

MARIJUANA EXTRACT SHOWING UP IN MORE PRODUCTS

The Observer & Baker City Herald



Jennifer Lett/South Florida Sun-Sentinel-TNS

A worker adds CBD oil to a drink at a coffee shop in Fort Lauderdale, Florida. Cannabidiol is one of more than 100 compounds found in marijuana.

POTENTIALLY PREVENTING SEVERE ALLERGIC REACTIONS

Doctors recommend earlier introduction to peanuts

By Christen A. Johnson
Chicago Tribune

Pediatricians now recommend introducing peanut-based foods to infants before their first birthday to prevent peanut allergies, according to a report from the American Academy of Pediatrics.

“The big news is to introduce peanuts early,” said Dr. Frank Greer, co-author of the study, which summarizes the latest research on food allergies and provides guidance to pediatricians.

Greer acknowledged that the current recommendation is a shift from earlier guidance that parents “shouldn’t introduce any allergic foods to infants before 12 months, and some even said before 2 years.”

Greer said introducing these foods to infants before they turn 1 can help the baby’s body develop a tolerance to them.

“Introduce the foods before 12 months, for sure,” he said. “Everybody agrees on that. The average age of introduction (in the studies) was 7 months, but was done as early as 4 months.”

An initial report on the topic was published around 2008, Greer explained, and since that time, newfound evidence required a revision.

Some parents may be skeptical of this news since some were told as recently as five years ago not to introduce peanut-based foods to their infant. But Greer says, “What was advised a couple years ago wasn’t based on scientific information, but expert opinion.”

Dr. Faith Myers, a pediatrician at Pediatric Wellness Center at Advocate Good Samaritan in Downers Grove, Illinois, echoed Greer’s advice and the scientific validity of the study. For the last year, she’s been telling her patients to introduce peanut products to their babies when they are around 6 months old.

“They’re making a recommendation based on science,” she said.

Myers explained that when her adult children, now 25 and 30 years old, were babies, she put them to sleep on their stomachs until new research found that babies receive more oxygen when sleeping on their backs. She made the switch.

“We made a decision to sleep them on their backs, based on science, not what we thought,” she said. “We follow the science.”

While the new advice to introduce peanuts early can make parents uncomfortable, Myers reassures them by explaining that babies under 6 months old typically don’t develop allergies to those foods. She says that if you introduce peanut products early and regularly, you’re almost desensitizing the baby, so he or she won’t develop the allergy.

“Earlier is better,” said Greer. “Don’t wait to introduce allergenic foods until after 7 or 8 months. I would personally introduce it as early as a baby is developmentally ready to eat solid foods.”

Feds study cannabis compounds

By Carla K. Johnson and Candice Choi
Associated Press

With CBD showing up everywhere, U.S. regulators announced Tuesday they are exploring ways the marijuana extract could be used legally in foods, dietary supplements and cosmetics.

The U.S. Food and Drug Administration said it will hold a public hearing May 31 to gather more information on the science, manufacturing and sale of cannabis compounds such as CBD. In the meantime, it issued more warning letters to companies for making unapproved health claims about CBD products.

Products containing CBD are already in stores and sold online. But the claims are largely unproven and quality control standards don’t exist.

What is CBD?

CBD is one of more than 100 compounds found in marijuana. It’s added to oils, mixed into creams and lotions and sold in candies and liquid drops.

Widely sold, CBD now is going mainstream with major retailers offering salves and balms for the skin. Prices

range from \$12 to \$150 an ounce at high-end shops.

CBD often comes from hemp, which is defined by the U.S. government as having less than 0.3 percent THC, the compound that causes marijuana’s mind-altering effect. CBD doesn’t get people high, although it may be calming. Some CBD products may contain THC, whether or not the label says so.

Is it a miracle cure?

If you believe the hype, CBD treats pain, relieves anxiety and both helps you sleep and keeps you focused.

Most claims are based on studies in rats, mice or in test tubes. Some human research has been done, but in small numbers of people.

One exception: For two rare seizure disorders, the evidence for CBD was strong enough to convince the FDA to approve the drug Epidiolex, which contains a purified form.

The FDA announced Tuesday it has sent warning letters to three companies marketing products with what outgoing Commissioner Scott Gottlieb called “egregious, over-the-line claims” for CBD’s effects on cancer,

Alzheimer’s disease, fibromyalgia and drug addiction.

Any side effects?

Scant research means not much is known about side effects either. In epilepsy research, CBD changed the way the body processed other drugs. That suggests CBD could interact with medications in ways we still don’t know about.

The most common side effects of Epidiolex include sleepiness, decreased appetite, diarrhea, increases in liver enzymes, exhaustion, rash and infections. FDA’s Gottlieb noted Tuesday the potential for liver injury and other risks can be handled with medical supervision but less is known about how that would be managed without oversight. And there are questions about overlap if multiple CBD products are used.

Is it legal?

For now, the agency has said CBD is not allowed as an ingredient in food, drinks or dietary supplements. The FDA cited a provision of the law prohibiting food makers from using active drug ingredients or those still undergo-

ing substantial research. But the agency doesn’t have the resources to police all CBD products that are already available, said Marc Scheinerson, a former FDA official. “They’re not going to pull a thousand products from the market,” he said.

The FDA’s authority is over interstate commerce, and local officials have taken differing approaches.

Marijuana itself is illegal under federal law; most states that have legalized it allow marijuana-infused foods and candies, called edibles.

Are CBD labels accurate?

What you buy may contain much less CBD than the label states — or much more. It may include more THC than you want and it may be contaminated with mold or pesticides. Ask to see testing reports.

What’s ahead?

CBD research is planned or underway for cancer, autism, diabetic neuropathy, fibromyalgia, chronic pain, alcoholism with PTSD and psychiatric conditions. Results will take years, but some people aren’t waiting.

Evaluation guides knee pain treatment

Mayo Clinic News Network

• Dear Mayo Clinic: One year ago, I fell and broke my arm. While my arm has healed, my knees also have been bothering me since I fell. I have arthritis in both knees and a slight tear in the meniscus on one knee, but both knees are extremely painful when I walk. Is it possible that arthritis is causing this much pain, or could there be another reason, perhaps related to my fall? I am 59.

A: It’s possible that your knee pain could be traced back to your fall. You may have injured your knees without realizing it when you fell, or the trauma of the fall could have caused your arthritis to flare. Either way, you should make an appointment to have your condition evaluated. That evaluation will guide treatment going forward.

Any time you experience physical trauma, such as a fall, and it results in a serious injury, such as a broken bone, there’s the possibility of something called a “distracting injury.” That means the severity of one injury — in your case, the broken arm — masks the urgency of other damage that occurred due to the trauma. So you may have injured your knees when you fell, but the extent of those injuries didn’t become apparent until after your arm

healed.

The arthritis in your knees adds complexity to the situation because, in some cases, an acute injury can trigger mild arthritis to become more intense. Once that happens, the arthritis pain is unlikely to return to the level it was before the injury without treatment.

Based on the symptoms you describe, the meniscus tear you have in one knee is not likely to be contributing significantly to your knee pain. Meniscus tears involve damage to the cartilage that acts as a cushion between your shinbone and thighbone. These tears are common with age. About half of people older than 50 have a meniscus tear. In patients with arthritis in the knee, the percentage of people who have a tear is even higher. Minor tears may not cause any symptoms. When they do, they tend to affect the mechanics of the knee — often causing pain or symptoms such as locking, catching or buckling of the knee.

To investigate the source of your knee pain, see your primary care physician. X-rays can show the nature of the injury to your knees and reveal the extent to which your arthritis may be contributing to the pain.

If your arthritis is fairly severe, it is likely the main culprit, and there are various treatment options available. A

knee brace can be used to take pressure off the section of the knee joint most affected by arthritis and reduce pain. Medications for pain relief often are useful, too. They may include non-prescription or prescription nonsteroidal anti-inflammatory drugs, such as ibuprofen, naproxen sodium, diclofenac sodium and celecoxib. In some people, acetaminophen may ease arthritis pain.

When those measures aren’t enough, an injection of a corticosteroid medication into the knee to reduce inflammation or hyaluronic acid to provide lubrication may offer relief. In about 75 percent of patients, either type of injection may reduce symptoms, but the amount of time it lasts varies considerably. Some people only need injections once every two years to keep symptoms at bay. Others see a return of pain in less than a month. The response to these injections often dictates the next steps needed.

New treatments are under investigation, too, such as platelet-rich plasma injections and stem cell treatments. These therapies are available at some academic medical centers, including Mayo Clinic, and may be worthwhile to explore when other options for reducing arthritis knee pain have been unsuccessful.

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