



YELLOW PAGES OF SLEEP, MOOD & PERFORMANCE

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SLEEP & HEALTH

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IN THIS ISSUE:

National News

- Americans Losing Sleep Over SARS . . . page 1

Children and Family

- Screaming Babiespage 2
- How to Help Your Infant to Become a Good Sleeper page 2

People of the Month

- Mary Carskadon, Ph.D.**—NSF's 2003 Lifetime Achievement Award Winner . . . page 3
- Tracy R. Nasca**—Chief Operating Officer - *Talk About Sleep* page 3
- Irina Nemshonek**—Author of *Healing Fairy Tales* for Children with Sleep and Emotional Problems page 3

News From Research

- Research Digest page 4

Alertness • Mood • Performance

- Sleep Deprivation and Fatigue in our Troopspage 5
- Every Woman's Nightmare page 5

Art & Sleep

- Lyudmila Lebedeva page 6

Traditional & Alternative Medicine

- Passion Flowerpage 7
- New Treatments For Cognitive Impairments & Fatigue in Multiple Sclerosispage 7

Bridges & Crossroads

- Doctors Speak Out... and Politicians Take Notice... page 8
- Healing and Dreamspage 8

Ask Dr. Sleep

- Occasional Depression page 9
- Teeth Grindingpage 9

Sleep Industry Presents...

- American Pharmacies: An Ailing Marketpage 9

Odds & Ends

- Mothers page 10
- Fellow Spring Worshipers Beware... Allergy Season is Back!page 10
- "Dry Wings"page 10

Classified, Opportunities

- Sleep Information & Service Directory page 11

THE DEFINITION OF GOOD HEALTH: RESTFUL SLEEP AND PRODUCTIVE ALERTNESS

AMERICANS LOSING SLEEP OVER SARS

By Neil Freedman, M.D.

SARS, the Severe Acute Respiratory Syndrome, has been one of the lead stories in the news for the last several months. The respiratory ailment appears to be caused by a new strain of coronavirus, a variant of the virus that is responsible for many common respiratory infections. Common symptoms include a fever of greater than 100.4° F followed in 2 to 7 days by a non-productive cough. Individuals may also complain of a headache, chills and body aches. Some individuals progress to pneumonia with shortness of breath. Finally, some of these individuals succumb to worsening respiratory symptoms and respiratory failure. As with most viral ailments, treatment is typically supportive, as there is no known treatment at the present time.

As of the writing of this article, there were approximately 4600 cases of SARS diagnosed worldwide in 26 countries, accounting for about 275 deaths. It has been difficult to get an accurate picture of the spread of the disease throughout the world, as there are no confirmatory tests and there has been, until recently, under-reporting of the disease in Hong Kong and China.

Although there is no scientific data reporting an increased incidence of sleep disorders specifically related to the SARS epidemic, several of my patients have voiced their concerns and have reported difficulties in getting to and/or staying asleep related to the stress and related anxiety brought about by the SARS epidemic. In general, stress is probably the most common cause of short-term insomnia. Most of the anxiety has been related to the "unknowns" of the disease to the public and medical community alike. Specifically, it is not totally clear how the virus is spread or for how long an infected individual can disseminate



AP Photo

the disease to others. Also, it is unclear why some individuals get a very mild form of the disease and others die from severe pneumonia. Finally, the inability to accurately diagnose cases early and the lack of an effective treatment all raise anxiety levels.

In an attempt to alleviate some of the anxiety and stress that may be affecting the public's ability to fall asleep and maintain sleep, here are some facts and recommendations to keep in mind:

First, keep things in perspective. Most individuals with upper and lower respiratory tract infections don't have SARS. Individuals at high risk for the syndrome are travelers or residents of places in the world where the disease is common. Although SARS has been diagnosed or suspected in 26 countries worldwide, especially high-risk areas include Hong Kong, China, Taiwan, Singapore, Vietnam and Toronto. Also, anyone with exposure to individuals known to be infected with the virus are at higher risk of contracting the syndrome. If you don't fit into any of these at-risk

Continued on page 4

PEOPLE OF THE MONTH



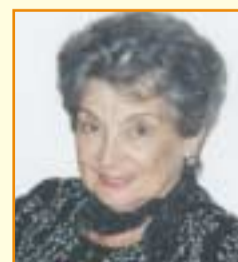
Mary Carskadon, Ph.D.
NSF's 2003 Lifetime Achievement Award Winner

See Page 3



Tracy R. Nasca
Chief Operating Officer of *Talk About Sleep*

See Page 3



Irina Nemshonek –
Author of *Healing Fairy Tales* for Children with Sleep and Emotional Problems

See Page 3

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CHILDREN & FAMILY

SCREAMING BABIES

By: Alexander Golbin, MD

— Those who claim to sleep like a baby, do not have one —

A Parent

A couple was very happy to finally have their long expected baby. She was adorable; a smiling beauty, but soon nights became known as “horror time” to the family—the baby screamed for hours. The mother and father of the child held her and rocked her for hours, but she rarely went to sleep. When they put her down, she immediately woke up and began to cry once again. The sleep of the couple’s older son was also interrupted because of this nightly torment. Four babysitters came and left, because none could handle the baby’s constant screaming. The family was exhausted. They started to look for help and found a pediatrician who simply gave them Benadryl. The Benadryl worked for only a few days and then stopped. Another doctor recommended just leaving her alone; she would tire herself out and would stop crying. The family tried this, but after 10 minutes, no one could stand the screaming. Eighteen months went by, and still, the torture did not cease.

Does this story sound familiar to you or someone you know? Sleep deprivation of an entire family can lead to significant emotional distress, family problems and irrational reactions to the point of child abuse.

Why does the child cry and what can you do? There are two factors: 1) the inner or biological factor, makes the child cry enormously; and 2) the environment (i.e. parent responsiveness). It is very normal for a baby to awake several times a night with a cry. Many mothers can differentiate between a mild, modulating, self-soothing cry or a cry for a drink, from the nerve racking, high-pitched, non-modulating scream.

Many parents believe that they will spoil the baby if

they answer the baby’s cry too frequently. Not true! You cannot spoil a baby during the first 3-6 months of life. Multiple awakenings with screaming are symptoms of undeveloped or disorganized sleep-wake cycles and have nothing to do with the parents.

If you or someone you know has this problem at home, the following are helpful steps toward solving the problem:

Never blame yourself or your spouse. Although the mothers of crying babies tend to be more anxious, the babies’ screams do not mean that you did something wrong. Doctors have screaming babies just as frequently as anyone else. Treat it as a medical disorder. Do not let the baby split up the family!

Bring the baby to your pediatrician to rule out possible medical causes, such as ear infections, colic, etc.

Learn to differentiate “normal” cries from “nervous” screams. In cases of nervous screaming, do not wait to go to your baby; the screaming will only escalate.

Observe while the child is screaming; if the child is restless, thrashing about or not moving much, report this to your pediatrician.

As for feeding, remember that at night, the child does not need much food, but craves for nonnutritive sucking movements. This is a good time to use a pacifier or a bottle with sweetened water (not too much!) A little sugar is like a sleeping pill for a baby.

A screaming baby needs to be held. Touching is the best treatment. If the child is restless, gentle swaddling helps to calm the child down. During infancy, jerking movements of arms and legs disturb the child and the technique of



swaddling a crying baby is a therapeutic procedure.

Rhythmic rocking and patting on the back is good. You also might be surprised to find that flipping the child over a couple times might calm him/her down. Infants like this motion. This technique is widely used by veterinarians to “hypnotize” pets.

During intense screaming, carry the baby in a vertical position facing your breast so that he/she can feel your heart beat.

There is nothing wrong with taking the screaming baby into your bed so you can also take a few minutes of sleep, but follow these three rules:

Do not put the baby between you and your spouse.

Be sure that the baby will not fall out of the bed.

Do not make this a permanent routine.

During the day, do not let the baby over sleep or over eat.

Crybabies may become crabby kids, but with proper management and treatment, they will grow up with normal, pleasant personalities and be good sleepers.

HOW TO HELP YOUR INFANT TO BECOME A GOOD SLEEPER

FIND A BEDTIME ROUTINE THAT WORKS

From 6 weeks to 3 months, start creating a familiar sequence of calming events that unfolds night after night and clearly says, “It’s time to settle down and go to sleep.” Now that your baby’s sleep patterns are becoming more organized, it’s time for a bedtime routine that will fit in with your family’s needs, as well as your baby’s needs. Keep the sequence of events basically consistent, even with caregivers or when away from home. It can also be helpful to have parents take turns putting their baby to bed.

Learn your baby’s signs of being sleepy. Many babies become fussy or cry when they get tired, but others will rub their eyes, pull on their ears, or even stare off into space. Put your baby down for bedtime or a nap when your baby first lets you know he or she is tired.

Start developing a bedtime routine. Make sure your routine is not too long or too impractical to stick to. Rock your baby to sleep at 6 months, and you may end up doing the same when the baby wakes in the night—

as all babies do for short periods—or even when your little one turns two.

Set a regular sleep schedule for your baby. Settle on



regular naptimes and a bedtime that allows your baby to get all the sleep he or she needs. Contrary to what you may think, cutting down on naps won’t help at night. It can be a recipe for overtiredness and a worse night’s sleep. But you’ll also want to avoid naps too close to bedtime.

Give your baby soothing surroundings. Keep the

bedroom dark, cool and quiet. And make sure lights and environment, are the same at bedtime as they will be throughout the night.

Wind down your routine where you want your baby to sleep. The last part of the routine should happen in the room where your baby sleeps.

Put your baby to bed drowsy, but awake. This may teach your baby to soothe himself or herself to sleep, as well as to go back to sleep in the night on his or her own, with little, if any, intervention from you.

Make sleep a family priority. Remember, you need sleep, too. If friends and family have offered help, take them up on the offer. Resist as much as you can treating your baby’s naptime as your chore time. Take a nap when your baby does.

Avoid making bedtime feedings a permanent fixture. They rarely help either how long or how well your baby sleeps. And after 6 months, nighttime feedings are rarely necessary. Move a bottle or nursing time earlier in the evening to avoid the association between eating and sleeping.

NSF 11/20/2002

PEOPLE OF THE MONTH



Mary Carskadon, Ph.D.
**NSF'S 2003 LIFETIME ACHIEVEMENT
AWARD WINNER**

On March 31, 2003, at the third annual Night of a Thousand Dreams Gala in Washington, D.C., the National Sleep Foundation (NSF) recognized outstanding contributions of individuals and organizations to the field of sleep science and health. This year, they presented their Lifetime Achievement Award to Mary A. Carskadon, Ph.D.,

Professor of Psychiatry, Brown University School of Medicine and Director of Chronobiology and Sleep Research, E.P. Bradley Hospital.

From a small-town childhood, Dr. Carskadon landed at Gettysburg College, where she studied psychology and played field hockey and tennis. Dr. Carskadon then moved west and was a research assistant at the Stanford Sleep Lab before attending graduate school there from 1976 to 1979, receiving a Ph.D. in neuro- and biobehavioral sciences, specializing in sleep research. Dr. Carskadon worked with Dr. William C. Dement and many other scientists at Stanford before moving to Rhode Island to start her own research group in 1985. At Bradley Hospital and Brown University, Dr. Carskadon has done research supported by the National Institute of Mental Health (NIMH), National Institute of Nursing Research (NINR), National Heart, Lung and Blood Institute (NHLBI), National Astronauts and Space Administration (NASA), the Grass Foundation, and National Institute of Alcohol Abuse and Alcoholism (NIAAA).

Her interest in the organization of sleeping and waking patterns, was peaked early on by the process of falling asleep—what makes people sleepy—and how to measure sleepiness. She developed a method to measure sleepiness by assessing how fast the brain's activity (EEG) changes from awake to asleep. This method is now used by many groups to study sleep disorder patients and changes that occur after sleep loss or following various medications. Her current focus is to understand factors that affect adolescent sleep/wake behavior. By examining the circadian timing system during puberty, she hopes to describe properties of this system that are controlled by neurons in the hypothalamus.

Dr. Carskadon's group is also examining whether changes in the timing of adolescent sleep may be explained by the brain's sensitivity to light at different times of the day, as well as focusing on adolescents' behavioral phenomena related to sleep and circadian rhythms. The newest research initiative examines whether adolescent sleep physiology is affected by parental alcohol use history, how alcohol may affect the sleep of young adults, and how alcohol's effects on behavior, performance, and sleep are related to the circadian timing system and sleep-wake homeostatic process. A public policy issue affected by Dr. Carskadon's research is the starting time of school for teenagers.

Dr. Carskadon has two edited books. The first is a compilation of articles specifically about adolescent sleep patterns. This book may be useful to sleep experts, psychologists, educators, and parents concerned with adolescent sleep patterns. The

Continued on page 4



Irina Nemchonek –
PROFESSOR OF THE DEPARTMENT OF
WORLD LANGUAGE EDUCATION
UNIVERSITY OF SOUTH FLORIDA, TAMPA
AUTHOR OF "HEALING FAIRY TALES"
FOR CHILDREN WITH SLEEP AND
EMOTIONAL PROBLEMS

The idea of writing fairy tales that could heal children and free them of their sleep and emotional problems came to Professor Irina

Nemchonek quite naturally. For many years, she ran children's programs at some of Russia's major TV networks. She was the Chief Editor of two programs, "TV Foreign Language Education Program" and "English for Children." A puppeteer of high qualification, Ms. Nemchonek also created "Healing Puppet Theater." Teacher, mother, then grandmother, she has faced many sleep, emotional and behavior problems that can destroy the lives of small children and their families. Using the popularity of TV shows for children, and the high emotional influence of puppet shows, she has devoted herself to creating therapeutic ways to correct these problems. Her shows were broadcast on 92 TV stations in the former Soviet Republic. The famous Mr. Fred Rogers, of "Mr. Roger's Neighborhood" fame, highly praised her work on a visit to Russia.

When Ms. Nemchonek immigrated to the U.S.A. in 1990 to join her son, she was invited to the University of South Florida (USF) to be a professor of Russian language and culture. She did not have the resources to start a TV puppet theater, but continues to create her *Healing Fairy Tales*, which now include two dozen such tales that have already been published in different journals and textbooks on preschool pedagogic psychology and teaching methodology (see page 7). The *Great Washington Journal* has published her stories monthly, taken from her two collections *Clever Fairy Tales for Smart Children* and *Princesses and Wolves*, both in English and in Russian. Together with child psychiatrist and sleep specialist Dr. Alexander Golbin, they have developed a "recipe scenario" for children who display presleep anxiety behavior and symptoms, such as bed-wetting, head rocking, nail biting, finger sucking, and nightmares. Her thoughts were to aid parents who have been unsuccessful at breaking their children of their bad habits. Children usually get bored with parents' repeated lectures. To this end, Ms. Nemchonek created The Center for Healing Fairy Tales where parents can order a tale individually tailored to their child's needs.

This year marks the 50th anniversary of Dr. Irina Nemchonek's teaching career. During her thirteen years of teaching at the University of South Florida, she has applied her own methodology using her textbook *Learning Russian the Fun and Easy Way*. The collection of stories she is currently working on, *Healing Fairy Tales*, is lovingly devoted to healing all the children on the planet and relieving them of their sleep disturbances and emotional and behavior problems. If you are interested in writing Dr. Nemchonek, please contact *Sleep and Health*.



Tracy R. Nasca
CHIEF OPERATING OFFICER
TALK ABOUT SLEEP

Tracy Nasca has been involved in sleep disorders for twelve years after first being diagnosed with sleep apnea in 1989. After successful treatment, Tracy began extensive study into the causes, factors, and limitations imposed by her condition.

As a sleep disorder patient, she is aware of the ignorance, prejudice, and fear that surround these disorders. Through painful personal experience, she has become aware of the problems of inaccurate diagnosis, improper treatment, and the radical options offered to sleep patients. Based on her study and personal experiences, she is

dedicated to minimizing the suffering of sleep patients. Her chosen tools are education, awareness, and support.

In 1997, Tracy took her body of knowledge and experience and published it as "Tracy's Story." It is a story of hope and victory for the sleep afflicted person. She then took one bolder step by making herself available to counsel, free of charge, people who have sleep disorders. To date, Tracy has received hundreds of responses to her story and has followed each with a kind note and words of encouragement and instruction. This has formed the nucleus of a growing online following.

TALK ABOUT SLEEP is the next evolution of Tracy's sleep mission. Launched July 1, 2000, *Talk About Sleep* is a website dedicated to providing information, education and support for all sleep needs. While doing the same valuable work, TALK ABOUT SLEEP provides a larger stage from which to operate and a vast array of new tools. Although her core goals remain unchanged, the message can be conveyed to a larger audience generating additional knowledge, awareness, and support for sleep disorder sufferers.



NEWS FROM RESEARCH

RESEARCH DIGEST

Special contact lenses could allow diabetics to see glucose levels. For diabetics, monitoring blood sugar levels can be a pain in the finger—literally. The standard method currently requires several pinpricks a day to obtain small blood samples for testing. But new work could make these tests unnecessary for the more than 10 million Americans diagnosed with the disease. Scientists have fashioned a material capable of monitoring glucose concentration that could one day be incorporated into contact lenses.

Source: *Scientific American*, April 2003

The oldest DNA discovered. Researchers have retrieved the DNA of plants that lived nearly 400,000 years ago, from sediment cores, making these the oldest DNA samples yet recovered. Analyses of these samples should help scientists paint a more detailed picture of prehistoric landscapes.

Source: *Scientific American*, April 2003

A strong diet, without exercise, can be more dangerous than smoking. This data was detailed in the last report from the World Health Organization at the annual meeting in Berlin. Dr. A. Robertson stated that smoking by itself is not as dangerous as the absence of fresh fruit and vegetables and enough exercise.

Source: *Solvay pharm*

Low cholesterol is as bad for the heart as high cholesterol. Low cholesterol presents a risk of heart problems, as much as high cholesterol. Researchers from the University of Hawaii discovered that in patients, between 73 and 91, the risk for

heart problems increases to 90% if the level of cholesterol is above 240 mg/dl. This was not new, but when after rigorous treatment, they repeated the research, they were surprised to find that when the level of cholesterol was below 160 mg/dl, the risk for heart problems increased to 55% compared to persons with average levels of cholesterol, (The "golden norm" for this age is 200-219 mg/dl). Too much treatment can be too much.

Source: *ReMedicus*

Pleasant odor does not help men, but could help women. The scent of roses and other flowers may decrease pain, but only in women. Researchers from Canada asked volunteers to put their hands into very hot water and smell roses at the same time. Sure enough, men were complaining of pain, while women felt pain, but to a much lesser degree. What was also interesting was that the smell of cider increased pain in women, but did not have any effect on men. While scientists fight about the interpretations of this data, all agreed that bad smells cause bad moods.

Source: *New Scientist*

Americans Losing Sleep Over SARS

Continued from page 1

categories, it is unlikely that you suffer from SARS. Also, it is recommended that all individuals avoid travel to any of these high-risk areas in the near future, if possible.

Also remember that SARS is very uncommon in the United States. As of the writing of this story, there were 247 suspected cases of SARS in this country. The key phrase is *suspected cases*. Of the 247 suspected cases, 39 of these are probable cases. All of the suspected individuals have a travel or exposure history, which places them at high risk for SARS. It is also important to remember that there are no known reported deaths related to SARS in the United States. To help keep things in perspective, remember that influenza annually infects millions of individuals worldwide and is routinely responsible for 15,000 to 20,000 deaths a year.

Good sleep hygiene techniques should be continued or instituted to improve sleep quantity and quality. These include the following:

- Keep regular sleep and wake times 7 days a week
- Avoid or limit caffeine and other stimulants after 10 in the morning
- Avoid alcohol after dinner or prior to bedtime
- Avoid napping during the day, and if naps are required, limit naps to no more than 15-30 minutes
- Exercise on a daily basis, but avoid strenuous exercise after 6 P.M.
- Keep your bedroom dark, quiet and comfortable
- Develop a pre-sleep routine to reduce stress
- Turn the clock face away from your field of vision at bedtime.

If the above-mentioned recommendations do not work for you, see your primary-care physician or a sleep specialist for more help. Relaxation techniques or the short-term intermittent use of a prescription or non-prescription sleep aid may be necessary.

Mary Carskadon, Ph.D.

Continued from page 3

other book that Dr. Carskadon was involved in is more clinically oriented. This book is a comprehensive volume covering sleep physiology and sleep disorders in detail and is intended for the medical community.

"Sleep research has been very good to me," says Dr. Carskadon. "My science has allowed me to travel all over the US and Canada, many European countries, Israel, Jordan, and Australia. I say, do science and see the world."

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ALERTNESS•MOOD•PERFORMANCE

SLEEP DEPRIVATION AND FATIGUE IN OUR TROOPS

By: *Reginald I. Givan – Staff Reporter*

Still exhausted, U.S. soldiers are trying to adapt to sleeping on the move. The soldiers have driven almost non-stop since tearing across the border from Kuwait. Sleeping in heavy combat helmets and protective goggles seems hard enough, but a solid rest seems even more difficult with the roar of truck engines, clatter of gear and excruciatingly tight quarters. Units across the front are facing sleep deprivation.

USA Today quoted Lt. Col. Jim Chartier, commander of the Marine 1st Tank Battalion, as saying “Sleep deprivation has been their biggest enemy, making easy tasks difficult.” How does lack of sleep affect soldiers? Lack of sleep can cause lapses in performance and possibly jeopardize lives.

Col. Gregory Belenky, chief neuropsychiatrist at the Walter Reed Army Institute of Research, says that sleep deprivation doesn't impair physical strength, endurance or coordination. “Soldiers can shoot just as tight a cluster with the M-16 after 90 hours awake as they can when well-rested,” he said. However, the decision-making, logic and the highest mental functions are the most degraded by sleep deprivation.

Col. Belenky points out a distinction between sleep deprivation (less than four hours a night) and sleep restriction (between four and six hours). His research has found that with four to six hours of sleep, cognitive abilities are degraded, but at a certain point, they stop declining and level off. With less than four hours, the degradation is extreme. He says the complex problem solving is done in the pre-frontal cortex of the brain and when people are sleep deprived, that part of the brain isn't “lit up.”

The stress of combat and lack of sleep affect soldiers so badly that after a week they perform worse than if they were drunk or sedated, according to a US Army study carried out last year. The research raises serious questions about the ability of tired soldiers in Iraq, some of whom have been on the move for weeks, to make split-second decisions about whether a potential target is an enemy soldier, a civilian or one of their own. “Determining how much sleep a soldier needs to function effectively might not only reduce friendly-fire incidents, but could be the difference between victory and defeat,” says Col. Belenky.

The military is looking at ways to ensure that troops remain alert, including the development of computer programs that will monitor troops' sleep patterns. The Army designed a wristband monitor, which records arm movements and from that you can score sleep and wakefulness reliably.

In the future, researchers are considering the possibility of incorporating the sleep information into a computer system linked to individual soldiers. The wrist monitor would connect to some local area radio frequency network to make information



accessible to commanders at all levels. Considering the toll that sleep deprivation takes on soldiers, the monitor could be a welcome tool for operational planning.

Although the sleep management system is still several years away from full-scale implementation, elements of it are already in use and will be available commercially in June of this year.

For the moment, stimulants are the only way to counter sleep deprivation. Belenky notes that certain medications have proven to be useful, including caffeine, modafinil and amphetamines, which are still somewhat controversial. These stimulants are all effective in partially and temporarily counteracting the effects of sleep deprivation on performance. However, there is no drug that has yet been invented that is a substitute for a good night of sleep.

EVERY WOMAN'S NIGHTMARE

By: *Dr. Peter Dodzik, Managing Editor*

During couples' therapy, female patients are likely to comment that their spouses have a hard time expressing their feelings in words and instead tend to act out their frustrations and anxieties in socially destructive ways. While the same condition is possible in women, many more men report a literal inability to express their emotions. When this reaches the level of functional impairment across environments (i.e. at work, home and with peers), it is called Alexythymia.

The term Alexythymia refers to the inability of an individual to put their feelings into words. Verbal expression is an enormously important form of communication for human beings and is what distinguishes us from other creatures. Language allows humans to describe and explain, in great detail, what

they are feeling and thinking. Because language is symbolic, emotional states and psychological needs at any given time must be given labels to be effectively differentiated and to allow for understanding by others.

This ability to conceptualize emotional states and needs is taught at a young age by parents, who give their children the labels for emotional states and teach them how to eventually describe and meet their own needs. However, those who suffer Alexythymia do not have the ability to verbalize whatever tensions or needs they are experiencing. In fact, many people with Alexythymia are not able to recognize what their feelings and needs are, much less able to express them.

Researchers are now beginning to find differences in the frontal lobes of the brain in people with this condition. Specifically, the left frontal cortex (the left is dominant for language in the vast majority of people)

has been shown to be underactive in this condition. Ironically, this area is also part of the system that is suspected to be less active in substance abusers, criminals and some serial killers. Obviously, everyone with Alexythymia will not turn out to be an undiscovered killer, but the implication is that this disorder is tied into many other conditions that are exacerbated by an inability to control or express emotions.

Recent studies have begun to demonstrate higher rates of the disorder in individuals with eating disorders as well. New methods of assessment and treatment are becoming available for this condition and it is expected that it will be recognized as a psychological condition in the future as research expands. If you or someone you love shows difficulty in the area of emotional expression, talk to your doctor about treatment options.



ART & SLEEP

Lyudmila Lebedeva...

Her "Healing Art"

By: Marci Givan

Ms. Lyudmila Lebedeva did not have a standard art education. For 25 years, she worked as a highly qualified engineer, excavating metal from the earth in a village north of Siberia where they have winter 10 months of the year. She dreamed of doing something creative with her life.

In 1996, Lyudmila came to the United States. She found the immigration process very stressful and decided that she must find a way to relieve her anxiety. At the age of 63, Lyudmila began painting with watercolors and designing costumes for her granddaughter's dance career. She discovered for herself that art could heal emotional pain and make a person stronger.

At first, Lyudmila copied what she saw. Then, slowly, she began translating her own thoughts and feelings onto her canvas.

Lyudmila tried to go to college for art, but stopped when her teacher tried to get her to follow a very formal style and attempted to stifle her creative flow. "I paint when I feel something that I want to express," she says. Sometimes she is inspired

to create very quickly, but other times, it is difficult to express what she is feeling in her paintings. She needs them to speak for her she says.

In the two paintings featuring the vase of flowers, the first scenario was true. A photograph of her daughter and the shadow of a vase of flowers immediately inspired Lyudmila one morning.

The other painting featured here, however, was vastly more difficult. She painted her loneliness she said. "I don't believe in me," she softly stated.

Lyudmila Lebedeva does not sell her paintings, although her economic situation is difficult at best. She believes that if she takes

money for her art, she will lose her talent. "I need my art, it helps me to live." She also discovered that her art could heal other people when they began to comment that they felt enlightened by her work. "I give the paintings to people that I love as medicine to help them," she says. "This is another reason why my art is not for sale."

Ms. Lebedeva donated a painting to a sleep center to allow her art to create a healing environment. We are fortunate to have such a devoted and passionate artist as Lyudmila Lebedeva in our community and we wish her health and inspiration. If you want to know more about her paintings, contact our paper or website.





TRADITIONAL & ALTERNATIVE MEDICINE

Passion Flower

By: Dr. Peter Dodzik

Passion Flower (*Passiflora coerulea*) is a perennial vine that can grow up to 30 feet long, and can be found in the southeastern portion of the United States. The leaves have several (3-5) small toothed lobes and the flowers are very striking with white or lavender petals and a bright pink



or purple “spiked” corona, which was thought by European settlers to resemble “the crown of thorns.”

The history of the passion flower dates back to the early seventeenth century. Early explorers noticed the resemblance of the mantle used on Christ and gave the plant its name. Early Native Americans used the plant as a sedative and sleep aid.

Passion Flower was first investigated scientifically less than 100 years ago when it was found to possess analgesic properties. In addition, some research has shown the plant to have sedative properties.

Passion Flower is a popular herb in Europe where it is often used to induce relaxation and sleep, an effect first experimentally verified in 1920. Researchers in that study noted that, unlike narcotics, sleep was induced normally, with easy, light breathing, and with little or no neural or mental depression. Upon awakening, the patients showed no signs of confusion, stupor or melancholy.

In 1979, about 50 preparations on the market in Germany contained Passion Flower—42 were sedatives and 6 were cardiotonics. These preparations were recommended for nervous or easily aroused children, cardiovascular neurosis, bronchial asthma, coronary diseases, weak circulation, sleep disorders, problems of concentration in school children, and geriatrics. More recently, passion flower has been used to calm the nerves, reduce tension headaches, muscle aches and spasms, help treat insomnia, and lower blood pressure. Passion flower is a central nervous system depressant and does appear to be associated with a groggy, drugged feeling in the morning. It may also be used in the bath water for its soothing properties.

The herb is prepared by pouring a cup of boiling water onto a teaspoon of the dried herb and letting it infuse for 15 minutes. It is consumed in the evening for sleeplessness and twice per day for the easing of other nervous conditions.

Sleep & Health does not advocate the use of any herbal medication without consultation from a physician.

NEW TREATMENTS FOR COGNITIVE IMPAIRMENTS & FATIGUE IN MULTIPLE SCLEROSIS

By: Dr. Peter Dodzik

Most people think of Multiple Sclerosis (MS) as a physically disabling disease. However, recently the effects of cognitive functioning and fatigue have been given more attention as patients struggle to cope with the debilitating effects of the disorder. Although medications such as modafinil (Provigil) have been studied for the treatment of associated fatigue, medications for cognitive impairment have not been well studied until now.

Approximately one-half of persons with MS experience some degree of cognitive impairment. Of the MS patients with cognitive dysfunction, most, (80 percent), exhibit relatively mild symptoms, such as difficulties remembering lists of things to buy at the store or where they parked their car. Most of these patients can learn ways to compensate for these annoying symptoms. The remaining 20 percent experience more serious cognitive problems. Many lose the ability to perform meaningful tasks of daily living such as cooking and driving.

The cause of cognitive dysfunction is directly related to changes that occur in the brain. MS produces lesions in the white matter of the brain. These lesions are attacks on the brain that leave scarring (hence the genesis of the name “multiple scarring”). These lesions affect the electrical communication between nerve cells and are visible on an MRI. Almost all patients with MS have some brain lesions on MRI scans. Research has shown that the degree and type of cognitive impairment observed in MS patients is related to the amount and location of the lesions in the brain. Thus,

Continued on page 8

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BRIDGES & CROSSROADS

DOCTORS SPEAK OUT... AND POLITICIANS TAKE NOTICE...

By: Thomas Pliura, M.D.

On Wednesday, February 26, nearly 500 physicians and their staff traveled to Springfield, Illinois to participate in a physician "strike" at the state Capitol building. The "strike" was organized to call attention to the growing malpractice liability insurance crisis in Illinois. The problem has been labeled as very serious by thousands of physicians throughout the state. Skyrocketing medical malpractice insurance premiums are making it very difficult for physicians to purchase affordable liability insurance. Virtually all physicians in the state must purchase professional liability insurance to cover them against possible lawsuits based on allegations of medical negligence. During the past 2 years, virtually all physicians have seen significant increases in the cost of malpractice insurance. Many insurance companies that previously sold malpractice insurance in Illinois have discontinued selling this type of insurance due to skyrocketing jury awards. This has led to some in Illinois coining the term "jackpot jury awards."

The rally was well attended by physicians throughout the state. Most of the physicians met later with their respective state lawmakers while at the

Capitol building. Multiple speakers addressed the crowd of physicians including Arvind Goyal, M.D., former president of the Illinois State Medical Society. State Senator William Brady, (R) from Bloomington, unveiled proposed legislation, that he sponsored, that would provide some relief to physicians while lawmakers investigate the situation. Brady's legislation would provide immunity from medical negligence lawsuits to physicians and hospitals that treat patients at licensed trauma centers throughout the state. Brady also sponsored legislation that would allow voluntary caps on economic and non-economic damages in medical negligence lawsuits. He also introduced a "loser pays" provision whereby plaintiffs would be required to pay a physician's legal costs and fees if a physician prevails at trial.

While many physicians traveled to Springfield to attend the rally at the Capitol, a large number of physicians throughout the state took the day off from practicing in support of the "strike." Thomas Pliura, M.D., a physician from Le Roy, Illinois organized the strike. Dr. Pliura is a physician and attorney with special interest in health care law issues.



HEALING AND DREAMS

By: Mary Lou Pleitner, CSJ

Often throughout my life, I have had some very powerful, healing dreams. Most of the time, I do not remember my dreams. My pattern has been when I remember a dream, I wake up. When I go back to sleep, I dream the same dream again and/or it continues. In studying dreams I was told, "When that happens, pay attention to the healing process going on within you!" Over the years that has been helpful advice.

A dream I had recently was especially healing. I grew up in a dysfunctional, addictive family. I have spent many years working at changing behaviors, attitudes, and trying to attain a place of deep emotional peace and healing. The stages of healing have been very gradual. I have learned that prayer, meditation, sacred and classical music, various forms of art, journaling, reflective listening, guided imagery, massage, and dream work (both active daydreaming and night dreaming), all play a dynamic role in healing the whole person. A strong part of my process has been mending my relationship with my parents.

My mother passed away twenty years ago and my father passed away nine years ago. Once or twice during that time, I have had an occasional dream about each of them. However, I have been so angry at both of them that I have felt they will not come to me in my dreams. About a month ago, both my mother and my father came to me in my night time dream. It was the same pattern; every time I woke up and went back to sleep, there they both were, waiting to continue their visit with me. This time the difference was, we had a great time together. I related to them as an adult, as my healthy adult self of today, and they related to me as their redeemed, true selves. I was very relaxed and enjoyed their visit. None of us wanted to end the visit. They came to my home and I served a nice dinner, we talked and laughed and we enjoyed each other the entire time.

I woke up feeling as if something inside of me was

deeply healed. All during my recovery process I have felt a deep hole; an emptiness that never gets filled; a deep sadness; a loss of some basic love and understanding that my parents were not capable of fulfilling during our lives together. For the first time, the sadness and emptiness was not there. Maybe I have come to a place in my life where on a deep emotional level, I can finally accept my parents for who they were and know that they, in their human and flawed condition,



never forget that dream. Today I have a greater appreciation for the healing power of dreams.

New Treatments For Cognitive Impairments & Fatigue in Multiple Sclerosis

Continued from page 7

patients with a small number of lesions may not experience any cognitive dysfunction, whereas persons with a large number of lesions are at high risk for experiencing cognitive problems.

Some MS patients experience cognitive dysfunction very early in their disease, whereas other persons may never experience such problems. Over a three year period, approximately 20 percent of persons with MS will experience the emergence of new cognitive symptoms or a worsening of their existing cognitive symptoms. However, this worsening may follow a progressive or relapsing/remitting course. There is little relationship between the degree of physical disability and the degree of cognitive impairment mainly due to the location of lesions across patients. As a result, a person with significant physical symptoms (problems with walking, coordination, visual or tactile sensory disturbance, bowel or bladder dysfunction) may experience no problems with cognition, but a person with little outward signs of physical disability may have significant cognitive problems.

Currently, there are no approved medications for treating the cognitive problems in MS. However, there have been some previous trials of donepezil, under the trade name of Aricept. It has previously been approved for the treatment of memory loss in Alzheimer's disease. The initial trial did not yield significant findings, but investigators have begun to experience enough anecdotal improvement in their patients that a new, larger study is underway.

Previous failure to show quantifiable differences with the use of Aricept may have been due to the inability of the cognitive instruments to detect subtle differences. Previous studies relied on tests of more severe impairment that are appropriate in dementia studies, but may not be helpful in MS because the cognitive impairment is often less severe. The current study incorporates cognitive assessment instruments sensitive to MS and thus new data should be available soon.

If you or someone you love suffers from MS, please speak to your physician about treatment options.



ASK DR. SLEEP

OCCASIONAL DEPRESSION

Q. *Why do we have periods of "bad" time, although there is nothing really wrong at that time in our life?*

A. Our lives are a periodic process. We have periodic rhythms of heartbeats and periodic rhythms of sleep (about an hour-and-a-half—NREM-REM cycles). These rhythms are called ultradian rhythms. The circadian rhythm is a longer (about 24 hours) day-night/sleep-wake cycle, but there are cycles longer than that—monthly, quarterly and periods evolving numbers of years. For example, monthly health cycles: a menstrual period (an emotional cycle about 28 days), a physical cycle (about 30 days), and the cycle of intellectual productivity (about 31 days). Several disorders have a period of about a month, such as certain types of headaches and seizures. Seasonal mood disorders are very well known, as well as seasonal asthma.

Yearly cycles are less known, but play an important role in our life. One example of this is the four-year peak of physical performance, i.e. the Olympic games. Ancient Greeks knew about this. When peaks of emotional, physical and intellectual performance coincide, a person feels and performs at his/her best. But, the person can reach the lowest point in his/her emotional and performance cycle as well; this elucidates the "bad" times. Typically, the worst period is one month before a person's birthday, and the best time for an individual is one month after the birthday. Some people are more sensitive to these variations, some less. For example, some people are more sensitive to the weather cycles (called meteoropism); they feel bad when it rains or when it is dark.

Thus, it is very natural that at times we are not at

our best, not in a good mood or a bit clumsy. Most important, is to not let this control your mood, do not blame yourself or anyone else, and do not be superstitious. Horoscopes are based on the general trends of periodic changes, but Biorhythmology is now a serious scientific field that studies the normal and abnormal biological and psychosocial.

TEETH GRINDING

Q. *My son, age 16, grinds his teeth at night. What should I do?*

A. Teeth grinding or teeth crunching (also known as bruxism) commonly occurs in children and young adults. In the vast majority of cases, the individual is normal in all other respects. Sometimes, teeth grinding is associated with malocclusion of the teeth (the upper and lower teeth don't fit well), or with a disease of the temporomandibular joint (located in front of the earlobe).

Bruxism involves a vigorous contraction of the mus-

cles in the upper jaw, which rub the upper and lower teeth against each other. Although it may occur at any stage of sleep, it most commonly takes place in the lighter stages of non-dream sleep and the dream stage of sleep.

Teeth grinding produces a characteristic noise that may disturb a bed partner. Repeated episodes of teeth grinding may cause excessive tooth wear and dental decay. Sometimes the patient will complain of facial pain, headache, and pain in the region of the upper jaw. Episodes of teeth grinding are often triggered by stress, anxiety, alcohol consumption, and tooth related diseases. Occasionally, teeth grinding runs in the family.

Teeth grinding does not require any specific treatment, other than evaluation by a dentist. In severe cases of frequent teeth grinding, with evidence of wearing on the teeth, it is advisable to wear a tooth guard to protect the teeth from further damage. If the patient has a high stress or anxiety level, psychotherapy and other counseling may be needed. Sometimes bruxism in adults is associated with other sleep disorders, such as sleep apnea, thus, a sleep evaluation is recommended in cases of severe teeth grinding.

A Fond Farewell....

By: Marci Givan, Editor

On April 24, 2003, the staff at *Sleep & Health* bid a fond farewell to a member of our publishing family. Paula Downs, a graphic artist from Des Plaines Publishing, has moved on to bigger and better things. Paula was the key ingredient to making our paper look so good each month.

When I came to *Sleep & Health* 8 months ago, Paula guided me with great patience and understanding and she made my transition to the world of newspaper editing so much easier. She taught me to face the never-ending deadlines and moments of anxiety with humor and skill. For that she has my eternal gratitude and it is with a little sadness and a great deal of admiration that we, the staff of *Sleep & Health*, wish Paula Downs all the best of luck in her new situation and express our sincere thanks for a job well done!

SLEEP INDUSTRY PRESENTS...

AMERICAN PHARMACIES: AN AILING MARKET

By: Mark Jacobs, R.Ph.

Medical Science has made tremendous advances in the diagnosis and treatment of many diseases. However, pharmaceutical companies, which discover, manufacture and distribute pharmaceutical products worldwide, have created an enormous problem with the cost of certain drugs. Depending on the country, the price of a medication can vary from \$10 to \$200 for the same amount of medication. This price disparity arises because many countries, such as Canada, control the price of all drugs entering their healthcare system. Therefore, a pharmaceutical company must offer their prospective drug at a competitive or affordable price in order to guarantee access to that market place. For example, a Canadian patient can purchase Zocor 20 mg. for approximately \$64.50. While in America, the same amount of Zocor will cost over \$120. Regardless of the purchase price, the drug manufacturer has fixed costs that he must pay for introducing a new drug to the market, such as Marketing, Research and

Development and other internal costs. Therefore, in order to incur a profit, drug companies will enhance or exaggerate the price of a medication to a country which does not exercise these types of controls (i.e. the United States), in order to recoup any financial loss due to the disparity in cost in other countries. In other words, the American Public helps subsidize various healthcare systems (i.e. Canada's). Because of the tremendous costs involved in the introduction of a drug into a marketplace, without this subsidization, most pharmaceutical companies would have a difficult time staying in business.

This unlevelled playing field has opened the door for the American Public to begin to purchase medication from a different country. The Food and Drug Administration (FDA) has closed their eyes to this situation as long as the transaction is for personal use and not for resale. The American Pharmacist is frustrated over this policy, because there should be no price differential between countries. In fact, this policy, coupled with the online pharmacy web sites, have almost totally placed the U.S.

Pharmacist out of the health care market.

This profit-making system of the pharmaceutical companies comes with a price. As other countries' healthcare systems grow economically, the drug manufacturers' gross profits will dramatically decline. This could cause the American drug prices to increase even more due to our capitalistic system.

As a United States Pharmacist myself, I have been trained to dispense medication with the highest of medical standards. It is my ambition to offer all of our citizens affordable medical treatment; however, such obstacles as this inequitable system put the American Pharmacist at risk. Moreover, the foreign pharmacies are generating large profits from the U.S. Citizen without paying any U.S. tax. The only winners in this scenario are the foreign pharmacies.

It is my opinion that the American Healthcare System should have the same economic opportunities as the foreign system. The American Pharmacist should be allowed to compete in any health care system, especially its own.

ODDS & ENDS

Mothers

Dear Mother,

When the Good Lord was creating mothers, He was into His 6th day of "overtime" when the angel appeared and said, "You're doing a lot of fiddling around on this one."

And the Lord said, "Have you read the specification on this order?"

"She has to be completely washable but not plastic"

"Have 180 movable parts . . . all replaceable"

"Run on black coffee and leftovers"

"Have a lap that disappears when she stands up"

"A kiss that can cure anything from a broken leg to a disappointed love affair"

"And 6 pairs of hands"

The angel shook her head slowly and said, "6 pairs of hands...no way."

"It's not the hands that are causing me the problems," said the Lord, "it's the three pairs of eyes that Mothers have to have."

"That's in the standard model?" asked the angel.

The Lord nodded. "One pair that sees through closed doors when she asks 'What are you kids doing in there?' when she already knows. Another here in the back of her head that sees what she shouldn't but what she has to know, and of course the ones here in front so that she can look at a child when he goofs and say, 'I understand and I love you' without so much as uttering a word."

"Lord," said the angel touching His sleeve gently, "come to bed. Tomorrow..."

"I can't," said the Lord, "I'm so close to creating something so close to myself. Already I have one that heals herself when she is sick...can feed a family of six on one pound of hamburger...and can get a 9 yr. old to stand under a shower."

The angel circled the model of a Mother very slowly. "It's too soft," she sighed.

"But tough!" said the Lord excitedly. "You cannot imagine what this Mother can do or endure."

"Can it think?"

"Not only think, but it can reason and compromise," said the Creator.

Finally, the angel bent over and ran a finger across the cheek. "There's a leak," she pronounced. "I told You You were trying to put too much into this model."

"It's not a leak," said the Lord. "It's a tear."

"What's it for?"

"It's for joy, sadness, disappointment, pain, loneliness, and pride."

"You are a genius," said the angel.

The Lord looked somber. "I didn't put it there"

Erma Bombeck's Mother's Day column
May 12, 1974



No Time For Politics - 1910
Illustration by
Charles Dana Gibson

Fellow Spring Worshipers Beware...

Allergy Season is Back!

By: Marci Givan

Are you waking up with your eyes glued together, nose all stuffed up, and a headache that feels like you were out drinking all night? That's right friends...along with the warmer temperatures, sunny days and beautiful spring nights, comes the nemesis of warm weather lovers everywhere...allergy season is back!

Allergens, substances that cause allergic reactions (i.e. pollen and molds, etc.), arrive at the beginning of spring and last throughout the fall. Although allergy season, in theory, lasts 3 of the 4 seasons, it is at its peak in the spring.

When the allergen combines with the allergic antibody in the lining of the nose or eyes, the result is the release of chemicals including histamine. These chemicals cause the allergic symptoms of sneezing, itching, watery eyes, nasal congestion or headaches as the body tries to fight off the foreign allergen.

Prescription antihistamine pills help for the itch and the prescription steroid nasal sprays are safe and work well; however, many health care plans no longer cover allergy pills or have revamped their cost structure so that patients must now pay more for them.

Over-the-counter antihistamines are cheaper, but can make patients drowsy and are not considered safe for those who have to work or drive.

Here are some basic guidelines to follow during allergy season to limit exposure to pollens, molds, and other allergens:

- Avoid going outdoors between 5 a.m. and 10 a.m. Pollen counts are at their highest.
- Run an air conditioner to keep humidity low. Change the air conditioner's filter on a regular basis (monthly).
- When you come in from the outdoors, shower, wash your hair, and change clothes.
- While driving, keep car windows closed and the car's air conditioning on.

Indeed, allergy-proofing your home—getting rid of outdoor and indoor allergens—isn't easy, but it's well worth the effort. "It's the first and most important step in dealing with allergies," says Aidan Long, M.D., head allergist at Massachusetts General Hospital in Boston.

As many as 50 million people in the United States suffer from allergic disease; at least 35.9 million people have seasonal allergic rhinitis (hay fever). Increased absenteeism and reduced productivity due to allergies cost U.S. companies more than \$250 million each year. In other words, allergies, particularly in the spring, have a huge impact across the country. Fortunately, one or all of the above suggestions can be very effective. So shed the heavy clothing, take a deep breath...or maybe not, but with help, you can enjoy your spring.

Sources: *Spring Allergies & Asthma Survival Guide* – Spring 2002; WebMD – *Allergy Sufferers, Listen Up* – April, 2003; Patanol – 2003; WSBTV.com – March, 2003



"Dry Wings"

A HEALING FAIRY TALE

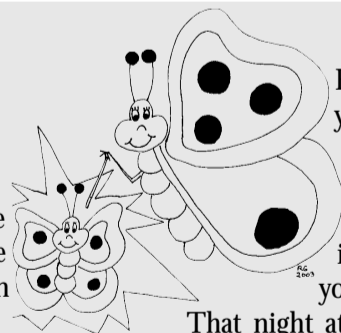
By: Irena Nemchonok

Once upon a time, there was a Little Butterfly who felt very unhappy. She felt unhappy because in the morning when all her Little Butterfly girl friends were having fun flying around from flower to flower, she had to sit in the sun and dry out her little wings. Every night she wet her little wings, and she didn't know how to put an end to this misfortune.

She told her parents about her problem, and they told her to talk to the Flower Fairy. When Little Butterfly came to the Flower Fairy, she said to her, "Please help me, Kind Flower Fairy. Every night I wet my little wings, and in the morning I can't fly around with my Little Butterfly girl friends."

"What do you see in your dreams?" asked the Flower Fairy.

"I don't see anything," answered the Little Butterfly.



"That's your problem," said the Flower Fairy, "Try to see yourself in your dreams flying around from flower to flower with your Little Butterfly girl friends, gathering delicious pollen and drinking sweet nectar. You'll wake up in the morning dry as a bone, and you'll turn your dream into reality."

That night at bedtime when Little Butterfly was getting into her bed, she recalled the words of the Flower Fairy, "You'll be flying around from flower to flower with your Little Butterfly girl friends..."

Little Butterfly went to sleep, and she had a dream. In her dream she was gathering delicious pollen, drinking sweet nectar, and happily flapping her little wings, and flying around from flower to flower with her Little Butterfly girl friends.

In the morning she woke up and saw that her little wings were dry as a bone, and she could go out to play and fly just like all the other Little Butterflies.

Every night Little Butterfly saw only sweet dreams, and from early morning to late in the evening she would fly all around on her dry little wings.



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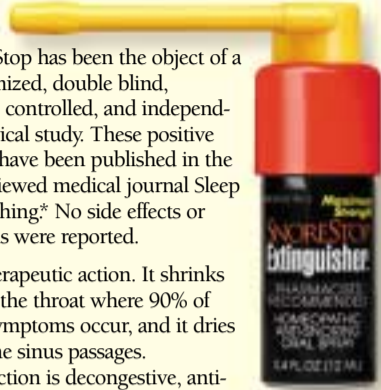
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- 2 SnoreStop is the #1 pharmacist-recommended OTC brand for snoring, as published in Pharmacy Times, June 2002 and Pharmacy Today, December 2002.
- 3 SnoreStop has been the object of a randomized, double blind, placebo- controlled, and independent clinical study. These positive results have been published in the peer-reviewed medical journal Sleep and Breathing*. No side effects or drug interactions were reported.
- 4 SnoreStop has dual therapeutic action. It shrinks swollen soft tissues in the throat where 90% of non-apneic snoring symptoms occur, and it dries built-up mucous in the sinus passages. SnoreStop's mode of action is decongestive, anti-inflammatory, anti-histaminic and mucolytic.
- 5 SnoreStop spray and tablets is the #1 selling brand for snoring in food and drug, chains and pharmacies (IRI scan data 2002)**
- 6 SnoreStop products are now available at all major food and drug wholesalers. For a complete listing, a copy of the clinical study and ingredient list, call 1-800-337-4835.



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*Published in the medical journal, "Sleep and Breathing," Vol. 3, No. 2, 1999. ** IRI scan data FDM sales 52 weeks ending 12/29/02. To receive a copy of this journal, call 800-337-4835. ©1996-2001 Green Pharmaceuticals, Wilsonville, OR 97070. SnoreStop is a registered trademark of Green Pharmaceuticals.

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