

The **W**inston Informer

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This Issue: SARCOIDOSIS

A Are you experiencing persistent “asthma” symptoms, shortness of breath, chest pain, unexplained rashes and swelling of legs or numbness on the face? Have these symptoms occurred over a year? You may have Sarcoidosis.

What is Sarcoidosis?

Sarcoidosis, called a persistent “mystery” disease, can attack any organ of the body, but is most often found in the lungs. This noncontagious disease is characterized by the presence of granulomas . . . small areas of inflamed cells that can appear inside the body or on the body’s exterior. Granulomas can

appear on the walls of the alveoli (small air sacs in the lungs) or on the walls of the bronchioles (breathing tubes in the lungs) or in the lymph nodes. They can also appear as sores on the face, back, chest or shins.

There is no known cause of this condition, but it is an autoimmune type disease where the immune system can attack its own cells in response to some threat to the body. There may also be some underlying past family history (genetic) that may predispose you to sarcoidosis. Stress seems to be a major contributor.

Although it can affect many parts of the body, Lung (pulmonary) is the most common form of this

condition. Other sites sarcoidosis can attack are the skin, liver, lymph glands, spleen, eyes, nervous system, musculoskeletal system, heart and kidneys.

Who has a higher risk?

Mainly African-American adult females, between the ages of 20 and 40 contract this ailment. In most cases of sarcoidosis that have no symptoms, the disease “burns itself out,” disappearing with little or no notice to the patient or physician.

Symptoms of Sarcoidosis

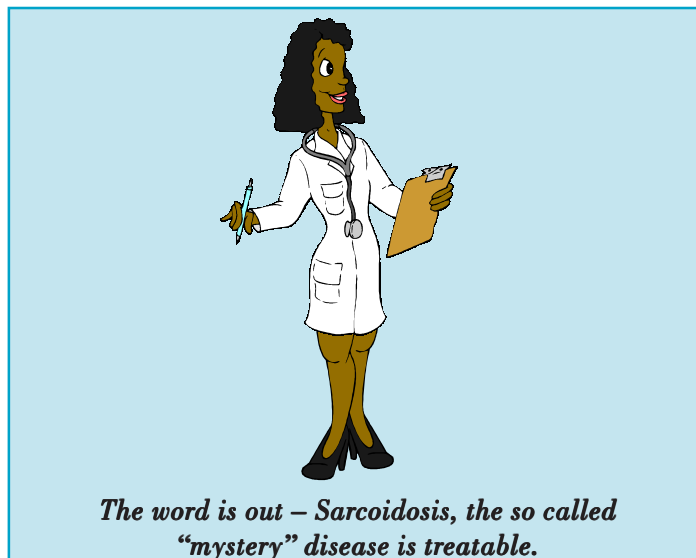
Symptoms of pulmonary sarcoidosis when they occur, may include a dry cough, shortness of breath, or mild chest pain. These symptoms may be accompanied by fatigue, weakness, and weight loss. In those cases where symptoms do appear outside the lung, they can include a scaly rash, red bumps on the legs, fever, soreness of the eyes, and pain and swelling of the ankles.

How is Sarcoidosis Diagnosed?

More than one test is needed to diagnose sarcoidosis. Diagnostic tests include chest x-rays, pulmonary function test, bronchoalveolar lavage test and special blood tests that can measure a blood



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The word is out – Sarcoidosis, the so called “mystery” disease is treatable.



Diagnosis tests for Sarcoidosis starts with a chest x-ray.

Sarcoidosis appears briefly and heals naturally in 60 to 70 percent of the cases

substance called angiotensin-converting enzyme (ACE). Because the cells that make up granulomas secrete large amounts of ACE, the enzyme levels are often high in patients with sarcoidosis and serve as an excellent indicator for diagnosing this disease.

In most cases a biopsy (tissue sample) is necessary to firmly establish a diagnosis of sarcoidosis.

Treatment of sarcoidosis includes corticosteroid and other drugs to control inflammation. The goal of the drugs is to decrease episodes of inflammation, which can lead to permanent damage to the tissues.

Source:

*American Lung Association Fact Sheet: Sarcoidosis, www.lungusa.org/diseases/sarcoidosis_factsheet.html
Sarcoidosis: www.nhlbi.nih.gov/health/public/lung/other/sarcoidosis/index.htm*

Course of the Disease

In general, sarcoidosis appears briefly and heals naturally in 60 to 70 percent of the cases, often without the patient knowing or doing anything about it. From 20 to 30 percent of sarcoidosis patients are left with some permanent lung damage. In 10 to 15 percent of the patients, sarcoidosis can become chronic.

Sarcoidosis Management

When therapy is recommended, the main goal is to keep the lungs and other affected body organs functioning and to relieve symptoms. The disease is considered inactive once the symptoms fade.

After many years of experience with treating the disease, corticosteroids remain the primary treatment for inflammation and granulomas formation. There is no treatment at present to reverse the fibrosis that might be present in advanced cases of sarcoidosis.

Prednisone is probably . . . is found mainly in adults between the ages of 20 and 40, more often in females than males . . .

the corticosteroid most often prescribed today.

Sarcoidosis symptoms sometimes return again once treatment is stopped.

Therefore, treatment may be necessary for several years, and is often maintained to prevent relapse.

There may be alternative ways for treatment if the goal is to decrease inflammation. As always acupuncture, chiropractic adjustments, dietary changes may be beneficial.

Corticosteroids Interactions with Dietary Supplements –

1. Corticosteroids may increase the loss of magnesium. Some nutritionally-oriented doctors recommend that people taking corticosteroids for more than two weeks use a supplement.
2. Steroidal antiinflammatory drugs increase the loss of potassium in urine. When potassium is to be increased, it is often best achieved by eating more fruit rather than taking potassium supplements.
3. Steroidal antiinflammatory drugs reduce the body's ability to activate vitamin D, increasing the risk of bone loss. It's a good idea to ask your doctor about calcium and vitamin D supplementation.

Winston Update



Dr. Cynthia Winston

Time to Spring Ahead

Don't forget that now is the time (March 10 to April 10) to start a fast to cleanse your body for spring and summer. Do one week of fresh vegetables and fruits.

Dust off the juicer and make fresh juices for a day. Get a spring physical to ready yourself for summer. Need help? Give me a call!

You've Asked!

We are initiating a walking program for our patients, yet all are welcome. The program continues in 2002, and we will walk 3 days a week in different locations. If you're interested, contact our office today. We will take a basic

history, height, weight, blood pressure and heart rate to assess your readiness for the walking program.

Winston Refiners Health & Medical Center

Hours:
M,T,Th 9 a.m. - 6:30 p.m.
W, F, Sat 9 a.m. - 1 p.m.



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