



"Reaching From The Heart"

ISSUE: SEPTEMBER 2021



# MATTERS OF THE Heart

Georgia's Family Caregiving Magazine

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Welcoming Autumn



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## Publisher's Welcome!

### Celebrating Caring and Beginnings!

Some people become a part of history, and it is difficult to imagine life without them. I don't know if you really want to hear about this, but, a year ago this month (in September 2020), I set out to publish a National Caregivers Network, LLC newsletter: "just 5 to 7 pages" was the idea – sort of like the blogs we had been producing to offer more and different content to our social media audience as we started to gently expand our e-commerce business. We wanted to start conversations about family caregiving relationships, family culture, healthy lifestyle choices and other health matters, and about being understood as a family caregiver. So, here we are, one year later (from September 2020, when the first phone calls, and messenger and email messages transpired as I started looking for a stellar cadre of writers and editors)! Not having a bank of friends, in central Georgia, with the needed skill sets, I reached out to people whom I knew, including people that I only knew indirectly through their community engagement and their participation in social media. (This was interesting to me because my first, hesitant "testing of the waters" in social media had occurred, through a Special Announcement, only a few short years before – in 2017!)



So, what was the origin of our name, and what would be our most important topics (our "topics mandate," so to speak) to cover in the context of helping people in central Georgia to **have healthier, happier, more fun, more productive, more spiritual, more vibrant, more meaningful lives? I simply advised potential writers to share their areas of expertise, to write about their values, to write about "matters of their heart" – including the often incredibly difficult lifestyles of family caregivers!** In addition, from the outset, our consistent goal was to focus intently on quality and state-of-the-art research data in the biomedical realm, and to nudge our magazine to a top national level as we informed, educated, and inspired our loyal, inquisitive, intelligent readers – wherever they might be!

So, as we welcome you to this Anniversary Issue, join us in caring; but, this time, think especially about how much we care about the distinguished and consistent commitment and generosity that our contributing writers apply to each issue of **"Matters of the Heart."** The truth is, **we exist and thrive because of all of you** – readers, writers, graphic artists, and editors! These are just some of the critical infrastructures that is a part of our formative history!

Please help us develop into an even more formidable force of **positive spiritual energy** by recommending **"Matters of the Heart"** to your friends, family members, and acquaintances!

Thank you for joining us in Caring! We wish you the best in health!

*Shirley A. Morman*

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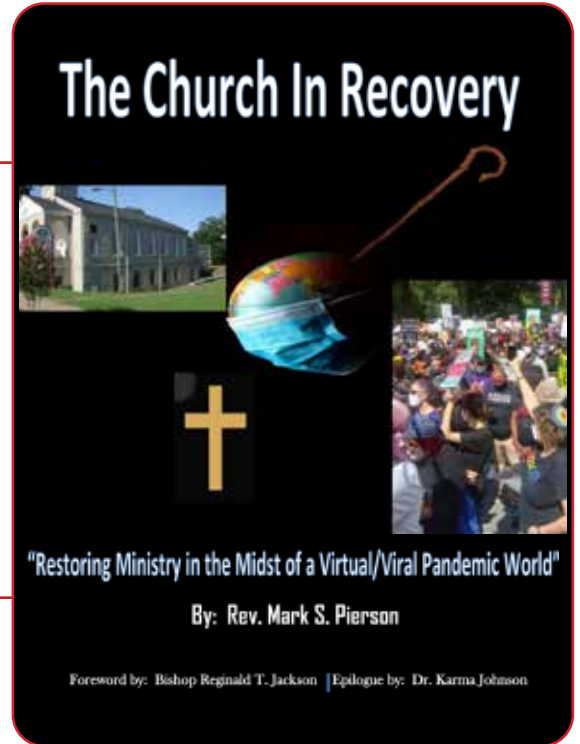
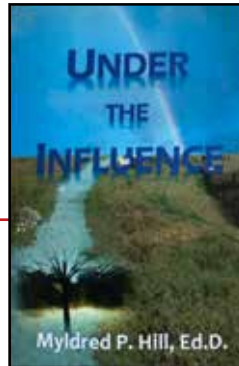
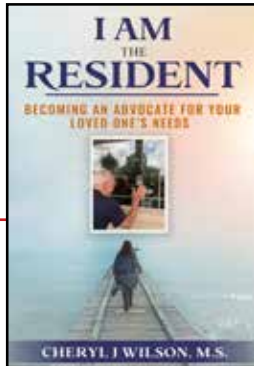
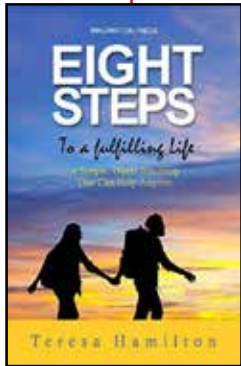
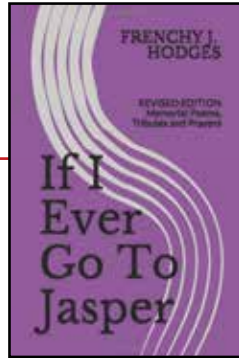
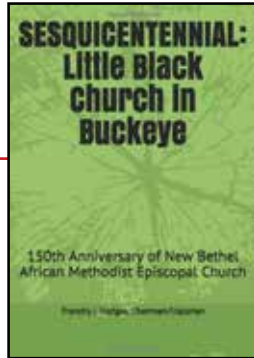
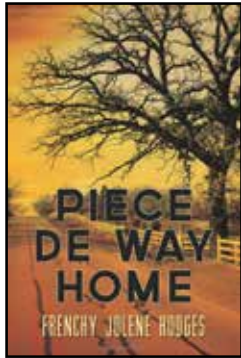


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## Featured Books Of Our Writers In This Issue



## Community Support For Veterans



DEPARTMENT of  
VETERANS SERVICE

The following announcement is authorized by the Georgia Department of Veteran Services, Director, South Region.

Occasionally, [ncngeorgia.com](http://ncngeorgia.com) will share Veteran Administration (VA) Caregiver related information on social media about resources and benefits offered to Caregivers; when this happens, interested persons should contact the Georgia Department of Veteran Services, South Region, VECTR Center, located at 1001 South Armed Forces Boulevard, Warner Robins, Georgia 31088. Telephone: 833-448-3287.

VA Offices in the South Region include: Albany, Americus, Bainbridge, Brunswick, Columbus, Cordele, Douglas, Dublin, Glenville, Hinesville, Lyons, Macon, Moultrie, Savannah, St. Mary's, Statesboro, Swainsboro, Thomasville, Tifton, Valdosta, Warner Robins, and Waycross.



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## What REALLY is Great Mental Health? & How to Get It!

Popular opinions on this subject are all over the map – and almost always are not supported by published, peer-reviewed research articles! Nonetheless, the subject matter of the effect of nutrition on mental health is a VERY active research area – with hundreds of research articles published to date! Similarly, the importance of regular exercise, and getting enough deep sleep each night are paramount to producing your best mental health according to many research articles! Also, it almost “goes without saying” that good mental health contributes strongly to a community’s vitality, commercial efficiency, and overall friendliness (that is, a good place to start and raise a family, to startup and operate a new business, etc.)!

**Lifestyle choices** that are well-established as contributing to great mental health include:

- Excellent Nutrition,
- A Great, Regular **Cardio Exercise Program** (ideally 3 times a week),
- A Great, Regular **Strength-Building Exercise Program** (2 or 3 times a week),
- A Sufficient Amount of **Deep Sleep Virtually Every Night**, and
- **Stress Reduction** (if needed).

A great, relatively recent article on Nutrition and Mental Health (one among many!) is:

Lassale, C., et al. (2019). Healthy dietary indices and risk of depressive outcomes: a systematic review and meta-analysis of observational studies.  
*Molecular Psychiatry*, 24(7), 965-986.

[This review article, which has 98 references, and which has been cited in 69 other subsequent research articles, concludes that those with the best nutrition are happier, and have better mental health, than those who do not have good nutrition!]

Many other research articles support similar conclusions with respect to the key importance of both regular exercise and plenty of deep sleep virtually every night in order to have the best mental health!



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## Exercise

- For strength-building exercise of muscles of your arms, shoulders, and upper back, choose weights or resistances such that you can only do 6 to 10 repetitions before you reach the point of “muscle failure” (= can’t do anymore!); once you have worked up to 11 or 12 repetitions to “muscle failure,” it is time to increase the weight or resistance a notch.
- For strength-building exercise of muscles of your legs, lower back, and abdomen, choose weights or resistances such that you can only do 10 to 20 repetitions before you reach the point of “muscle failure”; once you have worked up to 21 or 22 repetitions to “muscle failure,” it is time to increase the weight or resistance a notch.
- For your cardio exercise, do Interval Training in which you do a number of Interval Cycles [fast/hard for 30 seconds (“sprint”), followed by 30 seconds of “partial recovery”). Depending on your starting level of conditioning, you might initially do only 1 or 2 Interval Cycles; and then progress at your own pace until you can do 6 to 8 Interval Cycles in a given workout. As your level of conditioning increases, **increase your level of difficulty, but there is no need to increase your number of interval cycles:** for example, increase the speed and/or the angle of the incline on a treadmill, or increase the level of resistance on an elliptical machine, etc. After 2 weeks to 2 months from the start of your new exercise program (the length of time depending on your initial level of physical condition. If you have no major medical issues (for example, arthritis, etc.), you should be out of breath all the way from your first sprint to your last sprint, and then allow 4 to 5 minutes to cool down at the end (VERY important)!
- For exercise, be absolutely certain to get the prior approval of your physician or other healthcare provider who is knowledgeable about exercise. Also, let her/him know that you will be increasing the levels of difficulty *gradually!*



## Nutrition

- **Fruits:** ≥ 5 servings per day, 1½ to 2 servings of which are berries
- **Vegetables:** ≥ 5 servings per day
- **Nuts, seeds:** ≥ 3 servings per day (consider cashews, pistachios, walnuts, peanuts, etc.)  
Eat with meals to increase the absorption of oil soluble nutrients, such as lycopene (in tomatoes, ketchup, watermelons), and many other nutrients
- **Variety:** Be sure to add plenty of variety in each or the above food groups throughout the weeks/months
- Adopt a 100% vegetarian (= 100% plant-based) and gluten-free diet [gluten-free = nothing made with wheat (including no varieties thereof, such as faro, kamut, spelt, triticale, etc.), barley, or rye]. This means no regular breads, pastas, pastries, pretzels, etc.; however, breads made with almond flour or other nut flours are OK.
- Similar to starting your exercise program, prior to making changes in your nutrition, be sure to get your physician’s prior approval because some medications and/or medical conditions may require special considerations and adjustments.



Doc Wilson, Ph.D.

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## Leading & Strengthening Relationships

*"The Answer My Friend is **Not** Blowin' in the Wind; The Answer My Friend, is **Within**."* – mph

"Blowin' in the Wind," a song written by Bob Dylan in 1962, has been described as a protest song that poses a series of questions about peace, war, and freedom. As I began to formulate a hypothesis to frame the present topic of strengthening relationship roles in the context of both those giving and those receiving care, my mind immediately focused on this song. Caregiving has not only become a fast-growing service, but also a new career path for many. Prior to penning this article, I had NO idea that there was such an expression, or even a recognized concept, as Ainsworth (1978) suggested: the "**caregiver sensitivity hypothesis**" as an explanation for different attachment types. Ainsworth's **maternal sensitivity hypothesis** argues that **a child's attachment style** depends on, and mirrors the behavior that, their mother shows toward and with them. This is the perfect lead-in to this topic, which basically is "**Leading the Path Toward Strengthening Relationships in Caregiving.**"

To those of us who work in the caregiving field, it is obvious that adult receivers of such care form attachments with those on whom they depend as they navigate their new and novel way of living out their final days, months, or years. Both care receivers and caregivers alike seek answers to assist them on what often amounts to a long, tedious journey over a previously uncharted course. On a personal note, it is mostly the articles in this magazine, "**Matters of the Heart,**" that are leading the way in this field! (And,

for its intelligent, comprehensive coverage of important concepts, I truly am eternally thankful to "**Matters of the Heart!**") "**Matters of the Heart**" has provided not only tips on such practical topics as maintaining clean and healthy environments, but also has included a range of topics, including, for example, scheduling doctor appointments; dispensing medications; personal hygiene; how to prepare healthy, balanced meals; physical therapy; mental stimulation; financial management; and social and family matters – ALL of which are essential virtually every day! Also, such esoteric topics as the importance of negotiating cooperation and coordination have been addressed, including the importance of administering such services with professionalism and compassion. However, physical and/or mental impairments can present obvious challenges for both the caregiver and the care receiver!



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**Important Question:** How can caregivers **lead** in a manner that is acceptable and creditable?

**All** of the above topics require:

- **preparation,**
- **attention to detail,**
- **a sense of personal satisfaction,**
- **creditable service,**
- **integrity,**
- **honesty, and**
- **accountability.**

Furthermore, relationships are strengthened when there is measured and measurable documentation that care-receivers are ***cared for in an acceptable, professional manner.*** It is imperative that caregivers realize that – first and foremost – they are in the business and career of serving! This means that every caregiver has to be emotionally and mentally fit!

The Founder and CEO of the National Caregivers Network, as well as the Founder of this **“Matters of the Heart”** publication – Shirley Morman – announced at the beginning, in the inaugural publication – that each segment of the venture would be based on the Scripture and the tenets of Christianity, as are recorded in the Bible. It is for these reasons that I continue to feel passionate about this venture, which I personally interpret as **“21st Century Ministry!”** Therefore, it truly IS a “Matter of the Heart!” As an experienced caregiver (I assisted in the care of both my father and my mother in their last years, and I presently am the primary caregiver for my spouse of 57 years), I know, without a doubt, that caregiving **IS** a **“Matter of the Heart,”** and that **“it comes from within!”**

Approximately 39.8 million caregivers provide care to adults (aged 18+) with a disability or illness, which accounts for 16.6% of Americans [Coughlin, J. (2010). *Estimating the Impact of Caregiving and Employment on Well-Being: Outcomes & Insights in Health Management*]. In addition, about 15.7 million adult family caregivers care for someone who has Alzheimer’s disease or other kind of dementia. [Alzheimer’s Association. (2015). *2015 Alzheimer’s Disease Facts and Figures*]. Finally, providing loving care and service for the past decade has afforded me the welcome opportunity to “put **the word of God** into action!” The words that I published in my book, *“Under the Influence”* [Hill, 2019 (written in 1998); published in 2019], outline the critical details of **my formula for Leading from the Heart** in providing quality, day-to-day care to care receivers.

**I am proud to have advanced from getting to know**

- “The I AM That I Am,” to
- The Importance of always practicing super healthy nutrition, to
- How to become 100% convinced that my mind and my intellect will always provide the tools that I need to perform my tasks at hand, to
- How to feel accomplished and successful in my assignments – whatever they may be.
- An unshakeable belief that “GREATER is He that is Within Me, than he that is in the World” (1 John 4:4) is the only Source which can prepare me for the Services that I provide! It is indeed grounded in “Matters of the Heart . . . Leading the Way!”



Myldred P. Hill, Ed.D.

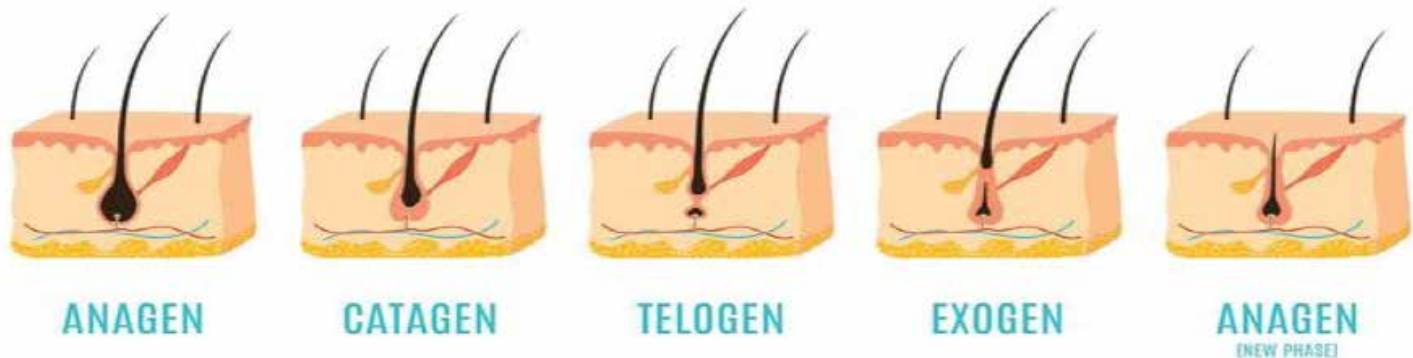
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## HAIR GROWTH CYCLE



## Hair Loss/Shedding and Medications

With the COVID19 pandemic, more individuals have been concerned about hair loss or hair shedding. Although certain infections, fevers, and illnesses can promote hair loss, the medications that you may be receiving could also be contributing to this problem. This article provides information comparing hair loss and hair shedding causes – with the primary focus being on medications that can cause hair shedding and loss.

First, let us discuss the difference between hair loss and hair shedding in relation to the hair growth cycle.

The American Academy of Dermatology (AAD) differentiates between hair loss and hair shedding. Hair loss occurs when something stops the hair from growing, also known as anagen effluvium. Hair shedding occurs when the body sheds significantly more hairs every day than it grows, also known as telogen effluvium.

Hair loss or effluvium occurs when there is a precipitating factor that stops the hair from growing. Effluvium is a term that is characteristic of active hair loss of more than 100 hairs per day over a 2-to-4-week period. Naturally, we lose between 50 to 100 hairs per day. The stage of the hair growth cycle in which the hair loss occurs classifies and helps to diagnose the cause of the hair loss. The hair growth cycle occurs in 3 primary phases that cover the growth and maturation of hair, as well as the activity of the hair follicles that produce the individual hairs. Each phase is affected by age, nutrition, and overall health.

The anagen phase or growing phase is the first phase of the hair growth cycle. It is the longest phase, occurring between 3 to 7 years when the length of the hair is determined. During the anagen phase, your hair follicles are pushing the hairs out until they are cut or fall out. Most of the hairs (about 90 percent) on your head are usually in the anagen phase.

The catagen phase or transition phase begins when the anagen phase ends, and lasts about 10 days – as hair follicles begin to shrink, and the hair growth process slows. The individual hairs then separate from their respective hair follicles, but remain in place. Only about 5 percent of the hairs on the head are in the catagen phase at any given time. During the telogen phase or resting phase (also called the shedding phase), about 10 to 15% of the scalp hairs do not grow, but also usually do not fall out – this phase lasting around 3 months. Science has also described a fourth hair growth cycle phase that divides the shedding stage between telogen and exogen stages.

During the exogen phase, the hair is shedding from the scalp through washing and brushing. This phase lasts about 2 to 5 months, and new hairs grow in the follicles as the old hairs fall out. To help with diagnosis, the healthcare provider takes a history to consider the “hair situation” 3 months before the hair loss was noticeable because it usually happens during the shedding phase (telogen or exogen) that lasts around 3 months.

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Examination of the scalp is done to assess the extent and pattern of the hair loss, the presence of redness or scaling of the scalp, the length of the hair, the diameter of the hair, and the breakage of hair. If hair loss is accompanied with rash, itchy scalp, or burning, the American Academy of Dermatology Association recommends seeing a dermatologist – especially a hair and skin specialist.

Hair loss that occurs during the anagen phase of the hair growth cycle is termed anagen effluvium because the loss of hair occurs during the first phase of the hair growth cycle or the anagen phase. Anagen effluvium occurs usually when a person starts chemotherapy or radiation – when hair cell division stops, or the hair matrix cells die as a result of a prescription drug that the patient is using, which leads to tapering of the hair shaft. When prescription medications cause anagen effluvium hair loss, the only way to stop the hair loss is to cease using the causative drug.

With chemotherapy, hair typically begins to fall out within two weeks, and continues for 4 to 8 weeks; and it usually takes up to six months for the hair follicles to recover. However, cosmetically, it may take between 12 and 18 months to recover; shedding usually occurs 2 to 4 weeks after treatment starts. Once chemotherapy has stopped, hair growth returns – sometimes with a different hair texture and/or color. Anagen effluvium also occurs with hereditary hair loss, immune system overreaction, some drugs and treatments therewith, hairstyles that pull on the hair, harsh hair-care products, and the compulsion to pull out one's hair.

Telogen effluvium occurs when the hair shedding increases from the anagen phase into the telogen and exogen phases – resulting in doubling or even tripling of the normal daily hair loss. Shedding often occurs 2 to 3 months after a fever or serious infection, and it usually takes 6 to 9 months before it stops and evidence of growth becomes evident. Other stressors that can cause telogen effluvium are surgery, loss of weight (more than 20 pounds), recent birth, major stressor triggers (such as caring for a loved-one who is sick, divorce, or loss of a job), post-surgery, or stopping hormone therapy, such as birth-control per the AAD.

Classes of medications that many do not think about as possibly causing hair shedding include various anticoagulants (such as heparin, Eliquis, warfarin, rivaroxaban, dabigatran, and apixaban), anti-hypertensives (beta-blockers, angiotensin converting enzyme inhibitors), hormones (oral contraceptives,

anti-gout medications, hormone replacement therapy, androgens), anticonvulsants (valproic acid, carbamazepine, phenytoin), mood stabilizers (lithium) including antidepressants, antipsychotics and antianxiety medications, the Parkinson's disease drug levodopa, weight loss drugs (such as phentermine), cholesterol lowering drugs, interferons, antithyroid medications, anti-infective agents, amphetamines, nonsteroidal anti-inflammatory drugs, retinoids (acitretin, isotretinoin), bromocriptine etc.. One treatment often used to reduce hair loss from chemotherapy is a cooling cap, which acts by cooling the patient's head to reduce blood flow around the hair follicles. This hair-cooling device is worn for 30 minutes before infusing the chemo drug, during the infusion, and 90 minutes afterwards. Other treatments used for hair shedding not specific to chemotherapy hair loss are minoxidil (a vasodilator), finasteride, pumpkin seed oil (contains a 5- alpha reductase inhibitor), topical cyclosporine (an immunosuppressant fungal by-product), and topical calcipotriol (a Vitamin D derivative). None of these therapies are as effective as discontinuing the offending medication, but they may assist in growing the hair by about 50%.

Some of the best strategies to produce the best results of your hair growth cycle are good nutrition (plenty of fruits, vegetables, and berries), including adequate healthy protein (especially nuts, seeds, and beans), reduced stress, and proper hair care. When these strategies and the offending medications have been maintained and then removed upon completion of the treatment regimen, and if hair loss still occurs and/or regrowth does not occur, you should visit a dermatologist to rule out other possible causes and treatment options. After a diagnosis is obtained from a physician, insurance companies may reimburse for treatment options that may include a wig or cranial prosthesis.

Hair loss can be an emotionally draining process, and you do not have to continue it alone without the help you need – including from a certified hair loss cosmetologist, barber, and/or dermatologist. Also, your pharmacist may be able to provide information that you need, such as the possibility that your medication may be contributing to your hair loss, and possibly suggest an alternative for it. However, sometimes, the medication that you have been prescribed may be the only choice you have!



**Donna D. Bellamy,**  
Pharm.D.

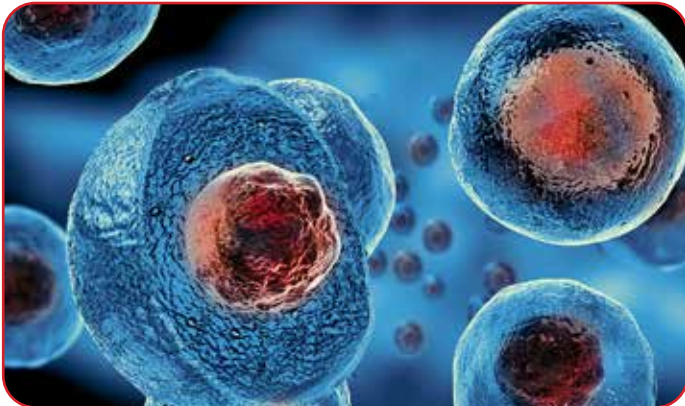
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## Why Stem Cell Therapy?



This is a personal story that may not appeal to most; however, if my story helps at least one person and opens the eyes of others, it will be well worth it!

On July 23, 2020 in the middle of the pandemic, I had Stem Cell Therapy and Platelet Rich Plasma injections into my lower back near the L4 and L5 vertebrae. I made a commitment to God that, if the therapy was successful, I would share my story by writing this essay. I often received puzzled looks from some when I shared my stem cell experience. Apparently, some people thought that I was getting the stem cells from embryonic or perinatal tissues, which could cause ethical questions.

According to the National Institutes of Health, stem cells are cells with the potential to develop into many different types of cells in the body. They serve as a repair system for the body. Adult stem cells exist within certain tissues of the body (for example, blood and bone marrow) where they carry out repair and regenerative functions. Since I was 17 years old, I have experienced chronic lower back pain. In my earlier years, an ibuprofen or a headache powder would take care of the pain. Due to aging and several car accidents, the pain became more constant and difficult to manage. I was a compliant patient and followed the protocol that most doctors suggested, which included exercise, physical therapy, acupuncture, massage, chiropractic manipulation, injections at pain clinics, steroid injections, medicated skin patches, TENS (a type of electrical stimulation of certain nerves), and rubs. Most of the above therapies worked temporarily; however, some doctors constantly suggested surgery.

For me, surgery was never an option because only a very few of the many people I have known who have had back surgery have gotten better with such surgery. Generally, most people I have known who have had two to three back surgeries have gotten worse. It seems that the problem lies with both, the patient and the doctor. For more detailed research on this subject, go to my website: [www.healthbuzzbydot.net](http://www.healthbuzzbydot.net)

At the top of the page, click on "Articles" and then "2019" to find the article: Surgery for Back Pain. In medicine, doctors at research hospitals such as Mayo and Emory are using Stem Cell Therapy and other regenerative medical therapies for the relief of pain in several areas of the body. Emory's website states: "Patients may benefit from a unique non-surgical procedure using the patient's own stem cells and growth factors that may help repair damaged tissue, reduce pain and promote healing. During the procedure, the physician takes bone marrow cells from the back of a patient's hip and, following minimal on-site processing of these cells, they are then injected into the patient's joint or tendon. Since the cells are from the patient's own body, there is no risk of rejection." Doctors can also extract stem cells using what is known as Fat Graft treatment, in which the doctor goes into the side or stomach of the patient to harvest some fat.

Another regenerative medical treatment, called Platelet Rich Plasma, is used primarily in sports medicine; it utilizes platelets from the athlete's own blood to rebuild a damaged tendon. It has been successful in not only relieving the pain, but also in jumpstarting the healing process.

At Emory Spine and Orthopedics and Spine Center, I received both Stem Cell Therapy and Platelet Rich Plasma. The doctors took fat from my stomach, and placed it into a centrifuge to harvest the stem cells; then they took blood from a vein and placed it into a centrifuge to harvest platelets. Both stem cells and platelets were mixed together and injected into my lower spine. I was not hospitalized, but the recovery period was about two months. However, it was about six months before I could tell if the procedure had worked. Great news: It worked! I praise God each day for his miracle that he bestowed on me!

Prior to the therapy, I could not ride in a car for more than two hours without a nagging, painful backache. I carried a pillow with me everywhere I went and changed all of my shoes to orthopedic wear. Now I can ride without suffering the next day, and I am not married to a pillow. I can wear a pair of heels to an event for about two hours. To learn more about these procedures, go to the links below for answers to your questions. You can also email me at [Healthbuzzbydot19@gmail.com](mailto:Healthbuzzbydot19@gmail.com).

<https://www.emoryhealthcare.org/orthopedics/prp-therapy.html>

<https://www.emoryhealthcare.org/sports-medicine/stem-cell-treatment.html>



Dorothy Crumbly, M.S.

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# Nutrition

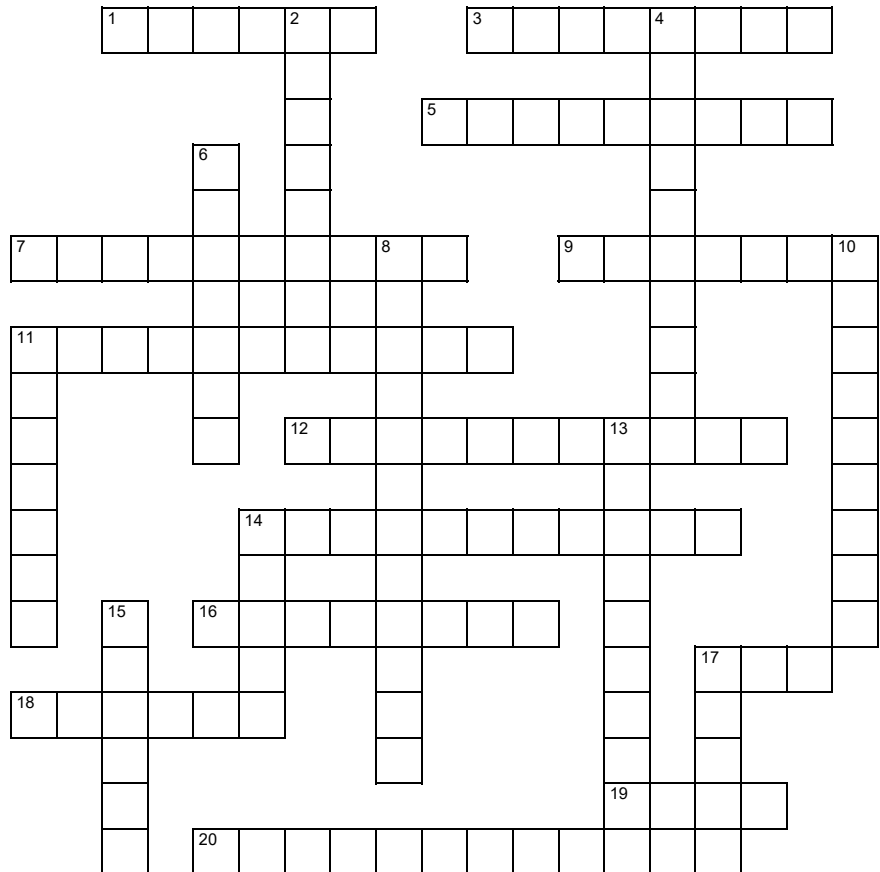
## Crossword

### ACROSS

1. Plant seeds that make up an important nutritional component of most diets.
3. Organic compounds essential for good nutrition which are required only in very small quantities.
5. Processing of food by the body.
7. Inadequate supply of essential nutrients.
9. Nutrient needed to build, repair and maintain body tissues.
11. Type of fat needed by the body, but which in too great of quantities can clog the arteries.
12. Triangular diagram showing the optimal number of servings to be eaten each day from each of the basic food groups.
14. Condition in which there is not enough water in the body.
16. Inorganic chemical elements that are required by the body (for example magnesium, iron, or sodium).
17. The major storage form of energy in the body.
18. Disease that is caused by vitamin C deficiency.
19. Food and drink that is regularly consumed by a person or community.
20. Carrots, broccoli, lettuce and many more.

### DOWN

2. Any substance that provides essential nourishment.
4. Rate at which food is converted into energy.
6. Disease that is caused by Vitamin D deficiency.



8. An energy yielding nutrient found in breads, cereals and other starches.
10. Study of how the body takes in and utilizes foods.
11. Unit of energy produced by food.
13. Building blocks of proteins.
14. Food group that contains milk, cheese, yogurt, etc.
15. Apples, oranges, bananas, and many more.
17. Part of food that cannot be digested and which helps move material through the digestive tract.

### WORD BANK

- |              |            |
|--------------|------------|
| AMINO ACIDS  | FRUITS     |
| CALORIE      | GRAINS     |
| CARBOHYDRATE | METABOLISM |
| CHOLESTEROL  | MINERALS   |
| DAIRY        | NUTRIENT   |
| DEFICIENCY   | NUTRITION  |
| DEHYDRATION  | PROTEIN    |
| DIET         | RICKETS    |
| DIGESTION    | SCURVY     |
| FAT          | VEGETABLES |
| FIBER        | VITAMINS   |
| FOOD PYRAMID |            |

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## Using Gratitude as a Catalyst for Change!

We are living in unprecedented times. It seems that the only thing in life that is certain is that we must expect the unexpected! Covid19 has changed the way we navigate in our environment – perhaps forever. Consequently, we are generally more isolated from each other and without the normal feelings of connectedness. This disconnect does not work well with humans who absolutely thrive on connections with other humans. So many people across the world are doing their best to adjust to this new way of existing. For some, the usual “Friday Friends Meet Up for Lunch” at a favorite restaurant no longer happens.

Others are not getting together for monthly house parties or for family reunions. In addition, self-care is often sacrificed. Furthermore, our dietary habits tend to take a plunge, we do not move our bodies as much, and getting adequate amounts of deep sleep (that would allow our bodies to heal better, if needed) also take a serious hit. Some also avoid doctor and dental visits for fear of exposure to the covid virus and/or other diseases.

Unfortunately, we also wake up daily to the harsh realization that another person who was an intimate part of our circle is no longer with us. Sometimes we realize that, due to the current climate of life, a person who has passed away was not as well connected as they had been prior to the pandemic. Another harsh reality we face too often is that – just when we thought things were getting better, many took off their masks, but only to quickly realize the possibility of an even more dangerous surge.

In addition, the wacky political climate is just adding additional grief and stress! Let’s face it! This new “normal” not only is difficult, but it also does not come with instructions for coping with it. When we realize the gravity of what we are trying to cope with, the toll on our psyche can seem unbearable. We need help!

We have been told to seek God first concerning matters of the heart, and also to seek professional help from licensed psychotherapists when life’s challenges begin weighing too heavily on us. Our church’s Sunday service and mid-week group prayer sessions assist in keeping us safe. And therapist-client relationships have evolved to include tele-therapy on computer screens or phones.

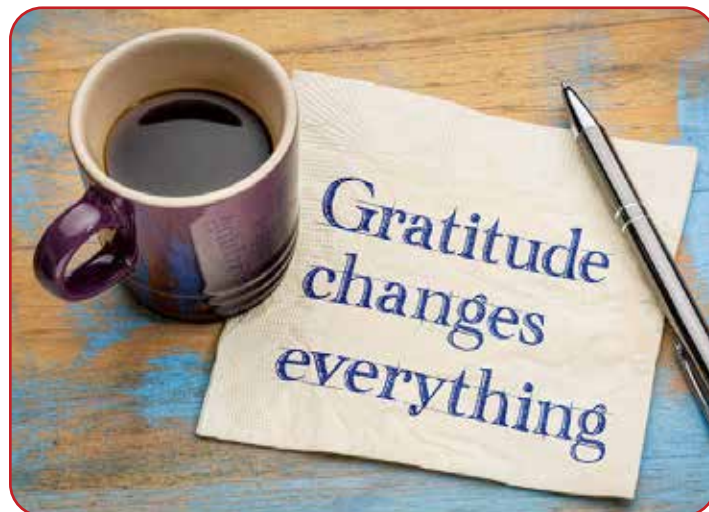
Despite the fact that many church events, prayer meetings, and therapy sessions may not be in-person, virtual gatherings over Zoom, etc. can still be very effective in promoting spiritual growth and psychological assistance.

Yet, with so much changing from day to day, it can feel like such weekly sessions are not enough. Therefore, we need daily interactions with each other (when possible, face-to-face) to help keep one another focused on the good in life – despite the seemingly overbearing cloud of gloom. Practicing acts of gratitude, speaking from a positive emotional place, and practicing self-care are some of the practices that we can use to more effectively cope with life’s unexpected events.

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Research shows that – even when we are faced with many less-than-welcoming life events, practicing gratitude helps us to cope better and to view life more optimistically. Routinely practicing gratitude also positively impacts and promotes happier emotions that will lift the spirits of those around us. Although gratitude can be expressed verbally, also keeping a daily gratitude journal (consisting of deliberate, concrete, thankful expressions of appreciation) can have lasting, powerfully positive effects on our overall mental health! More specifically, writing letters of gratitude to particular individuals (even if the letters are never sent), will lead to greater senses of connectedness and overall well-being! We all have people in our lives with whom we have not yet shared our appreciation; however, we should make a conscious effort to express that gratitude. When we share our appreciation with them directly, it is 100% guaranteed that it will be a mutually satisfying experience! Also, when we fully understand that we should never take anyone for granted, we become more motivated to document our gratefulness.

No matter what challenges we face in life, we also must understand that **self-care is not selfish!** We will not be able to most effectively take care of others if we are operating from an empty cup. We must make every effort to fill our own cup, and having gratitude as a daily goal will help us manifest our own best self-care.



**We know that**

- a plant-based diet,
- plenty of water (8 to 9 cups a day – including the water in the fruits and vegetables that we consume),
- stress reduction (if needed),
- seven to eight hours of sleep each night for most people (though some will require less, and others will require more – based on their individual genetics), and
- exercise (both cardio exercise and strength-building exercise – at least 3 days a week)

comprise the foundation for good health. The problem is that we have heard it so much that, too often, we do not act appropriately on this knowledge. We should all ask the question daily, “What do I need to do *today* to improve my overall health and wellness?” Also, “How many ways can I show gratitude today?” Thus, we must begin to value our mental health by daily doing the small things that will help us get through the week until we meet in church or in therapy – whether face to face or virtually. Connecting and appreciating those around us, as well as those who are at a distance, is a GREAT place to start!

For more information and access to a community of like-minded individuals who are focused on living a vibrant, thriving life, contact Dr. Sonja Shavers via the following: [sonrisetherapy@gmail.com](mailto:sonrisetherapy@gmail.com), Text to 912-657-9225, Follow on face book, Sonja Shavers.



Sonja Shavers, Ed.D.



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## How Do I Select a Good Long-Term Healthcare Community for My Loved One? (Part 1)

One of the most frequent questions I get asked is, **“Which are the best nursing homes?”** There are many good nursing homes; however, unfortunately, the public usually only hears about the bad events that happen in a minority of such communities. Most of the staff of the vast majority of long-term healthcare communities are caring professionals who want to do all they can to ensure that their residents receive top quality care. This article focuses on what research YOU need to do, including what questions to ask, and what to look for, when you tour a prospective long-term healthcare community.

**Step 1. Research: Go Online to Nursing Home Compare** ([www.medicare.gov/nursinghomecompare/search.aspx](http://www.medicare.gov/nursinghomecompare/search.aspx))

This site allows you to look up information on any long-term healthcare community that accepts Medicare or Medicaid, including their respective **“Star Ratings.”** These facilities receive Star Ratings based on their scores in each of three areas:

- **Health care inspections,**
- **Staffing, and**
- **Quality of resident care measures.**

Each of these three categories receives a Star Rating between 1 and 5; in addition, a fourth category receives a star rating that represents the overall (or average) rating of the first three categories.



A 5 Star is the highest rating, and a 1 Star is the lowest rating, that a facility can receive.

**A word of caution!** Do **NOT** assume that a healthcare community with a high Star Rating is the best community for your loved one! These communities only have federal inspections every 12 to 15 months, and their Star Ratings are based on the results of their respective last inspections. You may find a community with a 5 Star Rating, but there may have been some key staffing changes since their last Star Rating. For example, there may be a new administrator or director of nursing (DoN), and, as a result, the quality of care for the residents may have gone down or up! A decline or uptick in the Star Rating would not show until the next inspection, which might be many months off.

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Looking at a Star Rating is a good start, but **nothing replaces going to a community healthcare center and speaking directly with their administrators and lower-level employees, and asking probing questions!** Such a strategy will help you better decide which facility is most likely to meet the needs of your loved one. And, keep in mind that YOU know your loved one better than any doctor or social worker, etc., and YOU are the most qualified to make final decisions regarding their healthcare and the best facility for their final long-term care!

### Step 2. Meet with the Admissions Coordinator

Once you have narrowed your choices down to two or three community healthcare centers, call each and set up an appointment to meet with their admissions coordinator/social worker, or whoever is in charge of placing new residents. I always recommend that you also take a neutral friend or family member with you when you visit such communities because it helps to have someone with you who is not as emotionally attached to the situation. They may see or hear things that you do not notice. (And, you know the old saying: "Two sets of eyes and ears are better than one!") Also, have them take notes when you meet with the admissions staff. In addition, be certain to keep in mind the twofold purpose of the meeting: to let them sell you on their community, and to ask your questions as you meet and tour their facility.

Furthermore, let them sell you on the benefit of placing your loved one with them. For example:

- What is the cost to join their healthcare community, and, more importantly, what does this cost cover?
- What items are not included in the room and board that you are being quoted?
- What sets their healthcare community apart from other such communities, and why should you place your loved one with them?

### Other Questions that You Need to Ask

- Does their healthcare community have a family/resident council? If so, can you speak to the president of that family council?
- What is the staff to resident ratio?
- What is the restraint policy?
- What is the "bed-hold" policy? (This is the price you will be charged to hold the bed if your loved one goes out to a hospital, or goes out "on extended leave" for any reason.)

- What is the community's end-of-life policy? Will the community honor my loved one's advanced directives? (Make sure that you have a copy to show them.)
- Is there a secure area that will allow residents to safely go outside?
- Is there a secure unit for residents with dementia? If so, ask the staff what about the unit makes it secure? (Some states require healthcare communities to show potential clients their "Disclosure Statement," which outlines what makes their unit special. For example, they may have more staff, and/or a trained activity person who provides activities for residents with dementia. Also, all staff working on such a unit should have received special training for their work and responsibilities. **Whether or not they are required to have an official Disclosure Statement, you need to ask these questions if your loved one has any form of dementia!**)
- Is there a Medicaid waitlist? If so, how long is the wait?

### **\*Warning\* Warning\* Warning\***

*If a healthcare community tells you that they have a **Medicaid waitlist**, but **not to worry**; once your loved one spends down all of their funds, they will have a Medicaid bed available, **RUN, RUN, RUN!** I cannot tell you how many families have fallen for this line. **There is NO way a community can know when a Medicaid bed will be available!** They cannot kick out someone who is on Medicaid so that your loved one can have their bed! I have seen too many families buy into this, spend down all of their loved one's funds, and then be told that the community does not have a Medicaid bed available, and that their loved one needs to move elsewhere to get Medicaid funding and benefits. If the staff person continues to tell you not to worry, ask them to **guarantee the Medicaid bed in writing!** (NOTE: I have NEVER seen a healthcare community do this!)*

- Finally, ask to see a copy of their most recent survey report, which should be posted! However, if you don't see one, ask.

In December I will conclude this series by discussing what to look for when you tour the healthcare community facility, making your final decision, and how to ensure quality care once your loved one is admitted into a long-term healthcare community.

<https://www.advocacy4seniors.com/>



Cheryl J. Wilson, M.S.

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## Downsizing Your Home In Your Senior Years

Whether you're flirting with the idea of relocating to be closer to grandchildren or thinking of scaling back because you need less space, leaving a home filled with a lifetime of memories may seem daunting. In addition to emotional consequences, downsizing your home also affects your financial well-being. Before you put that for sale sign in the yard, it's best to weigh the pros and cons of downsizing. Then, if the move makes sense, you can establish a consolidation agenda to make your transition a smooth one.

### Is downsizing right for me?

The advantages of downsizing may include less yard work, housekeeping, maintenance and repairs. It can also lower utility bills and real estate taxes, increase cash flow due to lower mortgage payments and provide extra income from selling your current home. Another plus is moving to new accommodations that are more accessible or suitable to a retired lifestyle.

On the downside, moving is a lot of work and letting go of possessions can be overwhelming. Adjusting to a smaller space can be hard, especially if you have frequent guests, and shifting your lifestyle can also be an uncomfortable transition. Moving to a smaller space may not always be the best financial option, depending on where you move

and the value of real estate when you sell. Your home may be your largest asset, so this is an important factor to evaluate.

### What are my downsizing options?

As you search for a smaller home, consider the following most common options:

- **Smaller house:** This is ideal for those who like owning their own home but don't mind maintenance, climbing stairs, etc. Keep in mind that the financial benefit of moving to a smaller home will depend largely on the real estate market and how much you hope to make from selling your home. By preparing the listing of your home well in advance, you can set goals with your real estate agent and avoid having to take the first offer that comes your way, no matter the financial repercussions.
- **Condominium:** Condos are an increasingly popular option for baby boomers, providing the advantage of ownership while eliminating maintenance. However, these services don't come free. Monthly condo fees, including amenities offered, can add up quickly. If a condo sounds appealing, make sure you will use the amenities provided—otherwise, you may be spending money for nothing in return.

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Also review any rules the condo homeowner's association may impose on the community, including restrictions on pets, use of common areas, outdoor decorations, etc.

- **Apartment:** An apartment can be ideal for those that want the flexibility that renting affords. Renting can help eliminate almost all maintenance or tax concerns and provide a sense of community, depending on the type of building you choose. However, you will also lose the freedom to make many household decisions, as you do not own the property.
- **Age-qualified community:** These include apartment complexes, condos or even homes in a gated community that have an age restriction. Usually, residents must be age 55 or older to live within the community. This option offers many benefits, such as homeowner's associations that take care of maintenance and landscaping, enhanced access to health care services, senior-friendly floor plans and a strong sense of community. However, age-qualified communities will also enforce community rules and, in addition to the cost of the home or apartment, will usually charge monthly or yearly resident fees.



### Consolidate possessions

A smaller space requires fewer furnishings, and consolidating your possessions before the move will make the process much smoother. Making decisions about what to let go can be empowering and give you a sense of satisfaction. For special belongings and heirlooms, downsizing can be the perfect opportunity to gift possessions rather than waiting to pass them on in a will. And gifting now instead of later allows you to experience firsthand the joy that your gift may bring to its recipient. You can also donate to charity or sell valuable items online, at a yard sale or to a consignment shop. If you plan to move to a smaller living area, consider letting go of certain furniture pieces that may not fit a smaller space.

### Enlist help

Moving is physically and emotionally draining. To help lighten the load, asking loved ones to help you sort through items can be a big help and provide a bonding experience as you uncover old memories hidden among your possessions. If you don't know where to get started, consider hiring a "downsizing specialist." These professionals often have a background in social work, health care or psychology, and can help sort through possessions, arrange for sales, donations or shipments, and guide you through this emotional transition.

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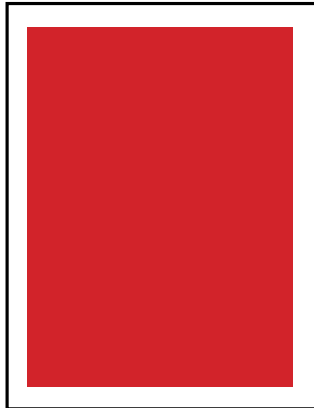
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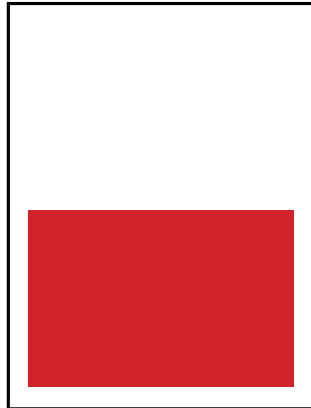
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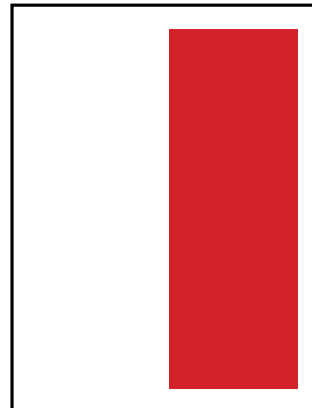
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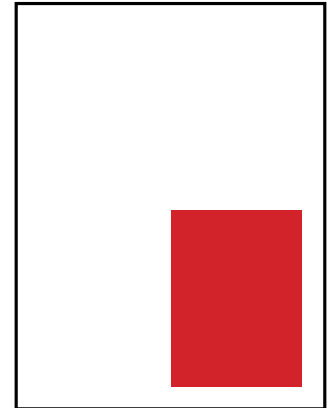
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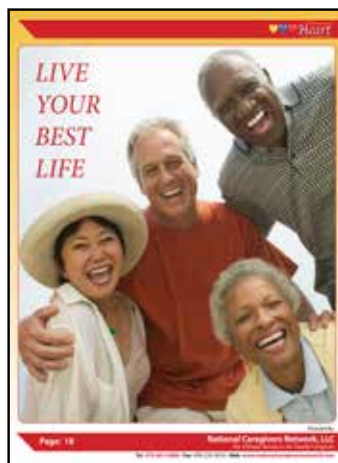
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## NEW BOOK COMING SOON

# The Handbook of Cancer

By Doc Wilson



Doc Wilson, Ph.D.

**W**hen Doc Wilson's mother died from a kind of cancer that, at the time, was considered "incurable," he vowed to learn everything he could about causes, preventions, and cures for the common cancers. Subsequently, Doc was also diagnosed with cancer – even though he had led a close-to-exemplary lifestyle with respect to nutrition, exercise, sleep, and stress. Doc then decided to share his story and his illuminating findings about cancer through a book, as well as through seminars, and one-on-one and group health consultations.

Doc Wilson's ground-breaking book, *The Handbook of Cancer. Causes. Preventions. Cures, (subtitle: What the Food and Beverage Does NOT Want You to Know!)* addresses critically needed information that is not readily available from most members of the medical community. As is implied in the book's subtitle, the food and beverage industry is **not** in the business of educating the public about cutting-edge research that has the potential not only to help some cancer patients cure their cancers, but also to at least reduce anxiety levels, and even cancer levels, in other patients when they follow Doc's prescriptions!

Of course, since we live in a capitalistic society, we should not expect Food and Beverage entities to spend time and money on undercutting their respective, money-generating businesses; hence the need for **an unbiased "outsider"** like Doc. Doc's extensive background in biomedical sciences, and experience as a Personal Trainer and as a medical school professor, have provided Doc with a varied, rich, relevant foundation for writing *The Handbook of Cancer*.

### **Brief Summary of Doc's Technical Training:**

- B.A. (Biology, Chemistry), Kalamazoo College, Kalamazoo, MI. Included Foreign Study: 6 months, University of Strasbourg, France.
- M.A. (Physiology), SUNY at Buffalo, "Passed with Distinction." NY.
- Ph.D. (Physiology, Biochemistry), University of Illinois at Urbana.
- Postdoctoral Fellowship (Biochemistry, Physical Chemistry), Duke University, Durham, NC.
- University of Maryland School of Medicine, Founder & Director, Renal Laboratory, Baltimore, MD.



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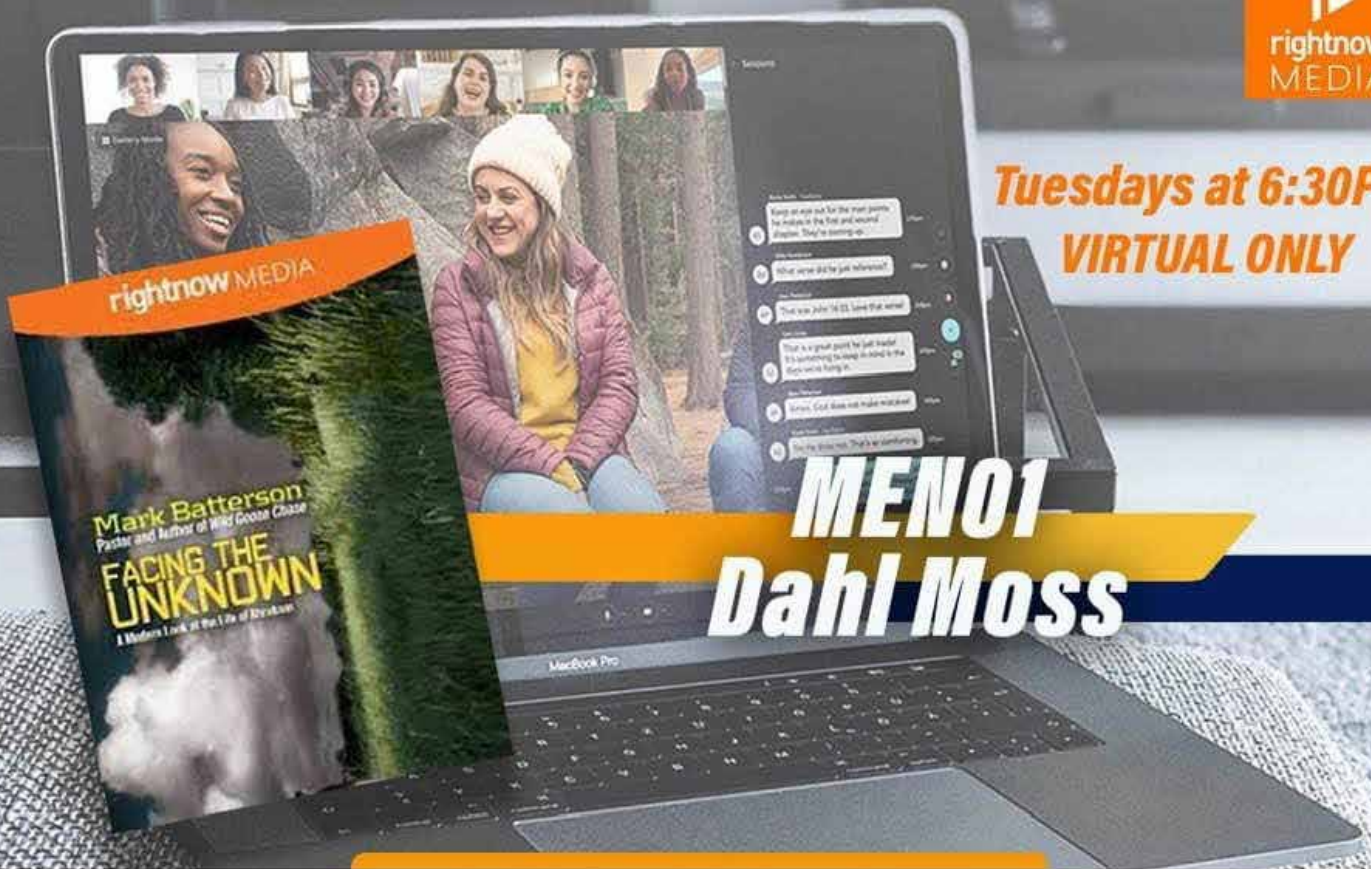
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