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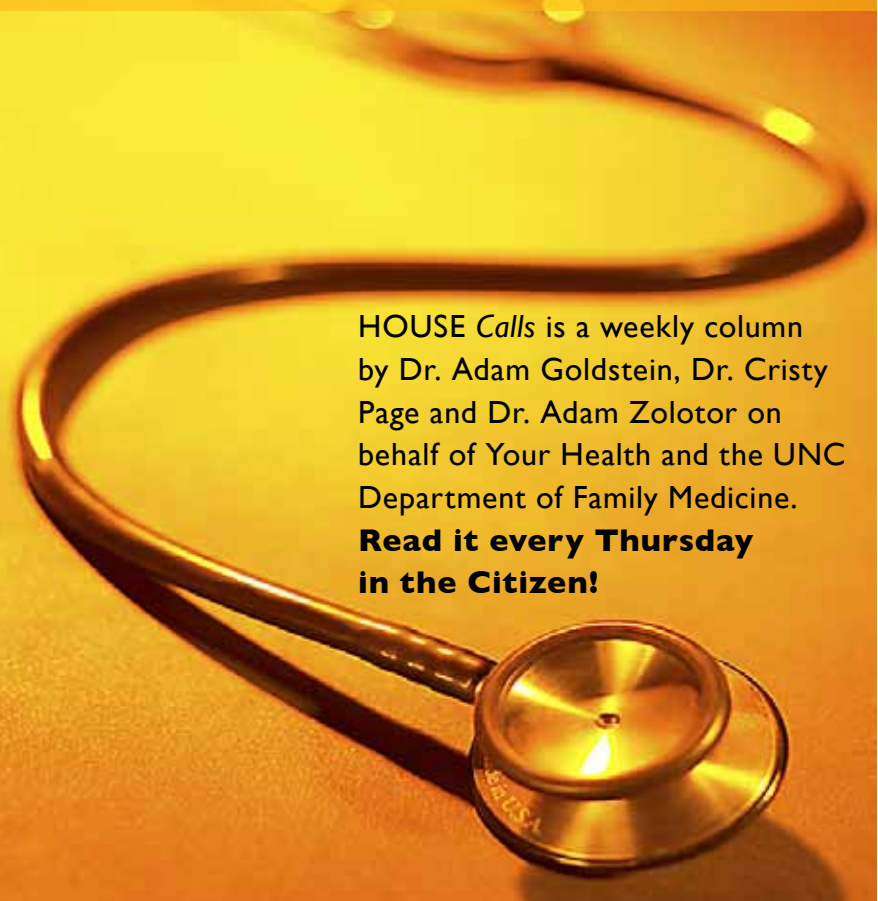
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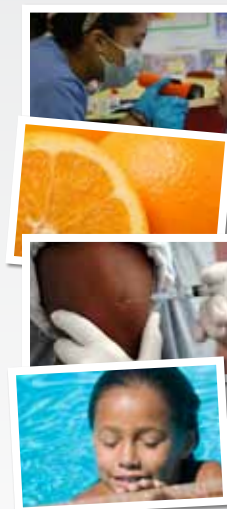
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Mindfulness

It's not all in your head

BY VICKY DICKSON
Staff Writer

"It's all in your mind." How many times have you heard that, from a parent trying to ease your worries about a strange pain, or somebody just dismissive of your health concerns? It's an odd concept though, in its implication that the mind and body are somehow separate, that our thoughts don't affect what goes on in our bodies or that bodily processes don't affect our thoughts.

Fortunately, it's a concept that's starting to be discarded, as medical research increasingly documents the profound ways in which our thoughts, emotions and body affect one another. Research on the interaction of emotional stress and illness, for instance,

has shown that stress plays a role in a wide range of illnesses, from autoimmune diseases to cancer to heart disease and diabetes.

The reason stress has such powerful effects on the body probably has to do with human evolution. Human minds and bodies are genetically programmed to react swiftly to danger: Without such programming, our ancestors wouldn't have survived long enough to pass along their genes. Thus, as Drs. Rick Hanson and Rick Mendius put it in their article "Buddha's Brain," "your brain is like Velcro for negative experiences and Teflon for positive ones." Which means that, if we are to counteract the powerful effects of those negative experiences, we need to learn ways to focus more on the positive ones.

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Anne and John Mader PHOTO BY ROBERT DICKSON

well

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That's the idea behind the UNC School of Medicine's Mindfulness-Based Program for Stress and Pain Management. It teaches mind-body awareness, meditation practices, stretching and focusing on breathing as techniques for stress management.

Mary Love May, one of the course's mindfulness instructors, says that "it's a course about freedom, in a way," because it teaches people to be aware of how they're thinking: "Awareness about your own thoughts frees you from having to be your thoughts."

That's particularly important when it comes to thoughts and emotions surrounding pain, since our reaction to pain can either increase or diminish it. "Suffering = pain x resistance" is a principle (like mindfulness) that originates in Buddhism, but you

don't need to be spiritual to understand how it works – just think of the people who become dependent on alcohol or drugs to avoid mental or physical pain. If they instead could learn to change their reaction to that pain, their long-term suffering could ultimately be diminished.

Mindfulness isn't really about happiness, though it can definitely enable enjoyment. A core part of the practice is learning to live in the present, and, as May puts it, "Being present right here and now works as a balm for anxiety

about the future and regrets about the past."

Since many things about our culture, especially technology, discourage us from focusing on what's right around us, the practice of mindfulness is probably more important now than ever. So May's goal in teaching the practice is to help people raise

Focus, awareness and acceptance are like physical fitness: They need to be cultivated in order to confer their benefits.



Mary Love May PHOTO COURTESY OF NOAH ROSENBLATT-FARRELL

their awareness and decrease their own suffering – to help them realize and appreciate that "heaven is here."

Psychotherapists John and Anne Mader are practicing Buddhists, but, like May, they teach mindfulness techniques to their clients

in a strictly secular way. They want those clients to have mindful awareness of their thoughts and feelings because, Anne Mader says, that can enable her clients to "notice an urge, but do something different" when the urge is problematic. It can enable them to shift their attention to something more useful. It can lead to a more skillful way of living.

John Mader stresses that mindfulness is "not about going away into some ethereal realm. It's very much being here." He has his clients practice with their eyes open, since he wants to help them cultivate a state of awareness that can be part of their everyday lives.

And when they are reluctant to take the time and effort to practice mindfulness, he tells them just to begin every day by putting their feet on the floor and breathing mindfully, three times. That, he says, will help build the "muscle of attention," as long as it's done every day. Focus, awareness and acceptance are like physical fitness: They need to be cultivated in order to confer their benefits.



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Labors of love

BY VICKY DICKSON
Staff Writer

“It still amazes me when I see the look on a woman’s face when she first sees her baby,” says Meg Berreth. “It sort of spoiled me for doing anything else.”

So after 10 and a half years of 24-hour shifts, during which she delivered more than 900 babies, Berreth is not anywhere close to scaling back her midwifery duties.

“I can’t imagine taking care of women and not being able to deliver their babies,” she says.

Berreth didn’t originally set out to become a midwife, though her focus on women’s studies in college probably helped nudge her in that direction. After college, she worked in an out-patient gynecology clinic in Chicago, and then became inspired to enroll in a combined BSN-MSN program at the University of Pennsylvania that led to her certification as a nurse-midwife.

Certified nurse-midwives are registered nurses who have spent an extra year and a half to two years in midwifery training. Along with certified midwives (who are not RNs but have gone through midwifery training), they attended 317,626 U.S. births in 2008, a record high that represented 11.1 percent of all vaginal births and 7.5 percent of all U.S. births that year. The rate of CNM- and CM-attended births has more than doubled since 1990, in a trend that shows no signs of abating.

What’s behind the increase in midwife-assisted deliveries, and why are so many women now choosing midwives to deliver their babies? One reason may be that hospitals are increasingly offering midwifery services: Though people may think of midwives as home-birth attendants, most CNM-attended births (96.7 percent in 2005) actually occur in hospitals. Many women who prefer their labor and delivery to be as natural and “un-medicalized” as possible still want the comfort of having medical intervention readily available if it becomes necessary.

Because the medical profession is increasingly realizing that, as Berreth



Meg Berreth and her daughter, Kate PHOTO BY ROBERT DICKSON

puts it, “the safest option for most low-risk women is to do very little intervention,” and that midwives are “specialists in healthy, normal” births, hospitals like Berreth’s employer, UNC Health Care’s N.C. Women’s Hospital, are seeing the value of including midwifery in the services they offer to pregnant women.

Berreth has been with N.C. Women’s Hospital for two and a half years, and for her it’s the best of both worlds. Though she very much supports midwife-assisted, out-of-hospital births, she has a husband and two young children, and recognizes that midwives who work on their own or in a very small practice have a harder time juggling work and family life.

Despite her belief that technology

is overused in low-risk births, Berreth stresses that she and the five midwives she works with are never judgmental of the choices a woman in labor makes. If their patients decide they need epidurals or other painkill-

ers to get them through, the midwives are totally supportive.

“It’s not my birth – it’s my patient’s birth,” Berreth says, and though the first goal is, of course, a healthy baby and a healthy mom, it’s also very important that her patient have a labor she can feel great about. Berreth tells women that the day they give birth “should be the most selfish day of your life.”

That kind of support might be the most compelling reason to choose a midwife over an OB/GYN, since sitting

with and encouraging patients is a crucial part of the service midwives provide.

“Physicians aren’t trained in labor support,” Berreth notes, and their schedules don’t allow time for it anyway. Which is not to say that she doesn’t highly value the “constant, collaborative” relationship she and her co-workers have with the physicians at N.C. Women’s Hospital. The midwives rely on the doctors to be there when emergencies arise, and they sometimes step in for an obstetrician’s low-risk delivery when the doctor is called away to surgery.

One final misconception that Berreth would like to clear up is the idea that midwives only do births. The midwifery practice at N.C. Women’s Hospital, like many others, sees women at all stages of life, providing preventive health care and contraceptive services as well as pre-pregnancy counseling, obstetrical care, labor and delivery and post-partum care. It’s a holistic model that can support a woman from her teens to past menopause.

Berreth tells women that the day they give birth “should be the most selfish day of your life.”

Finding balance through yoga

BY SUSAN DICKSON
Staff Writer

When Tracey Oliveto decided to start doing yoga 17 years ago, she was attracted to the practice as a new challenge.

A former personal trainer and fitness instructor, Oliveto was a sports fanatic, spending time cycling, windsurfing, playing tennis and waterskiing. But something about yoga drew her in.

"Something about seeing it made me realize that it was going to be more challenging than all of those things, and I wanted that challenge," the Carrboro resident says.

What she found was that while yoga did bring her the challenge she desired, it also brought her something unexpected – balance.

Throughout the years that Oliveto played sports nonstop, she was what one would refer to as "in shape," though she found herself playing through pain.

"I did lots of therapies during those years," she says, attempting to "deal with the pain, but not wanting to give up the sports."

But once she started practicing yoga, she noticed an alleviation of her pain, and five years later she was pain-free, which she attributes to balance.

"Yoga just has these extra pieces because you are moving the body in every sense," she says, "giving balance to your body muscularly."

Other sports, while certainly beneficial for the body, don't provide the balance that yoga does, Oliveto says.

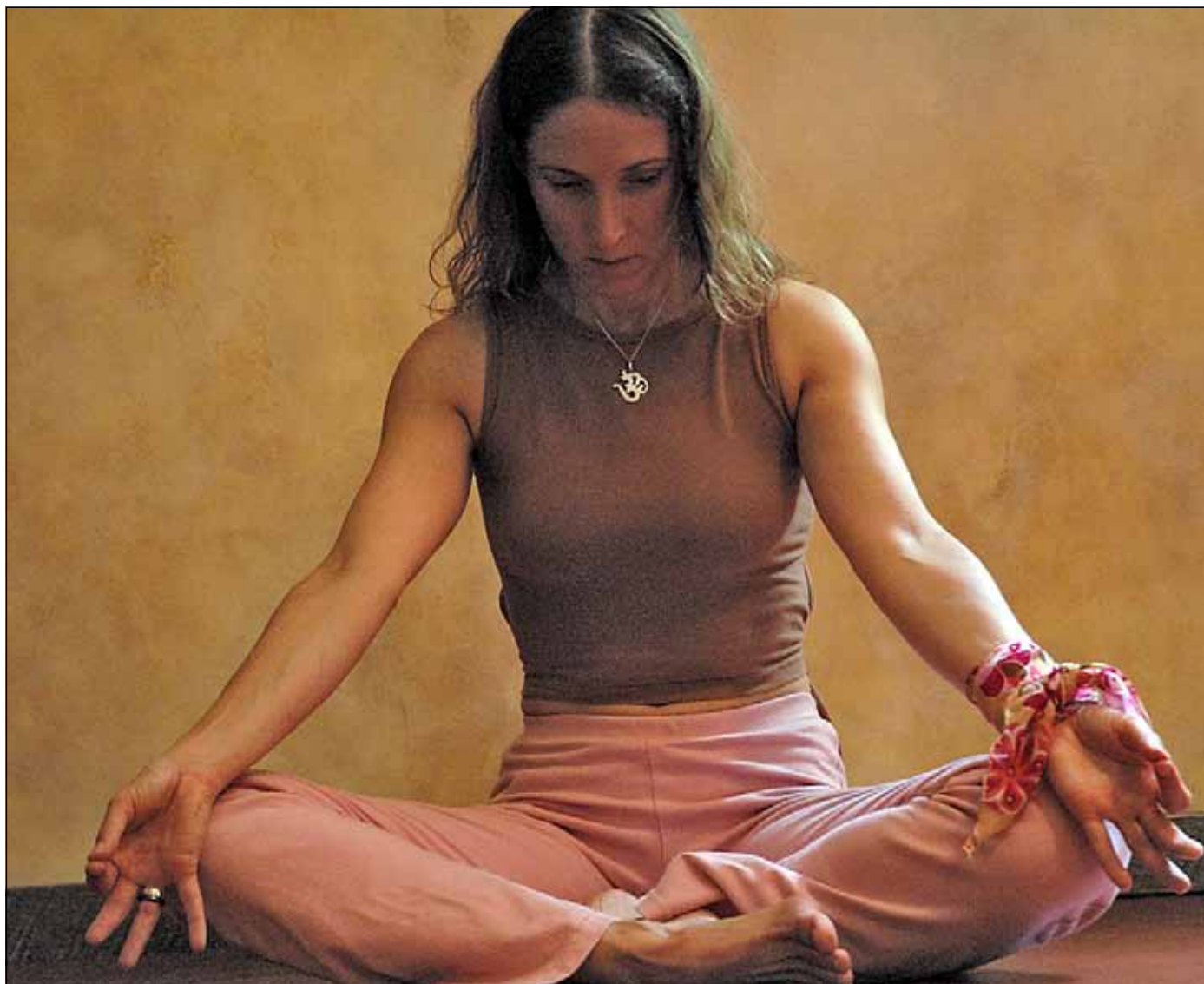
"It's always missing something, and you are eventually, without a doubt, going to cause imbalance in the body," she says. "I did have legitimate and pretty big injuries."

But while she's now been teaching yoga for 14 years, she still participates in other sports.

"I still love sports," Oliveto says, adding that it's all about balancing sports and yoga. With yoga, she says, "your body's going to be more resilient."

"If you love your sports, then do yoga, because then you can do them forever."

Oliveto says that yoga can also bring balance to those who spend hours every day at a desk, looking at a computer screen.



Tracey Oliveto PHOTO COURTESY OF TRACEY OLIVETO

"Pretty soon, those upper-back muscles are going to try to pull you back," she said. "Yoga can help balance that out."

Oliveto says she's seen her beginning students realize that there are two different types of flexibility.

"You're either flexible in your muscles or flexible in your joints," she says, adding that yoga tends to help people realize their hidden tight spots – like the muscles deep in the hips – that can cause problems later in life.

"Really flexible people are the people I worry about in class," Oliveto says. With natural flexibility, people tend to fall into their joint tissue as a support system, making them more prone to injury, she says. "Our bodies can handle that for a long time, which is why it's a problem."

"There's an imbalance," she continues. "The idea of flexibility in yoga is really only logical when you combine it with strength."

Hidden benefits

Oliveto, who holds a certification in yoga therapy, teaches yoga at Balanced Movement Studio and the FlowJo, as well as in private lessons. She's had students with knee pain, back pain, sciatica and other ailments, all of whom improved with years of yoga practice. Other students have seen improvements with arthritis, fibromyalgia and irritable bowel syndrome.

"They're starting to see that yoga helps almost everything, and that's really because it brings the body back to balance," she says. "The breath, the idea that you're activating the inner fire, that's what burns up toxins."

In addition, yoga puts pressure on parts of the body that rarely experience it, she says, like in folded postures.

"You're massaging your digestive system," she says. And by moving muscles in different ways, "you're sending new blood and new oxygen to them."

But yoga doesn't just help bring balance to the body: Oliveto says she's noticed "the ways that it helps balance the brain."

"It helps with any form of depression," she says, acknowledging that all types of exercise have emotional benefits.

In recent years, the number of yoga studios, classes and teachers has exploded as demand has increased exponentially.

"I don't think it's a coincidence that there's so much yoga now," she says. "It's because people are looking for that relief and healthy coping mechanisms."

"Really, you need to look at it as something that your body does daily. ... It's more than sweating."

HOUSE Calls

Practicing family physicians from the UNC Department of Family Medicine have teamed up with *The Carrboro Citizen* to bring you a weekly feature responding to your questions about health and medicine. Send your questions or comments to yourhealth@unc.edu



Dear HOUSE Calls,
I am a 58-year-old woman with high blood pressure. My father had a heart attack late in life. Should I be taking an aspirin? I know that men sometimes do that, but how about for women?

We do raise this issue often with all patients – but men, by nature of being men, have an additional risk factor for heart attacks, so we probably think about it more often for them. There are calculators that your doctor can use to compute your risk of a heart attack, which is useful in recommending for or against a daily aspirin. Most people over 50 with risk factors for heart attacks (smoking, hypertension, high cholesterol or diabetes) probably should consider a daily aspirin. But we should acknowledge that there has been some recent debate about this strategy. Aspirin increases the risk of bleeding and ul-

cers. The increase in risk is small, but, for some people, the benefit may also be small. Given your age and high blood pressure, a daily baby aspirin (81mg) probably makes sense. Beware that some over-the-counter medicines and herbal products can compound the risk of bleeding. Discuss the pros and cons with your family doctor next time you are in for a visit.

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I have migraines, and none of the migraine medicines work. What else can I try?

That is a difficult question, and we're sorry you are struggling with migraines. There are at least a few different classes of medicines; if you have tried one that didn't work, consider trying others. Be sure you have tried several triptans (immitrex, zomig, relpak, etc.). It is even worth trying different delivery systems

(nasal spray and shot). There are other medicines that work well too, like nausea medicines and ergotamines. The other strategy is prevention. We like to have our patients keep headache diaries to try to identify patterns, triggers and responses to prevention. Triggers include stress, foods, fatigue and a number of other things. Rebound headaches can be confused with migraines, but are actually caused by too frequent use of many medicines we take for headaches (acetaminophen, caffeine and pseudoephedrine). There are a number of good strategies for preventing migraines, including medicines used for seizures, depression, riboflavin (a B vitamin) and sometimes birth control pills. So keep a headache diary and work with your primary-care doctor and perhaps a headache specialist to get the relief you need.

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