Star health

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The best antidepressant you need

Love is as critical for your mind and body as oxygen. It is not negotiable. The more connected you are, the healthier you will be both physically and emotionally. The less connected you are, the more you are at risk.

It is also true that the less love you have, the more depression you are likely to experience in your life. Love is probably the best antidepressant there is because one of the most common sources of depression is feeling unloved. Most depressed people do not love themselves and they do not feel loved by others. They also are very self-focused, making them less attractive to others and depriving them of opportunities to learn the skills of love.

There is a mythology in our culture that love just happens. As a result, the depressed often sit around passively waiting for someone to love them. But love does not work that way. To get love and keep love you have to go out and be active and learn a variety of specific skills.

Most of us get our ideas of love from popular culture. We come to believe that love is something that sweeps us off our feet. It is part of our national vulnerability, like eating junk food, constantly stimulated by images of instant gratification. We think it is love when it is simply distraction and infatuation.

One consequence is that when we hit real love we become upset and disappointed because there are many things that do not fit the cultural ideal. Some of us get demanding and controlling, wanting someone else to do what we think our ideal of romance should be, without realising our ideal is misplaced.

It is not only possible but necessary to change one's approach to love to ward off depression. Follow these action strategies to get more of what you want out of life--to love and be loved.

λRecognise the difference between limerance and love. Limerance is the psychological state of deep infatuation. It feels good but rarely lasts. Limerance is that first stage of mad attraction whereby all the hormones are flowing and things feel so right. Limerance lasts, on average, six months. It can progress to love. Most love in fact starts out as limerance, but most limerance never evolves into love.

λKnow that love is a learned skill, not something that comes from hormones or emotion particularly. It is like an act of will. If you don't learn the skills of love you virtually guarantee that you will be depressed, not only because you will not be connected enough but because you will have many failure experiences.

λLearn good communication skills. They are a means by which you develop trust and intensify connection. The more you can communicate the less depressed you will be because you will feel known and understood.

λThere are always core differences between two people, no matter how good or close you are, and if the relationship is going right those differences surface. The issue then is to identify the differences and negotiate about them so that they do not distance or kill you.

λYou do that by understanding where the other person is coming from, who that person is, and by being able to represent yourself. When the differences are known you must be able to negotiate and compromise on them until you find a common ground that works for both.

λFocus on the other person. Rather than focus on what you are getting and how you are being treated, read your partner's need. What does this person really need for his/her own well-being? This is a very tough skill for people to learn in our narcissistic culture. Of course, you don't lose yourself in the process; you make sure you're also doing enough self-care.

λHelp someone else. Depression keeps people so focused on themselves they do not get outside themselves enough to be able to learn to love. The more you can focus on others and learn to respond and meet their needs, the better you are going to do in love.

λDevelop the ability to accommodate simultaneous reality. The loved one's reality is as important as your own, and you need to be as aware of it as of your own. What are they really saying, what are they really needing? Depressed people think the only reality is their own depressed reality.

λActively dispute with yourself internal messages of inadequacy. Sensitivity to rejection is a cardinal feature of depression. As a consequence of low self-esteem, every relationship blip is interpreted far too personally as evidence of inadequacy. Quick to feel rejected by a partner, you then believe it is the treatment you fundamentally deserve. But the rejection really originates in you, and the feelings of inadequacy are the depression speaking.

Recognise that the internal voice is strong but it is not real. Talk back to it. "I'm not really being rejected; this is not really evidence of inadequacy. I made a mistake." Or "this is not about me, this is something I just did not know how to do and now I will learn." When you reframe the situation to something more adequate, you can act again in an effective way and you can find and keep the love that you need.

Source: Psychology Today

Factsheet on Myasthenia Gravis?

Myasthenia gravis is a chronic autoimmune neuromuscular disease characterised by varying degrees of weakness of the skeletal (voluntary) muscles of the body. The name myasthenia gravis, which is Latin and Greek in origin, literally means "grave muscle weakness." With current therapies, however, most cases of myasthenia gravis are not as "grave" as the name implies. In fact, for the majority of individuals with myasthenia gravis, life expectancy is not lessened by the disorder.

The hallmark of myasthenia gravis is muscle weakness that increases during periods of activity and improves after periods of rest. Certain muscles such as those that control eye and eyelid movement, facial expression, chewing, talking, and swallowing are often, but not always, involved in the disorder. The muscles that control breathing and neck and limb movements may also be affected.

What causes myasthenia gravis?

Myasthenia gravis is caused by a defect in the transmission of nerve impulses to muscles. It occurs when normal communication between the nerve and muscle is interrupted at the neuromuscular junction - the place where nerve cells connect with the muscles they control. Normally when impulses travel down the nerve, the nerve endings release a neurotransmitter substance called acetylcholine. Acetylcholine travels through the neuromuscular junction and binds to acetylcholine receptors which are activated and generate a muscle contraction.

In myasthenia gravis, antibodies block, alter, or destroy the receptors for acetylcholine at the neuromuscular junction which prevents the muscle contraction from occurring. These antibodies are produced by the body's own immune system. Thus, myasthenia gravis is an autoimmune disease because the immune system - which normally protects the body from foreign organisms - mistakenly attacks itself.

What is the role of the thymus gland in myasthenia gravis?

The thymus gland, which lies in the upper chest area beneath the breastbone, plays an important role in the development of the immune system in early life. Its cells form a part of the body's normal immune system. The gland is somewhat large in infants, grows gradually until puberty, and then gets smaller and is replaced by fat with age. In adults with myasthenia gravis, the thymus gland is abnormal. It contains certain clusters of immune cells indicative of lymphoid hyperplasia - a condition usually found only in the spleen and lymph nodes during an active immune response. Some individuals with myasthenia gravis develop thymomas or tumors on the thymus gland. Generally thymomas are benign, but they can become malignant.

The relationship between the thymus gland and myasthenia gravis is not yet fully understood. Scientists believe the thymus gland may give incorrect instructions about the production of the acetylcholine receptor antibodies, thereby setting the stage for the attack on neuromuscular transmission.

What are the symptoms of myasthenia gravis?

Although myasthenia gravis may affect any voluntary muscle, muscles that control eye and eyelid movement, facial expression, and swallowing are most frequently affected. The onset of the disorder may be sudden. Symptoms often are not immediately recognized as myasthenia gravis.

In most cases, the first noticeable symptom is weakness of the eye muscles. In others, difficulty in swallowing and slurred speech may be the first signs. The degree of muscle weakness involved in myasthenia gravis varies greatly among patients, ranging from a localized form, limited to eye muscles (ocular myasthenia), to a severe or generalized form in which many muscles - sometimes including those that control breathing - are affected. Symptoms, which vary in type and severity, may include a drooping of one or both eyelids (ptosis), blurred or double vision (diplopia) due to weakness of the muscles that control eye movements, unstable or waddling gait, weakness in arms, hands, fingers, legs, and neck, a change in facial expression, difficulty in swallowing and shortness of breath, and impaired speech (dysarthria).

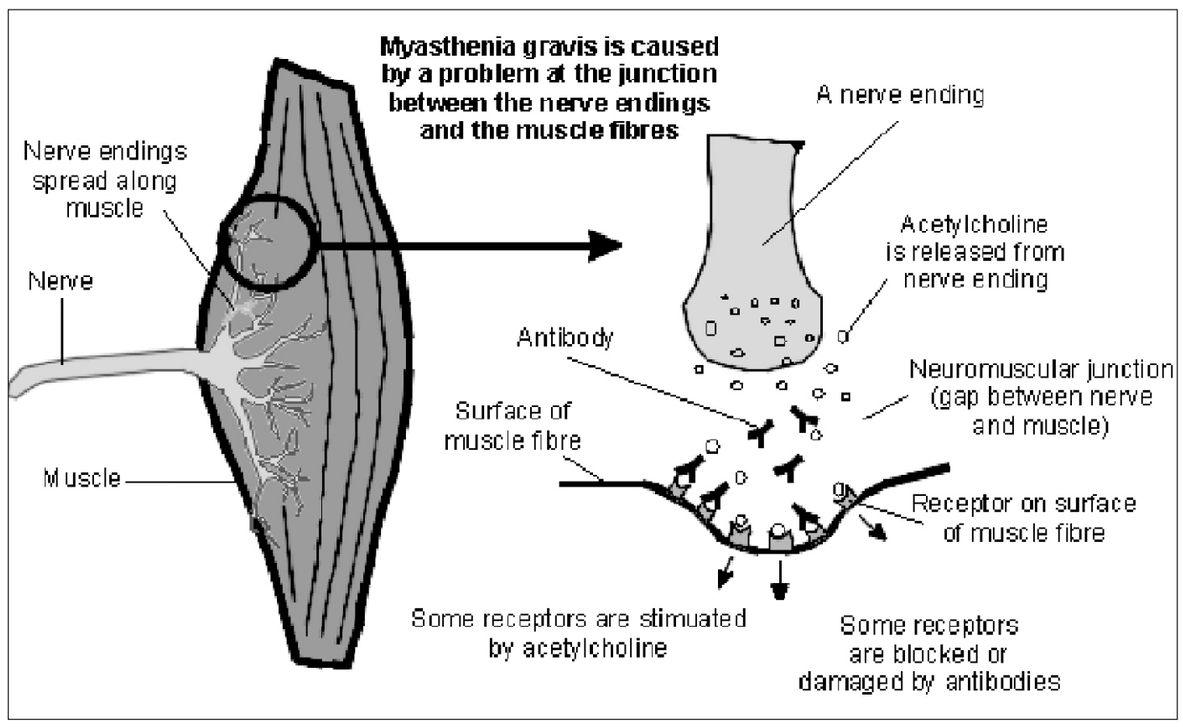
Who gets myasthenia gravis?

Myasthenia gravis occurs in all ethnic groups and both genders. It most commonly affects young adult women (under 40) and older men (over 60), but it can occur at any age.

In neonatal myasthenia, the fetus may acquire immune proteins (antibodies) from a mother affected with myasthenia gravis. Generally, cases of neonatal myasthenia gravis are transient (temporary) and the child's symptoms usually disappear within few weeks after birth. Other children develop myasthenia gravis indistinguishable from adults. Myasthenia gravis in juveniles is common.

Myasthenia gravis is not directly inherited nor is it contagious. Occasionally, the disease may occur in more than one member of the same family.

Rarely, children may show signs of congenital myasthenia or congenital myasthenic syndrome. These are not autoimmune disorders, but are caused by defective genes that control proteins in the acetylcholine receptor or in acetylcholineterase.



How is myasthenia gravis diagnosed?

Unfortunately, a delay in diagnosis of one or two years is not unusual in cases of myasthenia gravis. Because weakness is a common symptom of many other disorders, the diagnosis is often missed in people who experience mild weakness or in those individuals whose weakness is restricted to only a few muscles.

The first steps of diagnosing myasthenia gravis include a review of the individual's medical history, and physical and neurological examinations. The signs a physician must look for are impairment of eye movements or muscle weakness without any changes in the individual's ability to feel things. If the doctor suspects myasthenia gravis, several tests are available to confirm the diagnosis.

A special blood test can detect the presence of immune molecules or acetylcholine receptor antibodies. Most patients with myasthenia gravis have abnormally elevated levels of these antibodies. However, antibodies may not be detected in patients with only ocular forms of the disease.

Another test is called the edrophonium test. This approach requires the intravenous administration of edrophonium chloride or Tensilon(r), a drug that blocks the degradation (breakdown) of acetylcholine and temporarily increases the levels of acetylcholine at the neuromuscular junction. In people with myasthenia gravis involving the eye muscles, edrophonium chloride will briefly relieve weakness. Other methods to confirm the diagnosis include a version of nerve conduction study which tests for specific muscle fatigue by repetitive nerve stimulation. This test records weakening muscle responses when the nerves are repetitively stimulated, and helps to differentiate nerve disorders from muscle disorders. Repetitive stimulation of a nerve during a nerve conduction study may demonstrate decrements of the muscle action potential due to impaired nerve-to-muscle transmission.

A different test called single fiber electromyography (EMG), in which single muscle fibers are stimulated by electrical impulses, can also detect impaired nerve-to-muscle transmission. EMG measures the electrical potential of muscle cells. Muscle fibers in myasthenia gravis, as well as other neuromuscular disorders, do not respond as well to repeated electrical stimulation compared to muscles from normal individuals.

Computed tomography (CT) or magnetic resonance imaging (MRI) may be used to identify an abnormal thymus gland or the presence of a thymoma.

A special examination called pulmonary function testing - which measures breathing strength - helps to predict whether respiration may fail and lead to a myasthenic crisis.

How is myasthenia gravis treated?

Today, myasthenia gravis can be controlled. There are several therapies available to help reduce and improve muscle weakness. Medications used to treat the disorder include anticholinesterase agents such as neostigmine and pyridostigmine, which help improve neuromuscular transmission and increase muscle strength. Immunosuppressive drugs such as prednisone, cyclosporine, and azathioprine may also be used. These medications improve muscle strength by suppressing the production of abnormal antibodies. They must be used with careful medical followup because they may cause major side effects.

Thymectomy, the surgical removal of the thymus gland (which is abnormal in myasthenia gravis patients), improves symptoms in more than 50 percent of patients without thymoma and may cure some individuals, possibly by rebalancing the immune system. Other therapies used to treat myasthenia gravis include plasmapheresis, a procedure in which abnormal antibodies are removed from the blood, and high-dose intravenous immune globulin, which temporarily modifies the immune system and provides the body with normal antibodies from donated blood. These therapies may be used to help individuals during especially difficult periods of weakness. A neurologist, along with the primary care physician, will determine which treatment option is best for each individual depending on the severity of the weakness, which muscles are affected, and the individual's age and other associated medical problems.

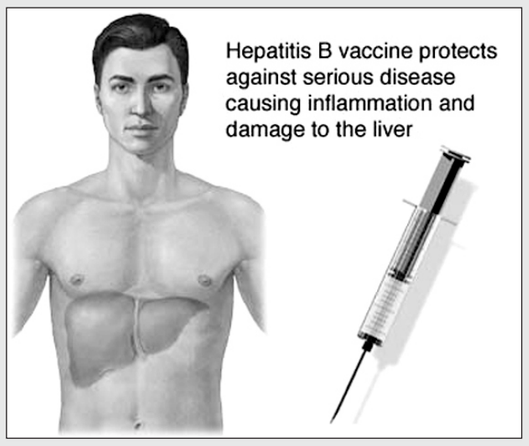
What are myasthenic crises?

A myasthenic crisis occurs when weakness affects the muscles that control breathing, creating a medical emergency and requiring a respirator for assisted ventilation. In patients whose respiratory muscles are weak, crises - which generally call for immediate medical attention - may be triggered by infection, fever, an adverse reaction to medication, or emotional stress.

What is the prognosis?

With treatment, the outlook for most patients with myasthenia gravis is bright: they will have significant improvement of their muscle weakness and they can expect to lead normal or nearly normal lives. Some cases of myasthenia gravis may go into remission temporarily and muscle weakness may disappear completely so that medications can be discontinued. Stable, long-lasting complete remissions are the goal of thymectomy. In a few cases, the severe weakness of myasthenia gravis may cause a crisis (respiratory failure), which requires immediate emergency medical care. (see above)

Source: http://www.ninds.nih.gov



New way to treat Hepatitis B?

Swiss researchers have found that an enzyme can block reproduction of the hepatitis B vaccine, a discovery they say could lead to a new treatment for this dangerous liver infection.

Their theory is that if the enzyme can block the genetically engineered hepatitis B proteins found in the vaccine, it might also work against the virus itself.

More than 250 million people worldwide are infected with hepatitis B, which can cause cirrhosis and liver cancer. In about 90 percent of cases of hepatitis B, the virus disappears after several months. But a lot of people are chronically infected.

Hepatitis B is spread by infected blood and other body fluids, such as semen, so drug users who share needles and people who have unprotected sex are vulnerable to the infection. There is a vaccine that can be effective if given immediately after infection. Chronic infections are treated by injections of interferon and by two relatively new antiviral drugs, which are not completely effective. Chronic infection carries the risk of potentially fatal liver conditions.

Now the researchers from the University of Geneva reported that an enzyme designated as APOBEC3G (understandably abbreviated to A3G) has blocked reproduction of the hepatitis B vaccine in laboratory-grown cell lines.

The discovery is something of a surprise because A3G until now has been identified only as a molecule that defends against retroviruses that have RNA as their genetic material. The best-known retrovirus is HIV, which causes AIDS and is spread in the same way as hepatitis B, by infected blood and sexual contact.

This is the first study to show that A3G can act against a DNA-containing virus such as hepatitis B, according to study author Dr. Didier Trono, chairman of microbiology and molecular medicine at Geneva.

But, he adds, making medical use of that discovery requires a lot of work and some imagination.

"Perhaps A3G blocks the assembly of the complex necessary for its reproduction," Trono says.

Research on how and why A3G acts as it does will continue, he adds.

Source: http://health.yahoo.com

Breast radiotherapy linked to heart death risk

Women who have radiotherapy for breast cancer have a increased risk of dying from cardiovascular disease, Dutch scientists said, but the danger is not as high as it used to be.

Dr Maartje Hooning, of the Netherlands Cancer Institute, told the Fourth European Breast Cancer Conference that improvements in radiotherapy techniques have changed the way the treatment is given.

But the therapy still results in about 12 extra cardiovascular deaths per 10,000 women who receive radiotherapy compared to patients who don't.

"The good news is that the figures already show that the risks have decreased over time. We know that techniques have improved and the way radiotherapy is given has changed," Hooning said.

Hooning and her colleagues studied 7,427 breast cancer patients ranging in age from 17 to 71 for 14 years or more. They found a 70 percent increase in cardiovascular deaths in women who had radiotherapy compared to those who didn't.

Women who had the treatment to the chest wall on the left side, which can affect the heart, had a higher risk, along with patients who had radiotherapy following a mastectomy rather than a lumpectomy.

Radiotherapy destroys cancer cells in the area that is treated. It also reduces the risk of the cancer returning after surgery.

Women who have a lumpectomy, in which the tumor and some surrounding tissue is removed, have radiotherapy to kill any cancerous cells that may have been missed.

The Dutch scientists are now analysing the number of cases of cardiovascular disease in patients included in the study.

Source: http://www.reuters.com

Parkinson's disease: When should the treatment start?

Q: How important is early diagnosis in Parkinson's disease? If medications are taken early in the disease process, will they delay the onset of the more severe symptoms?

A: Early diagnosis of Parkinson's disease is essential to starting appropriate treatment and managing symptoms for as long as possible. Parkinson's is a degenerative disorder of the central nervous system. It occurs when certain nerve cells (neurons) in the brain are damaged or destroyed. Normally, these nerve cells release dopamine, a chemical that transmits signals that cause your muscles to make smooth, controlled movements.

Parkinson's is progressive, meaning the symptoms worsen over time. But unlike other serious neurological diseases, such as Lou Gehrig's and Huntington's diseases, Parkinson's is treatable. The best time to begin treatment for Parkinson's and the best drug to start with are controversial. Some doctors may begin drug treatment at the first signs of the disease. Others may delay this form of treatment until symptoms are more pronounced.

Medications are primarily used to help manage problems with walking, movement and tremors by increasing the brain's supply of dopamine. But drug therapy can have serious side effects. The dosage and timing of drugs need to change as symptoms do. Also, the benefits of traditional drugs such as levodopa diminish over several years. Although they initially improve symptoms, long-term use of these drugs causes excessive, spasmodic movement (dyskinesia) and other side effects. This is an important consideration in people with early-onset Parkinson's (before age 50).

At one time, it was thought that the drug selegiline might slow the progression of Parkinson's delaying the need for traditional Parkinson's drugs. But this now appears not to be the case. Selegiline is currently used as an adjunct to levodopa therapy to enhance the effects of the drug.

Source: http://www.mayoclinic.com