

SEASONAL HEALTHY EATING RECIPE

ZESTY BLACK BEAN CHILI

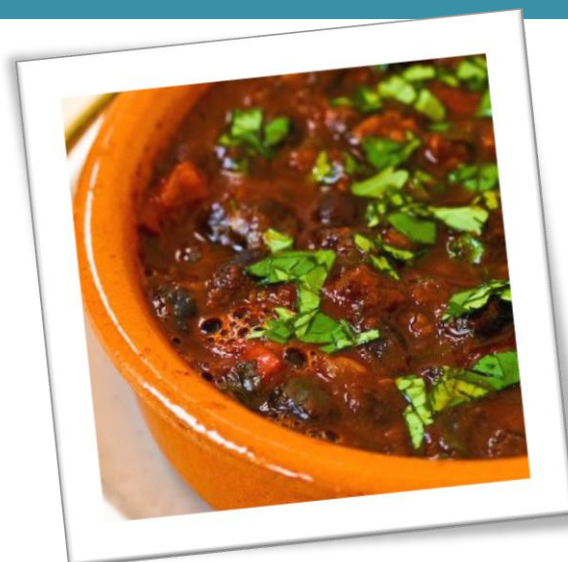
6 servings, about 1 1/2 cups each

Active Time: 25 minutes

Total Time: 1 hour

Ingredients

- 2 tablespoons extra-virgin olive oil
- 1 large yellow onion, chopped
- 1 large yellow bell pepper, chopped
- 5 cloves garlic, minced
- 2 teaspoons chili powder
- 1 1/2 teaspoons ground cumin
- 1 teaspoon dried oregano
- 1/2 teaspoon salt
- 1/2 teaspoon freshly ground pepper
- 2 15-ounce cans black beans, rinsed
- 2 14-ounce cans no-salt-added diced tomatoes, undrained
- 1-2 canned chipotle peppers in adobo sauce, minced (see Tip)
- 2 cups vegetable broth
- 2 teaspoons light brown sugar
- 2 cups Cooked Wheat Berries, (recipe follows)
- Juice of 1 lime
- 1 avocado, diced
- 1/2 cup chopped fresh cilantro



Preparation

Heat oil over medium-high heat. Add onion, bell pepper, garlic, chili powder, cumin, oregano, salt and pepper, and cook, stirring occasionally, until tender, about 5 minutes. Add beans, tomatoes, chipotle to taste, broth and brown sugar. Bring to a boil over high heat, reduce heat, cover, and simmer for 25 minutes.

Stir in cooked wheat berries and heat through, about 5 minutes more. (If using frozen wheat berries, cook until thoroughly heated.) Remove from the heat. Stir in lime juice. Garnish each bowl with avocado and cilantro.

Tips & Notes

Tip: Canned chipotle peppers (smoked jalapeños) in adobo sauce add heat and a smoky flavor. Look for the small cans with other Mexican foods in large supermarkets. Once opened, store in an airtight container for up to 2 weeks in the refrigerator or 6 months in the freezer.

Nutrition

Per serving: 386 calories; 11 g fat (1 g sat, 7 g mono); 61 g carbohydrates; 14 g protein; 15 g fiber; 703 mg sodium; 311 mg potassium.

Nutrition Bonus: Vitamin C (130% daily value), Fiber (72% dv), Folate (48% dv), Iron & Vitamin A (25% dv).



NATURAL PAIN MANAGEMENT AND WELLNESS

WINTER/SPRING 2011 NEWSLETTER

WELCOME TO OUR SECOND QUARTERLY NEWSLETTER!

NPMAW is pleased to announce some exciting changes coming in the next few months. Dr. Amna Riches will be joining Natural Pain Management and Wellness part time starting in the month of March. She will be assisting Dr. Kristen Latona-Brzezinski during her maternity leave.

Dr. Riches obtained her doctor of chiropractic degree from New York Chiropractic College. She is a graduate of the University at Buffalo, at which she obtained her BS in Biomedical Sciences. Dr. Riches is trained in treating individuals of all ages.

If you have specific questions that you would like answered, feel free to suggest a topic to Dr. Latona-Brzezinski the next time you are in the office, through her e-mail at npmaw@yahoo.com, or on the office's Facebook page.

Be Well! - Dr. Latona-Brzezinski



IMMUNE BOOSTING TIPS

FOODS THAT FIGHT JOINT PAIN

Ellie Krieger, MS, RD

Tips to reduce inflammation:

1. Increase your antioxidants.
2. Choose fruits, vegetables and whole grains; these are a great source of antioxidants
3. Go for good fats. Good fats may positively impact rheumatoid arthritis, so focus on getting enough omega-3 fatty acids from sources such as walnuts, olive oil, flaxseed and salmon.
4. Get your D. Vitamin D may have an anti-inflammatory effect so get 2-3 servings of low fat vitamin d fortified dairy products.
5. Spice it up. A fun and easy way to reduce inflammation is to use spices like ginger and turmeric, which add flavor and excitement to food.
6. Rethink your drink. Consider replacing coffee with green tea, which has been shown to reduce inflammation.

OFFICE HOURS AND INFO:

M 8:00am – 4:00pm
T 8:00am – 4:00pm
W 8:00am – 4:00pm
T 10:00am – 7:00pm

Call 716-505-1500 to schedule your appointment!

6245 Sheridan Dr. Suite 116
Williamsville, NY 14221
(in the Sheridan Meadows Office Park near Transit)

(Office hours for March/April may change and will be posted in the office and online as soon as Dr. Riches starts and Dr. Latona-Brzezinski goes on leave)

Featured in this Newsletter:

Foods that Fight Joint Pain

ADHD and Chiropractic: A Case Study

What is Graston Technique?

Recipe for those Winter Pounds



CHIROPRACTIC FACT OR MYTH?

Chiropractic is just a modern health trend.

Myth: If chiropractic is a health trend, it is the country's longest trend since it has been around over 100 years. Chiropractic is the largest drug-free form of health care and the third largest form of ANY health care in North America.

SUPPLEMENT OF THE SEASON: VITA LEA

One of the most comprehensive and balanced supplements you can buy, Vita-Lea® is specially formulated to provide you with 23 essential vitamins and minerals to promote overall health and vitality. Vita-Lea supports long-term colon, heart, and eye health, promotes strong bones and a healthy immune system, and provides protection against free radical damage. A superior formulation compared to other leading multivitamins, Vita-Lea provides:

- 2 times the calcium to support bone building and maintenance of bone density
- 2 times the vitamin D to support calcium absorption and healthy bones and teeth
- 2 times the beta carotene, the natural, plant-based form of vitamin A
- 2 times the vitamin E to promote immune, heart, and cellular health
- 2 times the magnesium to help maintain heart rhythm, as well as muscle and nerve function
- 3 times the vitamin K to support bone metabolism and blood coagulation
- 6 times the boron to aid in the metabolism of vitamin D and support bone development
- 10 times the biotin, a catalyst for energy production



ADHD and Chiropractic: A Case Study

The October 2004 issue of the peer-reviewed research publication, the Journal of Manipulative and Physiological Therapeutics (JMPT), comes a case study of a child with ADHD (Attention-Deficit /Hyperactivity Disorder), who was helped with chiropractic.

The case was of a 5 year old boy who had been diagnosed with ADHD at age 2. The child's pediatrician prescribed methylphenidate (Ritalin), Adderall, and Haldol for the next 3 years. The combination of drugs was unsuccessful in helping the child.

At age 5 the child was brought to a chiropractor to see if chiropractic care would help. The history taken at that time noted that during the child's birth, there were complications during his delivery process. The results of this trauma and complications resulted in a 4-day stay in the neonatal intensive care unit. The child's mother reported no other incidence of trauma.

The chiropractic examination and x-rays showed noticeable spinal distortion including a reversal of the normal neck curve indicative of subluxations. Chiropractic care was begun and the child's progress was monitored.

The child was brought by the mother to the medical doctor for a follow up visit and questioned the usage of the Ritalin. The medical doctor reviewed and examined the child and based on that assessment and his clinical experience, the MD felt that the young boy was no longer exhibiting symptoms associated with ADHD. He then took the boy off the medications that he had been taking for 3 years.

The conclusion of the author of the JMPT case study noted, "The patient experienced significant reduction in symptoms. Additionally, the medical doctor concluded that the reduction in symptoms was significant enough to discontinue the medication."

EARLY USE OF ADHD DRUG ALTERS BRAIN

Ritalin use in preteen children may lead to depression later in life. Ritalin and cocaine have different effects on humans. But their effects on the brain are very similar. When given to preteen rats, both drugs cause long-term changes in behavior.

One of the changes seems good. Early exposure to Ritalin makes rats less responsive to the rewarding effects of cocaine. But that's not all good. It might mean that the drug short-circuits the brain's reward system. That would make it difficult to experience pleasure—a "hallmark symptom of depression," Carlezon and colleagues note.

The other change increases rats' depressive-like responses in a stress test. "These experiments suggest that preadolescent exposure to [Ritalin] in rats causes numerous complex behavioral adaptations, each of which endures into adulthood," seems all bad. Early exposure to Carlezon and colleagues conclude. "This work highlights the importance of a more thorough understanding of the enduring neurobiological effects of juvenile exposure to psychotropic drugs."

CONSIDER FISH OIL OVER RITALIN

Children with attention-deficit hyperactivity disorder (ADHD) have problems paying attention, listening to instructions, and completing tasks; they also fidget and squirm, are hyperactive, blurt out answers, and interrupt others.



It is conservatively estimated that 3-5% of the school-age population has ADHD. Although drugs, such as Ritalin, are frequently used to treat ADHD, they are fraught with complications. Disadvantages include possible side effects, including decreased appetite and growth, insomnia, increased irritability, and rebound hyperactivity when the drug wears off.

One would not expect to find that a single cause or even a handful of factors could explain why ADHD appears to be so rampant in our society. Because it is accepted that both genetic and environmental factors play a role in ADHD, many other factors—both intrinsic and extrinsic— could influence an individual's fatty acid status.

INEFFICIENT CONVERSION OF ALA (FLAX OIL) TO EPA AND DHA

A possible cause for the low fish oil status of the ADHD children may be impaired conversion of the fatty acid precursors LA and ALA to their longer and more highly unsaturated products, such as EPA and DHA (fish oil fats).

It appears that children with ADHD just are not able to chemically convert the plant omega-3, ALA to fish oil very well. The problem is further worsened when omega-6 fats are consumed and the ideal omega-6:3 ratio of 1:1, progresses to the typical standard American ratio of 15:1. Many of these children have ratios which are even worse and can be as high as 50:1.

This study provides the research evidence supporting the use of the omega-3 fats found in fish oils to effectively address the underlying deficiency that is present in most of these children and appears to be contributing to the ADHD.

FEATURED TECHNIQUE: GRASTON TECHNIQUE

Graston Technique® is an innovative, patented form of instrument-assisted soft tissue mobilization that enables clinicians to effectively break down scar tissue and fascial restrictions. The technique utilizes specially designed stainless steel instruments to specifically detect and effectively treat areas exhibiting soft tissue fibrosis or chronic inflammation.

Originally developed by athletes, Graston Technique® is an interdisciplinary treatment used by more than 9,000 clinicians worldwide—including physical and occupational therapists, hand therapists, chiropractors, and athletic trainers. GT is utilized at some 830 outpatient facilities and industrial on-sites, by more than 160 professional and amateur sports organizations, and is part of the curriculum at 38 respected colleges and universities.



Graston Technique® is successful in effectively treating all soft tissue conditions, whether they are chronic or acute and post surgical.

The Graston Technique® offers many advantages to the patient such as:

- Decreases overall time of treatment
- Fosters faster rehabilitation/recovery
- Reduces need for anti-inflammatory medication
- Resolves chronic conditions thought to be permanent

Learn more about Graston Technique and other information about the instruments at www.grastontechnique.com