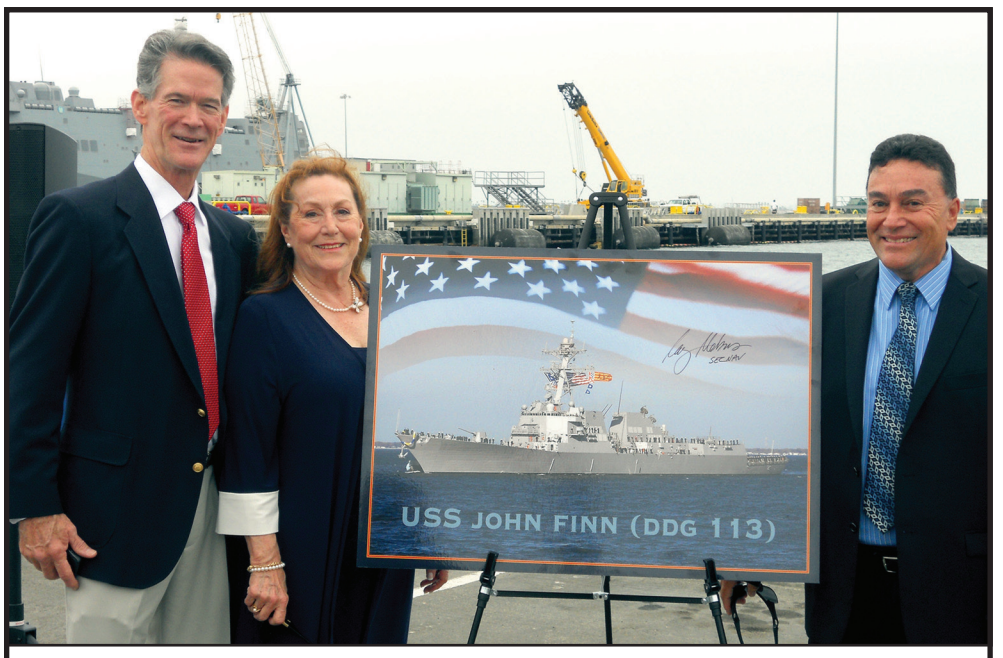

Courtesy photos

Tribal members Greg Bellinger (right) and Cynthia Bellinger Farlow join Vance Farlow at the ship-naming ceremony in San Diego on Sept. 20 for Vance's cousin, John W. Finn MoH. The Arleigh-Burke guided missile destroyer (DDGs) was named the USS John Finn.

Tribal veterans' photos needed to complete presentation at Restoration Celebration

Please turn in a photo with the Tribal veteran's information (name, branch of service, years served) for the Restoration Celebration in November. Also, submit contact information for the veteran or person turning in the photo (name, phone, address).

Email photos to pias@ctsi.nsn.us or mail them to Public Information Department, Siletz Tribe, P.O. Box 549, Siletz, OR 97380-0549. Contact the Public Information Department at 541-444-8291 or 800-922-1399, ext. 1291, with any questions about the veterans' slide show to be shown at the 36th Restoration Celebration.

Also, don't forget to contact Tony Molina to include your veteran information on the Veterans Memorial – 541-444-8330 or 800-922-1399, ext. 1330; or tonym@ctsi.nsn.us.

Babies!

Boston Owen Syris Stringer

Ashten, Blaike and Maliyah would like to announce the birth of their new baby brother, Boston Stringer.

Boston was born Aug. 14, 2013, at 9:01 p.m. to Kyanna Fisher and Benjamin Stringer of Siletz, Ore. Boston weighed 7.3 pounds and was 20 inches long.

Welcome to our family, Boss! We love you dearly!

Contact the **Siletz Community Dental Clinic** if you experience dental pain or a dental emergency. The staff will do everything it can to see you as soon as reasonably possible.

Morning heck-in time is Monday-Thursday from 8:30-9 a.m. and Friday from 10-10:30 a.m.

Afternoon check-in time is Monday-Friday from 1-1:30 p.m.

Tooth Talk: Herpes simplex virus seems caused by everything and nothing

By Mary Ellen Volansky, EPDH, MS

Do you agree with me that cold sores feel huge, even when they are just a small bump on our lip? Sure, we know it will grow, plus as it grows it seems to take on a life of its own shouting to everyone, "Hey, look at this thing on my lip!"

To my way of thinking, this is an unnecessary addition to the global discomfort, and even shame, many of us experience with a cold sore.

We have nothing to be ashamed of! Are we ashamed if we have a cold? No. Are we ashamed of having the flu? No. Then why are most of us ashamed of having a cold sore?

Most of us got the initial viral (HSV-1) infection when we were young children. As Medline Plus reports, "Most people in the United States are infected with this virus by age 20." We did nothing to acquire this virus – nothing.

There – it's said and it's true! Will that stop the shimmer of shame that pops up along with the blisters? I doubt it, but I can hope.

The weakest and first signal of a cold sore is the tingling inside of the lip or a slight tenderness, then the tingling. Tingling? That's the word they give to the feeling that a nerve is worming about inside our lip.

You just want to massage the area – don't. Resist the urge to touch them, soothe them. Keep your hands and tongue away, allow it to work its own course.

Keeping our hands away from a cold sore during its 10- to 14-day existence is important. Our hands carry bacteria that can additionally infect the cold sore, making it larger and last longer.

The course of a cold sore can include redness, swelling, pain, blisters and the most annoying of symptoms, the button (as I call it) or scab. Because the scab is dry, this button catches your tongue as you talk. Or it catches your tongue when, as tongue are wont to do, you check the scab to make sure it is still there (like you don't already know). And if this button comes off too soon, its removal will lengthen the healing time and add a new discomfort for you to endure.

When this weakest of cold sore symptoms, tingling, returns a day or two into an outbreak you know you are in for a whole new collection of blisters.

Herpes simplex type 2 (HSV-2) usually causes genital herpes. HSV-2 can sometimes spread to the mouth during contact with infected body areas.

Skin contact is not the only means of transmitting HSV-2. You can get it by touching items used by an individual who is infected. Touching such common everyday items as razors, towels, dishes and other shared items can cause the transfer of this virus. It can be spread to children during regular daily activities.

Back to the HSV-1 virus – it has two stages. The first stage is primary herpetic gingivo-stomatitis.

This stage is the initial infection with this virus and begins with "high temperature, malaise, irritability, headache and pain in the mouth. This is followed in 1-3 days by numerous coalescing vesicles that rupture within 24 hours, leaving painful small, round, shallow ulcers covered by a yellowish-grey pseudomembrane (covering) and surrounded by an erythematous (red) halo. These ulcers gradually heal in 10-14 days without scarring."[1]

The second stage of this infection is call herpes labialis. This is the stage most of us are in if we get cold sores. It is reactivation of the HSV-1 virus that rests in nerve endings. This reactivation is "associated with fever, emotional stress, menstruation, light exposure, cold weather, mechanical trauma, etc."[2]

How many times have you experienced one of these events and not gotten a cold sore? It appears it is caused by everything and nothing. The book I used as reference doesn't even say "caused by" but uses the words "associated with" instead.

Blisters or rash may form on your gums, lips, mouth and throat areas. Symptoms include:[3]

- Itching of the lips or skin around the mouth
- Burning near the lips or mouth area
- Tingling near the lips or mouth area

Now the help – yes, there is some. For people who get frequent cold sores, antiviral medicines are available by prescription – acyclovir, famciclovir and valacyclovir. These medicines work best if taken at the first warning signs of a cold sore, before any blisters show themselves. A few people who get cold sores all the time take one of these medicines all the time.

Antiviral skin creams also are available. These creams have limitations, are expensive and only shorten the outbreak by a few hours a day.[4]

Next month I'll cover the alternative medicine options available for treating and preventing cold sores. The one I use is Lysine. There are more, even a couple options that have been helpful for infections that are resistant to acyclovir. I'll cover what they are and the limited research available about them.

One last comment, "Canker sores are not contagious."[5]

1 *Color Atlas of Oral Disease* by George Laskaris, 1994, p. 116
2 IBID, p. 118
3 Medline Plus at nlm.nih.gov/medlineplus/ency/article/000606.htm
4 nlm.nih.gov/medlineplus/ency/article/000606.hym. p. 2
5 nlm.nih.gov/medlineplus/ency/article/003059.htm