



SUBMITTED PHOTO Front row (Left to Right): Jean DeGroot, RT(R)(M)(CT)(MR), Tricia Prouty, BS, RT(R)(M)(CT)(MR) Back row (Left to Right): Dr. Will Eidsness, Allene Sommer, RT(R)(M)(CT)(MR), Amy Wishon, RT(R)(M)(CT)(MR)

YMC Earns MRI **Re-Accreditation**

Yankton Medical Clinic, P.C. has been awarded a three-year term of accreditation in magnetic resonance imaging (MRI) as the result of a recent review by the American College of Radiology (ACR). MRI is a safe noninvasive medical test that utilizes magnetic fields to produce anatomical images of internal body parts to help physicians diagnose and treat

medical conditions. Yankton Medical Clinic is Yankton's only facility accredited in all six MRI modalities including: Head, Spine, MSK (musculoskeletal), Body (organs), MRA (angiograms); and Breast. In addition, Yankton Medical Clinic utilizes only MRI board certified technologists to perform MRIs. Onsite Board Certified Radiologist, Will Eidsness,

MD, reads all scans performed at the Clinic.

The ACR gold seal of accreditation represents the highest level of image quality and patient safety. It is awarded only to facilities meeting ACR Practice Guidelines and Technical Standards after a peer-review evaluation by board-certified physicians and medical physicists who are experts in the field. Image quality, personnel qualifications, adequacy of facility equipment, quality control procedures, and quality assurance programs are assessed. The findings are reported to the ACR Committee on Accreditation, which subsequently provides the practice with a comprehensive report they can use for continuous practice im-

Pietila Awarded ACP Fellowship Position

P.C. is pleased to announce that Pulmonologist, Michael P. Pietila, M.D., FCCP, FACP has been awarded a Fellowship position with the American College of Physicians

The American College of Physicians (ACP) is a national organization of internists — physician specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. ACP is the largest medical-specialty organization and secondlargest physician group in the United States. Its membership of 137,000 includes internists, internal medicine subspecialists, and medical students, residents and fel-

Dr. Pietila is board certified in Pulmonology, Internal Medicine and Critical Care Medicine. He has been in practice at Yankton Medical Clinic, P.C. since July 2006.



Pietila

specializes in the care of adult patients with a variety of lung conditions including cough, bronchitis,

emphysema, lung cancer, tobacco abuse, asthma, pulmonary fibrosis, pulmonary hypertension and other lung diseases. He has a special interest in sleep medicine; especially the areas of snoring and sleep apnea.

If you desire an appointment with Dr. Pietila please ask your regular physician or contact Yankton Medical Clinic, referral is not necessary. Dr. Pietila also has outreach clinics at Avera St. Anthony's Hospital/Specialty clinic in O'Neill. Neb.: Osmond General Hospital in Osmond, Neb.; Plainview Hospital in Plainview, Neb.: Creighton Area Health Services in Creighton, Neb.; and St. Benedict's Hospital & Clinic in Parkston.

Shake Off The Salty Foods

BY MICHAEL ROIZEN, M.D., AND MEHMET OZ. M.D. King Features Syndicate, Inc.

Moviegoers love a good secret. There are more than 200 movies with the word "Secret" in the title — including, we kid you not, "The Secret Lives of Dentists" and "The Secret of the Ooze." Those secrets can set you back \$12 and waste your time, but Secret Salt hidden in food at the concession stand and on store shelves, well, that can knock you

off your feet. A new survey from Dr. Mike's Cleveland Clinic shows how much we don't know about secret sodium sources (hint: they're most often found in prepared foods). Today's top 10? Numero uno is bread, and three-quarters of you told the clinic's researchers you had no idea it was in there! The list continues with cold cuts and cured meats, pizza, poultry, soups, sandwiches, cheese, pasta dishes, meat dishes and snacks.

Why does this matter? Chances are, like most North Americans, you take in around 3,300 mg of sodium a day. But anyone with high blood pressure, heart disease, diabetes or kidney problems that's 60 percent of you — should have only 1,500 mg. And for some with saltsensitive high blood pressure (thank heavens it's less than 0.5 percent of you), excess intake of sodium is deadly. To avoid salt bombs, prepare fresh foods so you control the saltshaker; skip fast foods and packaged meals. For the rest of you, just cut back; the excess elevates blood pressure a little, which can promote heart disease and stroke. But you don't need to be overly compulsive about cutting salt, just a lit-

LATEST NEWS ON NSAID SAFETY

When Texas legend Red Adair capped an oil-well fire, he detonated explosives to deprive the inferno of fuel. But when inflammation rages in your body, you may choose a non-steroidal anti-inflammatory drug, such as COX-2 inhibitors (coxibs), ibuprofen or naproxen, to extinguish the pain. (Aspirin is also an NSAID, but more about it later.)

You may have heard how risky almost all NSAIDs are, especially if you regularly take high doses: They can cause gastrointestinal woes and cardiovascular complications, such as heart

The exception? We know aspirin offers protection from arterial diseases, including heart attack and stroke, as well as from nine types of cancer. (You can help protect your GI tract from by taking aspirin with a glass of warm water before and after.) But up to now, no one had figured out the unique risks and benefits of the other NSAIDs. So it's great news that, thanks to three major metastudies, there's finally SOME credible info about those other NSAIDs' differing qualities.

High-dose coxibs, diclofenac and ibuprofen may increase heart attack or stroke risk by about 33 percent. Heart failure risk is doubled with all non-aspirin NSAIDs. And a Food and Drug Administration panel evaluating NSAID risks voted 16 to 9 against the suggestion that naproxen causes fewer cardiovascular problems than other NSAIDs.

So, if you're taking a NSAID, talk to your doc about the risk versus reward of specific medications. We like the



OZ AND ROIZEN

Dr. Mehmet Oz and Dr. Michael Roizen

pain-relieving powers of meditation and cognitive therapy, weight loss and appropriate exercise (whether your pain is from arthritis or another condition), and taking 900 IU daily of anti-inflammatory DHA omega-3.

THE MIGHTY POWER OF MICROGREENS

Toward the end of the 17th century. Antonie van Leeuwenhoek created a micro-scope that revealed there were tiny creatures swimming in every drop of water. The world never looked the same again! The microchip was invented in 1959 by Robert Noyce and Jack Kilby (working separately), and once again the world was transformed by thinking small. Now, microgreens are transforming how you eat your veggies

Microgreens — tasty, nutritionpacked seedlings — are grown from the seeds of amaranth, arugula, beets, basil, red cabbage, celery, cilantro, chard, chervil, cress, fennel, kale, parsley, radish and other plants. They're turning up in salads and stews, on 100 percent whole-grain pizzas, sandwiches and bagels, and as a garnish with grilled salmon or tossed in cooked whole grains and quinoa.

One study found that most of these mighty minis have four to six times the nutritional content of their full-grown versions. Of the 25 varieties tested, red cabbage had the highest concentration of vitamin C; cilantro, the most carotenoids; amaranth, the most vitamin K; and green daikon radish was tops in vitamin E.

Interested? All you need is a plastic container filled with 1 1/2 to 2 inches of organic soil set on a draining tray and a sprinkling of seeds (mixed is good). Press them gently into the soil. Now you need a south-facing windowsill, a watering can and a couple of weeks (although some take four to six weeks). Snip the shoots at the soil line when they're 1/2 to 1 1/2 inches long and there's a set of partially developed microleaves. Wash well and enjoy

WOMEN AND STROKE PREVENTION

You all know the phrase "different strokes for different folks." But it's taken the medical community until now to figure out that women have different risk factors for stroke and need targeted interventions to increase preven-

More than 60 percent of stroke-related deaths in North America happen to women. And a recent study reveals that female stroke survivors have a lower quality of life than male stroke survivors. But you can turn that around! New guidelines from the American Heart Association and American Stroke Association suggest that you take steps to prevent stroke if you have the following risk factors.

–Migraine headaches, especially with aura. Migraine is three times more common in women and increases stroke risk three to six times.

-You're post-menopausal with a 35or-more-inch waist or a triglyceride level over 128 mg/dL. That increases

stroke risk five-fold. —Going on birth-control pills. Get screened for high blood pressure; taking hormones plus HBP ups stroke risk. Tip: Ask your doc about taking two lowdose aspirins daily (with half a glass of warm water before and after) to decrease stroke and breast cancer risk.

-If you have HBP before becoming pregnant, talk to your gynecologist or obstetrician about taking low-dose aspirin and/or calcium supplements along with your vitamin D-3 and prenatal vitamins to lower your risk of preeclampsia. Preeclampsia doubles your stroke risk later in life.

For stroke prevention, control blood pressure; maintain a healthy weight; and get regular exercise at every age. Take HBP-lowering meds, along with statins, and anti-migraine drugs, if prescribed. And try laughing. It may lower your blood pressure and soothe your heart and soul!

CANCER SURVIVORS LIVE LONGER WITH EXERCISE

Sharks aren't the only animals that need to keep moving forward to survive. We know that people who get at least 30 minutes of moderate-intensity exercise five days a week have a significantly younger RealAge and live longer than non-exercisers. And now it seems those benefits also come to cancer survivors who exercise regularly.

According to a 20-year study, male cancer survivors (average age 71) who exercised regularly were 38 percent less likely to die of cancer and 49 percent less likely to die of heart disease than other cancer survivors who didn't exercise regularly.

The best results came to the guys who expended more than 12,600 calories per week in extra physical activity. Translation: A 176-pound man walking briskly for 90 minutes a day, five days a week burns that many calories. (We like 10,000 steps a day with two days a week of strength training for 20-30 minutes.) But shorter bouts also provide benefits: Women who've had breast cancer and get 150 minutes of activity a week (21 minutes daily) slash their risk of dying from breast cancer by 25 per-

Getting enough physical activity also helps solve two of cancer survivors' toughest challenges: reducing stress and improving sleep (60 percent of cancer survivors report trouble sleeping). That's important for daily quality of life and to stay healthy. Snoozing for seven to eight hours a night eases stress, regulates hormone levels and boosts immune strength, which may kill cancer cells and help prevent cancer from spreading. So get started walking away from cancer!

Mehmet Oz, M.D. is host of "The Dr. Oz Show," and Mike Roizen, M.D. is Chief Wellness Officer and Chair of Well ness Institute at Cleveland Clinic. To live your healthiest, tune into "The Dr. Oz Šhow" or visit www.sharecare.com.

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Role Of Nondigestible Fiber, Antioxidants Studied To Prevent Disease

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You've heard the adage "You are what you eat," and health professionals agree. They emphasize that the nutrients in the foods we consume can potentially enhance health and reduce Moul Dey, SDSU associate

professor of health and nutritional sciences, conducts research to understand how nutrients can affect gene expression and subsequently impact the development and progression of diseases. Dey's two recent studies, among several others, focus on using whole grain constituents to prevent the development of metabolic diseases that increase heart attack risks and cancer the two leading killers of

Dey collaborated with professor Bonny Specker, director of the Ethel Austin Martin Endowed Program in Human Nutrition at SDSU, to study the effects of a special, nondigestible, chemically modified wheat fiber called resistant starch on metabolic syndrome. The starch resists digestion and is a naturally low-calorie food ingre-

In the United States, 34 percent of adults have metabolic syndrome, which significantly increases their chances of developing heart disease. Associated conditions include high blood



Doctoral candidate Yi Liu (left) and associate professor Moul Dey measure effects of dietary compounds on human cells using a multimode microplate reader. Their research is evaluating use of dietary bioactives to prevent metabolic diseases and cancer.

pressure, insulin resistance, high levels of triglycerides and bad cholesterols in the bloodstream as well as low levels of good cholesterol, and obesity. The research, conducted in two 12-week sessions over a 26-week period, involved 86 adults in two Hutterite colonies in eastern South Dakota. The starch was incorporated into the intervention group's flour. All the meals in this communal setting are prepared from scratch and every meal contains one or two flour-based items. Conducting the study through the colonies also potentially minimized the genetic variability in response to the intervention, Dey explains.

Unlike many dietary intervention studies, the researchers used what Dev calls "a free-living, community-style environment" and made minimal modifications to the participants' habitual diet. This use of realistic —

SUBMITTED PHOTO rather than controlled - experimental conditions along

with the fairly large sample size and low attrition rate also increases the validity of the findings. The study used a rigorous statistical model thanks to Specker and Howard Wey,

associate professor of nursing at SDSŪ The results? "We saw

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striking differences," says Dev, who reports all facets of cholesterol were lowered in participants who consumed the special fiber and who had pre-existing metabolic syndrome. "The non-HDL types of cholesterols went down significantly, but we also saw a lowering of good HDL cholesterol," she explains. Several recent publications, however, assert that decreasing bad cholesterols benefits a person's health more than increasing the good cholesterol.

Results also showed that this special fiber significantly decreased body fat and increased lean body mass among both the healthy participants and those with pre-existing metabolic syndrome conditions. However, the participants' overall body mass index did not change and the overall weight loss during the study was not significant.

Next, the researchers will examine underlying gene expression changes linking the observed physical effects and any potential associated changes in the participants' gut microbial profile after

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consumption of this prebiotic fiber. This will then form the basis for Dey to seek funding for a larger study of a more diverse population.

ANTIOXIDANTS TO PREVENT **CANCER**

A second study that SDSU's Dey and her team are evaluating is the use of antioxidant compounds, called avenathramides, from whole grain oats to block aberrant activation of beta catenin protein within a cancer cell — a key step in the progression of many types of cancer.

When normal cells become cancerous, the signaling pathways change through a chain reaction. "When one is turned on or off, that influences the next," Dey explains, "and that makes a physiological impact."

Using human cancer cells, the researchers showed that the antioxidant compound stopped beta catenin translocation in the nucleus of the cell and suppressed the genes downstream of the pathway. Some of these genes have critical functions in cancer progression.

Things can be derailed at any stage or can be corrected if we know what diet, nutrients and drugs are right," Dey asserts. Her work in this area will continue.

To view this and other articles found in the SDSU Agricultural Experiment Station 2013 Annual Report, visit

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