

# Health & Science

## Cryptosporidiosis Linked To Swimming Pool



Fifty-one people who attended a private swim pool party on August 30th at Sellwood Pool in Southeast Portland became ill with diarrhea, officials at the Multnomah County Health Department announced today. The illness was caused by the parasite cryptosporidium. None of the individuals affected by this illness have suffered serious complications. None have been hospitalized, and less than ten percent of those who became ill saw a doctor.

"Cryptosporidiosis is an illness that usually involves diarrhea and is

often accompanied by stomach cramps or vomiting," according to Dr. Gary Oxman, Multnomah County Health Officer. "The vast majority of people recover in a few days without any treatment, but people infected with HIV can have prolonged illness," he said. There is no antibiotic treatment effective against cryptosporidium.

Interviews with those who attended the party showed that swimming in the pool was the activity that led to the exposure to cryptosporidium. "Exactly how this pool got contaminated is unclear," said Dr. Paul Cieslak, Communicable Disease Manager at the Oregon Health Division. "Around the United States, there have been numerous outbreaks of diarrhea caused by swimming in contaminated water including swimming pools, lakes and rivers," explained Dr. Cieslak. "The water is usually contaminated by swimmers."

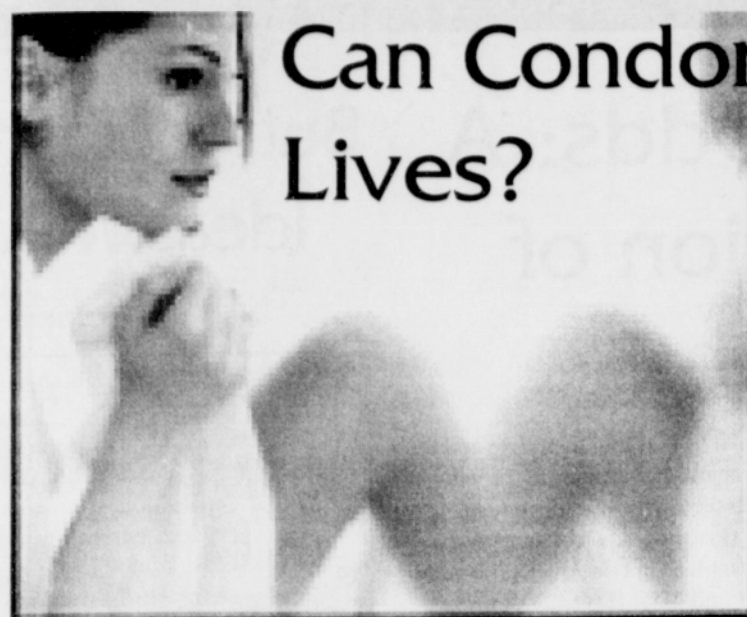
Health officials recommend that:

\*Anyone who swam at the

Sellwood Pool on or around August 30th and has developed diarrhea should take particular care to wash their hands with soap and water after using the toilet to avoid spreading the organism to others.

\*Everyone who uses public bathing areas should use good hygiene. No one with diarrhea should go swimming in a public pool or natural swimming area; children who are not toilet-trained should wear swim diapers when they're in the water.

\*Since people with HIV infection and other immune deficiencies may get a more severe and prolonged illness, they should contact their medical provider if they were exposed to the pool and develop severe diarrhea. People with immune deficiencies should be aware that there is some risk of becoming ill from swimming in public pools and natural bodies of water. \*Anyone who has questions or is seeking additional information should call the Multnomah County Health Department Disease Control Office at 503-248-3406.



## Can Condoms Save Lives?

duced sexual sensation, 35% were uncomfortable buying them, and 21% felt uncomfortable putting condoms on.<sup>5</sup>

Adolescent girls asking for help buying condoms, in a 1988 survey of Washington DC drugstores, encountered resistance or condemnation from store clerks 40% of the time.<sup>6</sup>

In a study of Canadian college students, factors associated with not using a condom included embarrassment about condom purchase, difficulty discussing condom use with partner, use of oral contraceptives, insufficient knowledge of HIV/STDs, and the belief that condoms interfere with sexual pleasure.<sup>7</sup> Misapprehensions can be addressed by education, frank talk about sexuality, and better marketing and distribution of condoms.

### Are Condoms Foolproof?

No. Neither are seatbelts, helmets, vaccines, or people. But in the real world we drive to work, vaccinate our children, and hope to get through the day unscathed. No disease prevention strategy is ever perfect, and all strategies, including abstinence, depend on the skills and knowledge of the user.

A comprehensive HIV prevention strategy uses multiple elements to protect as many people at risk of HIV infection as possible. Abstinence and mutual monogamy are a part of that strategy, as well as promoting correct and consistent condom use.

In a study of 245 heterosexual couples where one partner was HIV-infected and the other wasn't, none of the 123 male or female partners who consistently used condoms became infected. In contrast, 12 of the 122 partners who either didn't use condoms or used them inconsistently became infected.<sup>13</sup>

Correct and consistent condom use can dramatically reduce the risk of HIV or STD transmission. With a million Americans currently infected with HIV, and the majority of infections sexually transmitted, condom promotion is a crucial part of any public health strategy.

Absolutely. Although controversy persists regarding whether condoms are an effective means of preventing human immunodeficiency virus (HIV) transmission, condoms that are readily available, effectively promoted, and used correctly and consistently, play an important public health role in HIV prevention.

Abstinence or sexual intercourse with a mutually faithful uninfected partner are most effective in preventing HIV infection. However, in a national survey of adolescents, 63% of 14-21 year-olds reported engaging in sexual intercourse.<sup>1</sup> Using condoms can reduce the risk of infection of sexually transmitted diseases (STDs), including HIV, for those people who are not abstinent.

No public health strategy can guarantee perfect protection. For instance, the influenza vaccine is "only" 60 to 80% effective in preventing influenza, but thousands of deaths could be prevented annually through the wider use of this "imperfect" vaccine.<sup>2</sup>

The real public health question is not are condoms 100% effective, but rather, how can we more effectively use condoms to help prevent the spread of disease.

### Are Condoms Effective Barriers?

Yes. In the laboratory, latex condoms are very effective at blocking transmission of HIV because the pores in latex condoms are too small to allow the passage of the virus. Condoms have been shown to be

effective barriers not only to HIV, the virus that causes AIDS, but also to herpes simplex, CMV, hepatitis B, chlamydia, and gonorrhea.<sup>3</sup>

Out of the laboratory, condom effectiveness declines with the introduction of the "human factor." Because condom education has been lacking, people do not use them well. Condom failure is more often due to user failure than product failure.

Users may fail to: 1) use a condom with each act of sexual intercourse, 2) put the condom on before any genital contact occurs, or 3) completely unroll the condom.<sup>3</sup> Using drugs or alcohol can also impair judgment and proper condom use.<sup>4</sup>

To insure maximum condom efficacy, the following should be avoided: use of oil-based lubricants (petroleum jelly, shortening, lotions) that weaken latex; storing condoms in direct heat or sunlight; using condoms in damaged packages or showing obvious signs of age (brittle, sticky or discolored).<sup>3</sup>

### Why Do People Not Use Condoms?

Mainly because of emotional reactions or misperceptions. Results from a telephone interview of heterosexuals in 23 urban areas with a high prevalence of AIDS found that distrust associated with condom use was more likely among males, African-Americans, and the less educated.

Of the respondents, 54% believed condoms might fail during intercourse, 41% complained they re-

## Migraines & Women



the cause and nature of migraine headaches. This debate focuses on whether the origin of migraines stems from a vascular disturbance or a neurobiological imbalance. However, there may be an underlying mechanism involved in the development of migraine headaches that is characteristic of both theories. The role that serotonin plays in the brain may be a link between the neural and vascular systems. Therefore, regulating the role of serotonin receptors may help prevent migraines and lead to significant therapeutic outcomes.

Experience has shown that certain foods can act as triggers in the onset of a migraine attack. Food culprits such as chocolate, caffeine, cheese, fish, wheat, nuts, tomatoes and alcohol (red wines and champagne) are the most well known triggers of migraines. Certain food additives such as sodium nitrite (found in processed meats and hot dogs), MSG (Chinese foods), and food colorings may also cause migraines. Tyramine, a natural substance which is found in foods that have been fermented or aged, such as wine, cheddar and blue cheese, may trigger migraines.

Certain levels of female hormones may also trigger the onset of or contribute to the intensity of a migraine. The all too predictable headaches that develop across the 3 to 5 days before a woman's period are even referred to as 'menstrual migraines.' Women may experience a greater number and more severe migraines with pregnancy, lactation, and in particular with menopause. Estrogen replacement therapy does not seem to alleviate these migraines, and in some instances may even exacerbate the condition.

The use of computers has also contributed to an increased incidence of migraine. One type, 'cervicogenic migraine,' is precipitated by muscle tension and spinal rigidity in the neck. Staring at a computer screen, holding your head in one position for long

stretches, really tightens up the neck and shoulder muscles, constricting the nerves and blood supply to the neck and head. That's a prime trigger for a migraine.

There are natural remedies that can benefit a person susceptible to migraines. Nutritional therapies that have been shown to be helpful include Vitamin D and calcium (for menstrual migraines, in particular); magnesium (600 mg/day); and high dose riboflavin (400 mg). Good hydration (drinking enough fluids) is also important.

One of the most effective natural remedies for preventing migraines is parthenolide, a compound found in the herb feverfew. It is used best as a preventive, but can also help blunt a migraine when it occurs. The key is in getting the effective dose of parthenolide, which is 250 micrograms. Just using a feverfew supplement may not work, since it doesn't contain a standard amount of parthenolide. Another herbal aid for migraine is ginger. Ginger can settle the stomach, and may reduce some migraine symptoms after the fact.

Standard medical treatment for migraines includes one or more of the following, depending upon whether the strategy is to prevent a migraine attack or if symptomatic relief is being sought. Options include aspirin (low dose for prevention), non steroidal antiinflammatories (NSAIDs), Sumatriptan, Beta blockers, calcium channel blockers, and even hyperbaric oxygen.

Although there has been no steadfast cure or prevention of migraines, exercise and other natural remedies can be used effectively to prevent or abort a migraine attack. Chiropractic and massage may be especially helpful for cervicogenic migraine. Acupuncture, biofeedback, and stress reduction have been proven effective in many cases. By the way, if you use exercise to reduce the frequency or intensity of a migraine, don't exercise during an attack (as if you felt like it!).

Migraine headaches have been tormenting people since the time of Hippocrates. And torment is the correct descriptor, because migraines can be debilitating. They can range along a continuum from mild headache and no disability to excruciating pain and complete dysfunction. They can last for hours or days; they can make you nauseous, photophobic (sensitive to light), and phonophobic (sensitive to sound). And they have serious economic consequences as well, leading to the loss of millions of work days per year.

Headaches are not a minor malady; they are the seventh leading reason for why people seek medical assistance in the US. More than 18 millions outpatient visits per year are due to headache. Of the different types of headache, women are more likely to develop tension headaches or migraine headaches, while men are more likely to experience cluster headaches.

Migraines are unfortunately too common, affecting about one in 10 adults internationally, predominantly women. The prevalence of migraine headaches in adults is about 6% in men and 15 to 19% in women. These figures vary with age, but the occurrence increases from puberty until age 40, and then declines more significantly in older men.

There is a long standing debate as to

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