are women who have "unusually heavy menstrual periods that interfere with daily life or cause anemia" and would otherwise be considering a hysterectomy.

Causes of excessive bleeding include hormone imbalances, benign fibroid tumors or polyps, or poor coagulation (clotting) of the blood.

Most of the women for whom it is recommended have tried other treatments such as hormonal therapy or D&C — a scraping of the uterus — to no avail.

One disadvantage of the procedure is that it nearly always results in sterilization. "This procedure is only recommended for women who do not plan to have any more children," said Gurley.

Pregnancy is not impossible, as the ovaries are not affected by the procedure, but implantation of the egg is nearly impossible because the lining of the uterus has been destroyed.

For this reason, Gurley said, a patient may choose to be sterilized by tubal ligation at the same time.

Patients must undergo a pre-operative hysteroscopy and an endometrial biopsy or D&C to rule out any abnormal cell growth in the uterus such as hyperplasia or pre-cancerous growth. A hysteroscopy allows the physician to view the uterine cavity; an endometrial biopsy is a sample of the uterine tissue.

Pre-operative medication includes medication such as Lupron, Synarel, or Danocrine to suppress the uterine lining.

Dr. James Daniell, also of Centennial Medical Center, said the purpose of the medication is to make the lining "very thin" to facilitate destruction of the cells that produce it.

Although the risk of post-operative complications is lower with endometrial ablation than with a hysterectomy, there is a small chance of recurrence.

"Endometrial ablation has a 70 to 85 percent success rate, based on reduction of menstrual flow, rather than absence of men flow," said Gurley.

However, in cases where excessive b ing recurs, the procedure can be repeat

Because the instrument used to cau the lining is a skill-dependent instrumen tients should consider the experience physician who will perform the proce said Daniell.

Dr. Robert Elder, an OB/GYN at U sity Hospital, said women in this area to be interested in something more defi such as a hysterectomy."

"I haven't been able to convince them to have endometrial ablation would like those patients who are elig consider this. This procedure is muc traumatic than a hysterectomy," said E

Daniell suggests that some women n hesitant to undergo a procedure that m be permanent. "Some women who ar childbearing years just want to be t and not have to worry about recurren said.

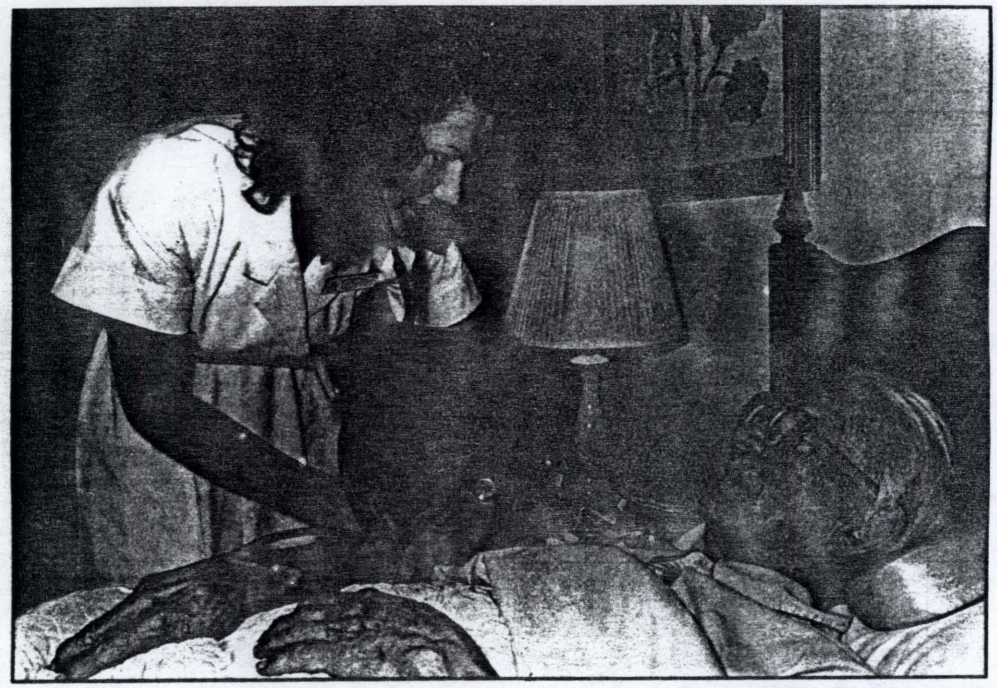
Gurley said that women need not that the procedure is new. "We've been ing it since 1983, and we're using tech that's been around for years."

CLAIRE #8093
CLEAR TOPPER

HealthBeat

Tuesday, Nov. 13, 1990

Home is where the health care is



CHRISTOPHER BERKEY/The Journal staff

Superior Home Health Care nursing supervisor Sandi Turner takes the blood pressure of Homer Bernhardt, 90, at his Knoxville home.

Home care is an alternative to long hospital stays

BY ASHLEY MARTIN
of The Journal staff

For patients just released from the hospital, there's no place like home. With the help of a home health care service, patients can return to heal in the comfort of their own homes.

Home health care, an alternative to prolonged hospitalization or institutionalization, allows patients to receive quality medical care in the home.

Astrida McCabe, administrator at Superior Home Health Care in Knoxville, said that home care is expanding rapidly as the public becomes aware of its benefits.

"During 1985-89, over 130,000 patients were cared for in their homes in Tennessee, and in the 1990s, we anticipate that number to double," said Gayla Sasser, executive director of the Tennessee Association for Home Care.

"In the last 10 years, the trend has increased along with improved medical technology. Patients are discharged from the hospital much sooner, but they need follow up care," said McCabe.

By returning home sooner or avoiding hospitalization entirely, a patient does not incur hospital expenses such as room and board.

"It's far more economical to take care of people at home, and they have a much speedier recovery, too," said Bob Levine, administrative assistant at Superior.

He added that scientific evidence shows patients recover more quickly at home, surrounded by families and other care givers.

Skilled home-care workers include nurses, social workers and physical, occupational, speech, and respiratory therapists. Home-care workers can administer medication, catheters, feeding tubes, I.V. fluids, injections, and countless other medical treatments, as well as instruction on self-care.

"We also want to help the patients to be responsible for their own care, rather than depending on others," said Sasser.

Patients under home care and their families are taught to participate in the recovery and be responsible for maintaining their health.

Norma Lindsey, director of Home Care Services at St. Mary's Hospital, said the home-care industry emphasizes patients rights and responsibilities. "Before we administer care, we inform the patient of his rights, such as the rights to refusal, confidentiality, to have his property treated with respect, to participate in his own health care plan, and to be notified of any changes in the plan," Lindsey said.

"We're a guest in their home, so we can't change their environment, but we are very tuned in to notifying or teaching the patient and the care giver how to care for himself," she said.

Home-care services are not a substitute for a doctor's care, however.

"Home care is administered strictly on a doctor's orders," said Levine. The doctor assesses the patient's condition and decides whether the prescribed treatment can be safely administered outside the hospital, he said.

A doctor will refer the patient to a specific agency or the patient may choose his own.

Home health-care professionals are on call 24 hours per day to offer the highest quality medical care, said Lindsey.

Knoxvillian Myrtle "Sparky" Burnhardt, whose husband, Homer, 90, receives home care, says the home-care professionals have been very helpful to her, as she is legally blind.

"We have received very good home care," she said. "We've had a few emergency situations with Homer, and they have responded very quickly."

Under the instruction of the home-care professionals, Myrtle gives her husband oral medication twice daily and changes his 24-hour medicated dermal patch in the evening. Homer is "extremely weak," and he can walk only a few feet at a time from the living room to the bedroom, she said.

Although home-care agencies serve patients of all types and ages, many are covered by Medicare and Medicaid, which have criteria for home-care coverage.

"The real restriction is that they must have 'homebound' status," said Levine. "This means that only in exceptional circumstances, such as a visit to the doctor, would the patient ever leave the home."

McCabe said more and more private insurance agencies are beginning to cover home health-care costs as the industry expands. "Private insurance companies usually don't require that patients be homebound. Some even cover care administered in the office or at school," she said.

Riverboat doing its part to douse smoking for day

BY ASHLEY MARTIN
of The Journal staff

Smokers who want to kick the habit can celebrate their first smoke-free day with a riverboat cruise down the Tennessee River.

As part of the American Cancer Society's Great American Smokeout Thursday, Knoxville Riverboat Co. will admit passengers on the 1 and 2:30 p.m. tours at a special price — their cigarettes or other smoking paraphernalia and a promise to give up smoking for the entire day.

Knoxville participants in the Great American Smokeout will be joined by millions of other smokers across the nation as they pledge to stop smoking for 24 hours. And a free riverboat

Please see **SMOKEOUT, 11A**

Smokeout

From Page 1A

cruise is not the only reward for their efforts.

A recent surgeon general's report, "The Health Benefits of Smoking Cessation," says kicking the habit benefits both healthy people and those already suffering from smoking-related illnesses.

Quitting for just one day can give a smoker the incentive to swear off cigarettes permanently, said Piper Cook, program director of the Knox County Unit of the American Cancer Society.

"We'll have educational booths set up at East Towne and West Town malls to give out information and survival kits with hard candy or gum and quitting tips to help them stop, but we're trying to help them quit for good," she said.

Cook said the smokers either participate as individuals or as part of a company promotion or non-smoking policy.

Levi Strauss and Co.'s manufacturing plant on Cherry Street will participate in the Smokeout through the society's "Adopt-a-Smoker" program, said Rosilyn Flanagan, an occupational nurse at the plant. A non-smoker "adopts" a smoker for the day, giving moral support to help him or her quit, she said.

Employees of the plant who go on to participate in the society's long-term "Fresh Start" program will receive rewards at three, six and nine months of smoking cessation, as incentives to quit smoking permanently. The reward for quitting for one year is a trip to Gatlinburg, said Flanagan.

The Great American Smokeout will kick off a new non-smoking policy for the Knoxville Riverboat Co.'s dining cabin. Beginning Thursday, the dining cabin will be a designated non-smoking area of the boat.

Some riverboat company employees will be trying to quit right along with the passengers. "Captain Ed" Utterback, the company's manager, who smokes two packs of cigarettes a day, said he's been "working up to this for a long time."

"I've been reading a lot and looking at pictures of burnt-out lungs. Some of my friends in the industry have died of smoking-related diseases, and one is suffering from cancer — I'm going to quit forever," he said.

This is not Utterback's first attempt to quit. He managed to give up smoking for a week once, but he experienced nervousness and "night-sweats," so he started smoking again. This time, he plans to "have a good supply of candy on hand" to help him stop.

Alice Byrd, who works in the company's main office, will enjoy a smoke-free 50th birthday Thursday. Byrd, who smokes one to two packs per day, is a first-time quitter who plans to stop smoking forever.

Smoking is a hard habit to break. Freddie Birdwell, coordinator for the 1990 Smokeout, said that of 17.9 million participants in the 1989 Smokeout, about 4 million remained "smokeless" when surveyed three days later.

However, some smokers have been able to quit permanently after several unsuccessful tries. The Great American Smokeout encourages people to make a 24-hour successful attempt to provide incentive for an effort to quit for good.

AMERICAN CANCER SOCIETY
GREAT AMERICAN SMOKEOUT

FIVE QUIT TIPS TO HELP YOUR NON-SMOKING HABIT

1. Lay in a supply of sugarless gum, carrot sticks,etc.
2. When the urge to smoke hits, take a deep breath, hold it for 10 seconds and release it slowly.
3. After you quit, start using your lungs. Increase your activities and try a new sport.
4. If you gain weight because you miss smoking, wait until you get over the wish to smoke before you diet. Dieting is easier then.
5. Frequent places where you can't smoke, such as libraries, theaters, department stores or even bed during the first weeks you are off cigarettes.



MARTHA LYONS/The Journal staff

CLEAR TOPPER

TempoHealth

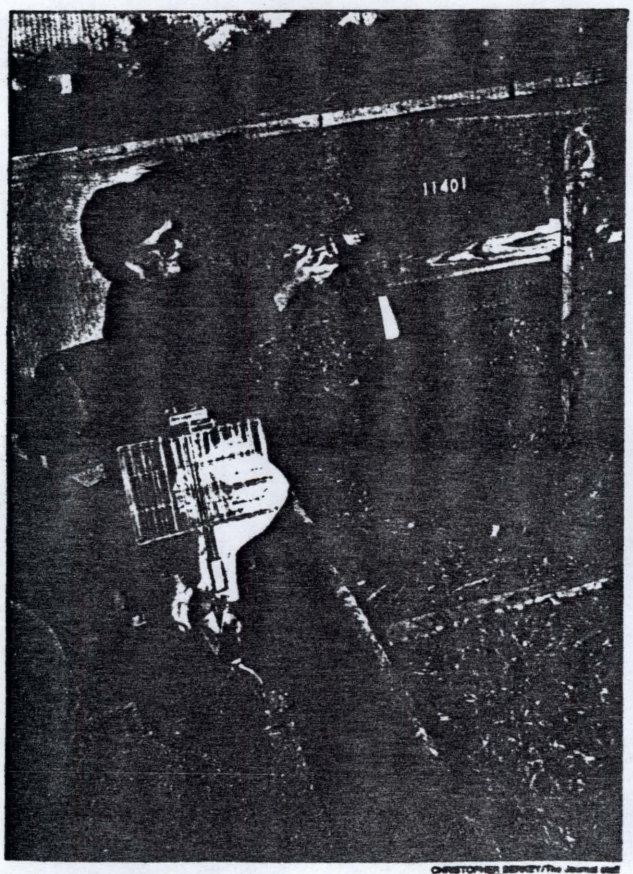
The Knoxville Journal

Wednesday, Dec. 12, 1990

Body Shop column, 3B

post-polio syndrome

Some adult survivors of the disease experience new symptoms



CHRISTOPHER BERKEY/The Journal staff

Terry Jones uses her electric wheelchair to go on short a distance as to the mailbox.

BY ASHLEY MARTIN
of The Journal staff

Polio, once a devastating illness of epidemic proportions in the United States, is virtually gone, but not forgotten.

Thousands of polio survivors who thought themselves partially or completely recovered are experiencing alarming new symptoms. Physicians have labeled this frightening reminder of the childhood illness "the late effects of poliomyelitis," or post-polio syndrome.

In 1947, Knoxvillian Terry Jones was one of thousands of young Americans struck down by the crippling disease. At 4, Jones was paralyzed in three of her limbs, and doctors did not expect her to walk again.

Jones, like many polio survivors, did learn to walk again with few remaining complications. She resumed a very active lifestyle and was virtually free of discomfort until age 46.

"For the most part, nobody would have known that I ever had polio," said Jones. "Three weeks before I noticed the sudden weakness in my left leg, I was out dancing with my husband until 3 a.m. in cowboy boots."

Jones said she noticed a sharp decline in the muscle strength of her left leg, which began to severely limit her mobility. Before then, she had experienced only minimal fatigue from her childhood bout with polio.

Please see POLIO, 3B



Terry Jones demonstrates exercise for all muscleset and explains stabilizing fabric sleeves.

"People get the idea that either you can walk or you can't," said Jones. "I had a sudden weakness in my left leg, where if I got my knee bent, it would buckle. Now I can walk, but it's kind of like my batteries are weak. I can walk, but I can't get any strength or endurance out of it. If I walk for 20 minutes, my legs are as tired and as shaky as if I had run up 7 flights of stairs."

After a frustrating series of visits to doctors who were puzzled by her condition, Jones was finally diagnosed with post-polio syndrome and was relieved to learn that the polio virus had not been causing her symptoms, and that she could alleviate the symptoms by modifying her lifestyle.

Dr. Marinos Dalakas, chief of the neuromuscular diseases section of the National Institutes of Health, describes post-polio syndrome as "new symptoms experienced 25 to 30 years after the original polio attack, including muscle weakness or pain, joint pain, fatigue, and diminished muscular endurance."

Polio survivors who have not used a cane, crutches, or a wheelchair since their original illness may need such equipment again. Those who have may need new, stronger devices in order to get around.

The experiences of polio survivors vary with each individual, depending on the severity of the initial polio attack, said Dalakas.

The new symptoms may appear not only in the muscles originally affected by the polio virus, but also in the apparently unaffected ones, he added.

If the initial polio attack affected the respiratory system and its muscles, their strength may be impaired by post-polio syndrome as well, he said.

Dalakas estimates that only about 15 percent of polio survivors will be affected. Reasons that the other 85 percent's conditions remain stable are yet unknown. Doctors are still researching post-polio syndrome's nature and its causes.

"We do want to emphasize that progression of weakness continues, but very, very slowly," he said. "Patients often have periods of stability lasting from one to 10 years, as well."

Dalakas reassures his patients that there is no evidence that the polio virus can remain in the muscle tissues, so they should not fear a second bout of the illness. He also emphasizes that post-polio is not a life-threatening condition; it can be alleviated with lifestyle changes and helpful devices.

Knoxville neurologist Dr. William Paulsen, who has seen about 10 post-polio patients, said several theories have been proposed to explain post-polio's causes.

"Our understanding is that there are certain nerve cells damaged, but not killed, by the polio virus," he said. "Then with age and the passage of time, those cells that survived start to weaken and die early."

Dalakas said researchers have found that the muscle tissue "orphaned" by the damaged nerve cell during the initial polio attack is reconnected by regenerated "sprouts," which are supported by the nerve cell.

"The new connection is not as strong, and it puts too much demand on the nerve cell, so, with time, you lose some of the muscle strength and endurance," he said. The 25- to 30-year stability period before the onset of post-polio symptoms may be the amount of time it takes for the "sprouts" to deteriorate enough to cause significant loss of strength.

Dr. Robert L. Chironna, of Knoxville's Patricia Neal Rehabilitation Center, said he has seen 5-10 post-polio patients this year.

"We try to evaluate them for all other types of problems which could be causing the new symptoms before we diagnose them," said Chironna. "Post-polio is a diagnosis of exclusion. Once we've ruled out other things such as arthritis or a pinched nerve, we can recommend therapy such as selective strengthening exercises or training in the right way to walk."

Chironna said patients sometimes strain their muscles by the way that they walk to compensate for their disabilities.

Terry Jones has learned to deal with her symptoms by conserving her energy in her day-to-day living. She uses an electric cart outside her home when shopping or running errands, and she avoids stairs "like the plague."

Jones said even small changes like using a tall bar stool to sit on while entertaining guests in her home can make a great difference. "I can talk to people at eye level, yet I'm conserving my energy as much as possible at all times," she said.

Much of the initial information that Jones received came from a support group leader in Arizona, where she was living at the onset of her symptoms. "I don't know what I would have done if I hadn't had her for a contact," she said.

Support organization often can provide information and recommend physicians to frustrated post-polio sufferers, she said, although there is none here in Knoxville.

Powell resident Bob Day led a group in 1987 that dissolved after one year. Day said lack of support and recognition from hospitals, along with skepticism among doctors, caused interest to diminish.

"One successful group is in Nashville, with 700 members. They have a local hospital that is willing to work with them and do some research and evaluation," said Day. Groups also exist in Chattanooga and Memphis.

Interested people can write the International Polio Network, 4502 Maryland Ave., in St. Louis for listings of professionals, clinics, and support groups in their area.