August-2021
Final-Winter
Edition
Vol-9

MARQUEE HEALTH MAGAZINE

EVER EVOLVING

Marquee Health Winter Magazine

Edited by

Iffat Ara

Marquee Health Clinic

MARQUEE HEALTH CLINIC

EVER EVOLVING

What's Inside?

About us

MARQUEE HEALTH: IN THE INTERESTS OF BETTER HEALTH, CARE AND PREVENTION

At the Marquee Health Clinic, we strive to provide a positive direction for your health with a clear understanding through clinical diagnosis and a working treatment hypothesis to empower and place you in the best possible position regarding the self- management of your health.

Meet the Team

Olivier Lejus is a Nationally registered Acupuncturist and Chinese Medicine Herbal practitioner, and an accredited practitioner with the Toyohari Japanese Medical Association.

Olivier Lejus specializes in a Japanese style of acupuncture called Toyohari.

Olivier Lejus – Acupuncturist & Educator

Sherry Gupta is skilled in all areas of beauty treatments and in helping clients improve their personal appearance. Sherry has completed her Diploma in Beauty Therapy in 2008 and qualified in Crystal Clear and Gatineau facials. Sherry has proven her ability by running a beauty clinic for 2 years by providing need-based beauty solutions.

Sherry Gupta – Ayurvedic Beauty

Ramon Tupac Perez holds a Diploma of Remedial Massage Therapy. His expertise also includes Reiki healing.

He looks forward to applying his diverse skills in the multi-disciplinary environment at Marquee Health. He will be managing the soft tissue arm of the clinic in close association with Marquee Osteopath Dr James Phillips. This will include continued professional development.

Ramon Tupac Perez – Remedial Massage Therapist

Meet Our Founder & Director of Marquee Health Clinic

James C. Phillips – Osteopath

Osteopathy is a highly regarded, hands-on approach to holistic healthcare. It is the safest, fastest growing profession of allied health. Through the completion of a minimum of five years of university study in anatomy, physiology, pathology, general biophysical diagnosis and osteopathic practices and techniques, Mr James C. Phillips possesses the qualifications necessary to perform clinical examinations of the musculoskeletal, vascular, respiratory, and nervous systems and visceral symptoms. As a form of manual therapy, osteopathy may involve soft-tissue massage, mobilisation, and manipulation.

Treatment is effective yet gentle and should not cause unnecessary pain or discomfort. If you are experiencing symptoms of a painful nature, all due care will be taken to treat you in a way where you may remain as comfortable as possible.

James maintains his professional qualifications and practice through ongoing training and development to achieve optimal results for his patients. With extensive experience in conditions stemming from the imbalance/inflammation of the pelvis, the mobility of the spine and the functional capacity of the peripheral structures and tissues, James takes a holistic, broad investigative approach to gearing the body towards a more positive and functional state. Utilizing both direct and indirect manipulative techniques within a specialised soft tissue foundation, James works towards eliminating the body of negative influences and advises his patients of appropriate follow-up exercises and behaviours to support and maintain their progress.

Marquee Health

WELCOMES ALL
To THE AUGUST
FINAL WINTER EDITION

The final winter edition for August brings conclusion for one season and a separate beginning to another. The “seeds we sow” in winter will determine how we thrive entering spring. August drives the energy for completion, where loose ends are tied; past healing is in receipt for a brighter future.

The month of August draws a lot of awareness to multiple afflictions globally in health and conditions that persist in the invalidity of ability or the morbidity and prevalence to prematurity of human existence. The composite coverage of these conditions and illnesses aims to bring a conscious understanding if not for yourself then for someone you know. Awareness and understanding can create meaningful contribution.

As the daylight hours, temperature and pressure systems shift adaptation and adjustment to Sleeping, exercise and eating habits as the primary elements of discipline that drive us incrementally with autonomic regard to change assuming a better regulation.

The marquee Health August magazine has included additional topics to continue and grow each addition in the form of knowledge and information to assist in your personal development and self-management. The impartation of information relative to health and the growth of knowledge that subsists in the Marquee ever evolving process of development to endure and ensure that boundaries and limits do not confine what potential one must acquire and therefore seeks.

I am sure within these pages, once again brilliantly edited by Iffat, you will find something of interest, value and therefore an addition to your wealth and prosperity in health and your condition as a developing human being.

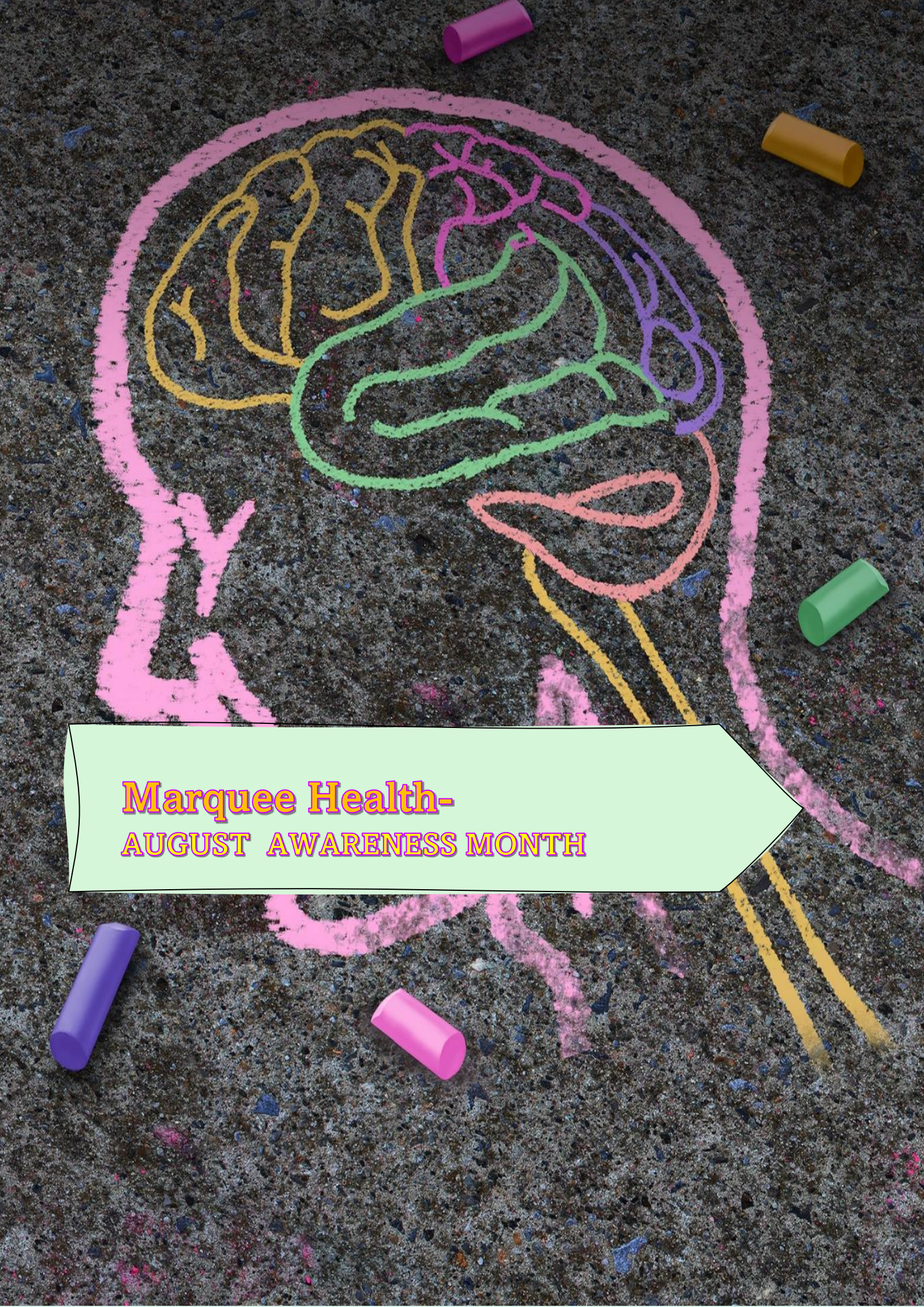
With Respect

James C. Phillips

Osteopath and Director

“CLOSURE SHOULD NOT BRING FINISH,
BUT THE ANTICIPATION OF A FRESH BEGINNING”

MARQUEE HEALTH
EVER EVOLVING


Marquee Health-
AUGUST AWARENESS MONTH

World Breastfeeding Week

World Breastfeeding Week (WBW) is an annual celebration which is held every year from 1 to 7 August in more than 120 countries. According to the 26 August data of WBW website 540 events have been held worldwide by more than 79 countries with 488 organizations and 406,620 participants for the World Breastfeeding Week 2010.

Organized by World Alliance for Breastfeeding Action (WABA), the World Health Organization (WHO), and UNICEF, WBW came up with the goal to promote exclusive breastfeeding for the first six months of life which yields many health benefits, providing critical nutrients, protection from deadly diseases such as pneumonia and fostering growth and development for the first time in 1991.

History World Breastfeeding Week was first celebrated in 1992 by WABA and is now observed in over 120 countries by UNICEF, WHO and their partners including individuals, organizations, and governments. WABA itself have been formed on 14 February 1991 with the goal to re-establish a global breastfeeding culture and provide support for breastfeeding everywhere.

WHO and the American Academy of Pediatrics (AAP) emphasize the value of breastfeeding for mothers as well as children? Both recommend exclusive breastfeeding for the first six months of life and then supplemented breastfeeding for at least one year and up to two years or more. WBW commemorates the Innocenti Declaration made by WHO and UNICEF in August 1990 to protect and support breastfeeding.

Info:
https://en.wikipedia.org/wiki/World_Breastfeeding_Week

National EOS Awareness Week

National EOS Awareness Week to raise awareness for eosinophilic gastrointestinal disorders (EGIDs) in Australia.

EGIDs occur when eosinophils (pronounced ee-oh-sin-oh-fills), a type of white blood cell, are found in above-normal amounts within the gastrointestinal tract. In some individuals, eosinophils accumulate in the gut potentially in response to food, airborne allergens, and other unknown triggers.

This infiltration can cause inflammation and tissue damage. The symptoms vary but can include feeding difficulty, difficulty in swallowing foods, nausea, abnormal stools, persistent vomiting and retching, reflux, abdominal and chest pain, or a food can suddenly become stuck in the oesophagus (called a food impaction).

Info:https://www.ideas.org.au/event-listing/details/2021-08-07/1399-national-eos-awareness-week.html

Jeans for Genes Day

Jeans for Genes Day is a nationwide fundraising initiative held in Australia each year. This year, in 2021, the event will be held on August 6th. The charity's mission is to support families and children with birth defects or incurable genetic diseases. The day encourages children and teachers to join in with fundraising by wearing jeans and casual wear to school.

Jeans for Genes Day started in Australia in 1994 by the Children's Medical Research Institute. The initial campaign was launched by John Bevins Pty Ltd with the slogan "I'll wear mine on August 9." Several jeans-wearers came forward in support of the campaign, including Greg Norman and Mick Jagger. The campaign raised nearly $250,000 and drove so much support that over $900,000 was raised in two years.

1 in 20 kids face a birth defect or genetic disease, like cancer, cystic fibrosis, and life-threatening metabolic disorders. That is 12 kids born every minute worldwide. These kids are getting liver transplants, taking dozens of medications, or getting their next dose of chemotherapy. It should not be this way. The aim of Jeans for Genes Day is to help the scientists at Children's Medical Research Institute find cures, so these kids can go back to being kids.

Info:https://www.twinkl.com.au/event/jeans-for-genes-day-australia-2021.

Dental Health Week (DHW

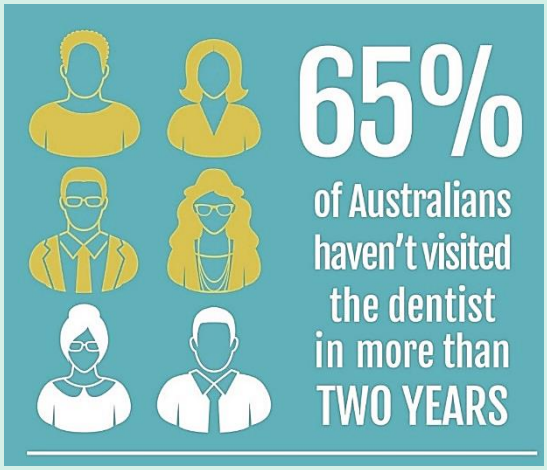
Dental Health Week (DHW) is the Australian Dental Association's (ADA) major annual oral health campaign. It takes place each year in the first full week of August, and this year it runs from 2 - 8 August.

The 2021 campaign focuses on the importance of taking steps to care for your teeth and gums to help you to keep your teeth and smile for life. The ADA's main oral health messages and the four key messages of the 2021

DHW campaign aim to reinforce the importance of maintaining good oral health to keep your teeth for life.

It should not be a normal expectation that at some stage of your life, teeth will need to be removed because of tooth decay or gum disease. Australians should expect to keep their teeth for their lifetime and practising these four simple routines can help people to reach this goal. After all, you do not expect to lose an arm or leg, so why expect to lose any of your teeth?

Tempting as it is to think that everyone is practising good teeth and mouth hygiene, the reality is that the oral health of many Australians is not where it should be.



Brush teeth twice a day with fluoride toothpaste.

Clean between your teeth daily using floss or interdental brushes.

Eat a healthy, balanced diet and limit added sugar intake.

Visit the dentist regularly for check-ups and preventive care.

- **1 in 5 adults brush only once per day.**
- **39% of parents report their children drink 2 - 5 soft drinks per week.**
- **2 in 3 adults usually visit the dentist for a problem rather than a regular check-up.**
- **47% of adults (18+ years) consume too much sugar.**

Info: https://www.ada.org.au/Dental-Health-Week/About

75% adults rarely or never floss or clean between their teeth.

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DENTAL HEALTH WEEK

OCD AND ANXIETY AWARENESS WEEK

What is Anxiety?

Feeling anxious every now and then is ok and quite normal – anxiety serves to prepare us for danger or help us avoid it altogether. Sometimes these anxious feelings do not disappear or appear in situations that pose no real danger to us and start interfering with our daily lives. This is when anxiety becomes a problem and when more severe, can be classed as an anxiety disorder.

Anxiety includes excessive worry concerning things, places, situations, health, people, and more. There are several forms of anxiety disorders, including general anxiety, phobias, post-traumatic stress disorders, and obsessive-compulsive disorder. Approximately 1 in 7 Australians are currently living with an anxiety disorder, and approximately 1 in 4 will experience an anxiety disorder in their lives.

What does anxiety feel like?

People with anxiety often report symptoms such as upset stomach, rapid breathing, fast heartrate, and unhelpful thoughts such as "Am I going crazy?" or "Am I dying? Is this what a heart-attack feels like?".

When we are in danger, the brain prepares the body for action – we get ready to either fight the threat head-on or run from it. These symptoms we experience when we are anxious are part of the fight-or-flight system activating. Our breathing and heartrate increase so that our muscles

get as much oxygen as possible and are ready for action. Our muscles also receive adrenaline to prepare the body to run fast or fight for our life, but often when we are anxious (and not in danger) the adrenaline rather makes us shake or tremble.

Evolutionary speaking, fear keeps us safe by allowing us to avoid or confront danger for our own survival. However, the brain sometimes reacts too strongly, misjudges, or overplays the danger of a situation. Our fight or flight system kicks in even though there is no real danger, resulting in feelings of anxiety or panic. This can

be incredibly frightening, especially when it seemingly comes 'out of the blue.'

What is OCD?

Obsessive Compulsive Disorder (OCD) is a form of anxiety, where certain thoughts (e.g., "I think I left the oven on!") are difficult to get rid of (becoming obsessions), often resulting in compulsive behaviour (e.g., checking the oven repeatedly to make sure it is off) that is directed at reducing the distress caused by the obsessive thoughts.

These obsessions and compulsions can greatly interfere with daily functioning, and many who experience OCD report feeling shame and embarrassment about experiencing these thoughts and behaviours.

Examples of obsessions relate to, but are not limited to:

Contamination; Security; Illness or Harm; Loss or Immorality

Examples of compulsions include, but are not limited to

Excessive Cleaning, Checking, Counting, Balancing, Seeing Reassurance, Apologising, Needing Order or Symmetry

Info:https://www.mindingfamily.com.au/news/ocd-and-anxiety-awareness-week/

RED NOSE DAY

Red Nose Day is a well-known initiative in Australia, with red noses often seen on people, cars, and merchandise, but do you know what it is all about?

While the American-based Red Nose Day is famous for using entertainment to raise funds for disadvantaged children in American and some of the world's poorest communities, the Australian version has been around a little longer and addresses a different cause.

Now in its 28th year, Red Nose Day in Australia is the major fundraising campaign for SIDS and Kids, an especially important organisation that

RED NOSE DAY

focuses on sudden and unexpected deaths in babies and children.

About SIDS and Kids

SIDS and Kids is a non-for-profit organisation that was started by Kaarene Fitzgerald after the death of her son to sudden infant death

syndrome (SIDS) in 1977, at a time when not much was known about SIDS. Kaarene worked tirelessly to increase understanding among the public and to develop programs to help affected families.

Today, SIDS and Kids is dedicated to saving the lives of babies and children during pregnancy, birth, infancy, and childhood, as well as supporting bereaved families.

Its work includes:

Advocating for and funding research into stillbirth and other areas of sudden and unexpected child death.

Ensuring the 'Sleep Safe, My Baby' health promotion program is evidence-based and up to date

Providing bereavement support and counselling to families who have experienced stillbirth or the sudden and unexpected death of a child

Providing safe sleeping resources for the community

Maintaining ASK Online, a national library service and valuable source of information surrounding SIDS and kids.

About Red Nose Day

The first Red Nose Day was held in Victoria in 1987, but it was not until a year later that it launched nationally. Since then, Red Nose Day has been held annually on the last Friday in June and fundraising activities have contributed over $16.5 million to research and education programs.

By supporting Red Nose Day, you can help fund vital research into stillbirth, SIDS, and safe sleeping practices. Eight babies die each day in Australia due to health complications at birth, stillbirth, and SIDS. Every Red Nose Day product sold, and every donation made to SIDS for Kids helps support these affected families.

HEALTHY BONES ACTION WEEK IS AN INITIATIVE OF DAIRY AUSTRALIA. IT RUNS FROM MONDAY 17TH AUGUST – SUNDAY 23RD AUGUST THIS YEAR.

THIS WEEK AIMS TO PROMOTE AWARENESS ON THE KEY ACTIONS NEEDED FOR BUILDING AND MAINTAINING HEALTHY BONES.

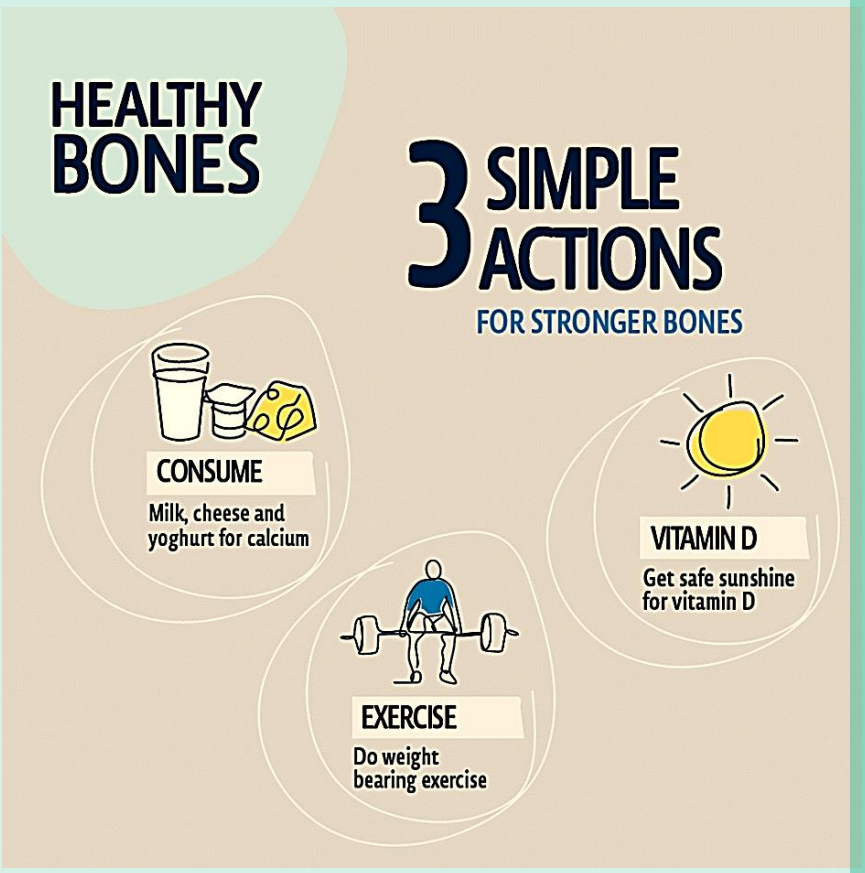
Healthy bones need good nutrition throughout life, especially during the growth and teenage years when bones are growing, and bone density is increasing.

Important nutrients for healthy bones include calcium and vitamin D. If you do not eat enough calcium your body will take calcium from your bones. This increases our risk of developing osteoporosis, a condition

The Importance of Calcium

Calcium is essential for growth and good health. Most of it is found in our bones and teeth and the rest is stored in tissues and blood. Calcium plays a vital role in:

Strengthening bones and teeth
Muscle function
Blood clotting
The nervous system



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where the bones weaken and fracture more easily.

If you have a family history of osteoporosis you may be more likely to develop it yourself, but good diet and lifestyle habits can help to reduce the risk.

4 Ways to Reduce the Risk of Developing Osteoporosis

1. Regular weight-bearing physical activity

Weight-bearing exercise such as walking, running, dancing and weights help to build and maintain good bone strength.

2. Adequate vitamin D

Vitamin D, which the body makes from sunlight, is important for calcium absorption. People who are confined indoors are most at risk of vitamin D deficiency. Twenty minutes per day of sunshine will prevent low vitamin D levels.

3. Limit foods which cause a loss of calcium

Caffeine-containing drinks e.g., coffee, cola, and tea
High alcohol intake
High salt (sodium) intake
Life-long calcium-rich die

August 14-21

KIDNEY CARRALLY

4. Have sufficient calcium

About 2-3 serves of dairy foods per day will supply the calcium needed for most people.

Women over the age of 50 require an increase in calcium intake to 1300mg per day (4 serves dairy per day).

Different ages or certain medical conditions can also require different calcium requirements, so it is important to discuss your own requirements with a Dietitian or with your GP.

Read Build Your Bones: Exercise for Osteoporosis

Read What to Eat for Healthy Joints?

How much calcium is in food?

Dairy foods are the richest source of calcium and one serve of these is equivalent to 250ml cow's milk, 2x slices (40g) hard cheese or 2/3 cup yoghurt. There are also non-dairy

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calcium-rich foods for those who are unable to eat dairy, these include soy milk, tofu, fish with bones.

Info:https://www.yourhealthhub.com.au/news/health-event/healthy-bones-action-week-diet-and-calcium/

HEALTHY BONES ACTION WEEK

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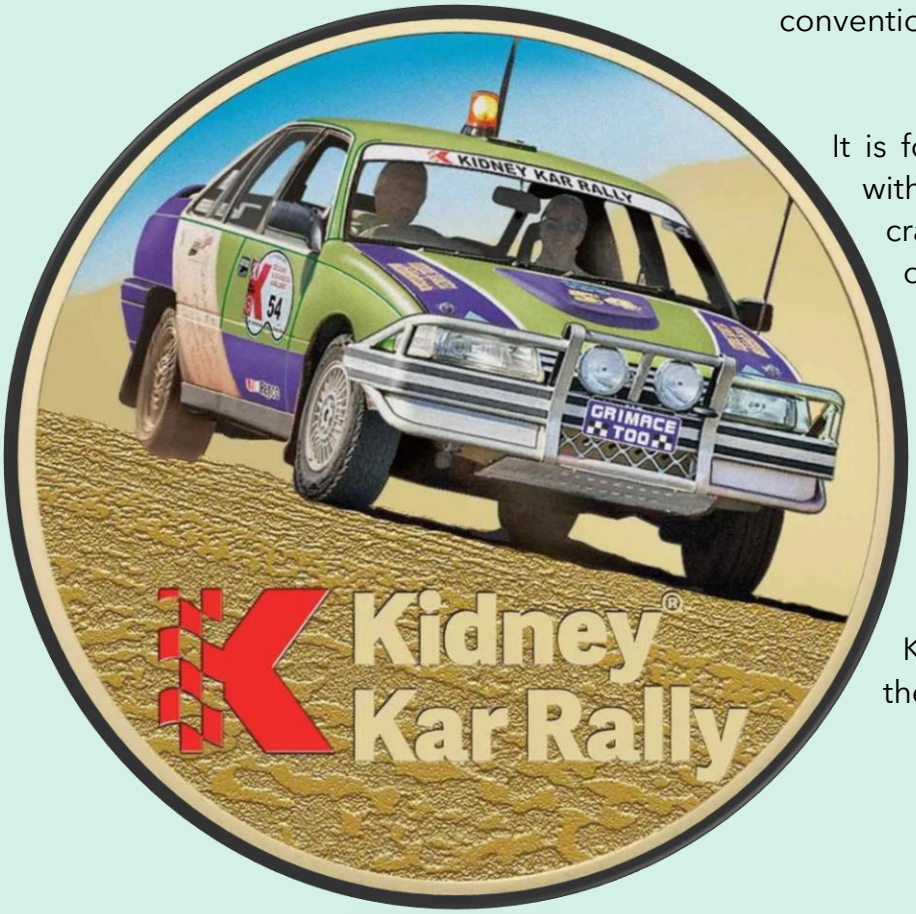
What is involved?

The Kidney Kar Rally is a fun, exciting event that raises funds for our Kidney Kids and Youth programs. Held every year, it involves multiple teams driving thousands of kilometres across the beautiful Australian countryside with one ambition – to change the lives of children and young people affected by kidney disease. The Rally is not a conventional race, but a test of skills.



It is for those who seek adventure with friends (your Rallytives!) and crave something out of the ordinary. If bouncing around in a Rally car is not your style, participants have the option to cruise at their own pace along main roads in a Kruise Kar. They still get to soak up the scenery, meet the Rally in each town, and take pride in the fact they are also helping Kidney Kids and Youth along the way.

Info:
https://kidney.org.au/get-involved/kidney-kar-rally.

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WORLD MALARIA DAY

World Malaria Day (WMD) is an international observance commemorated every year on 25 April and recognizes global efforts to control malaria. Globally, 3.3 billion people in 106 countries are at risk of malaria. In 2012, malaria caused an estimated 627,000 deaths, mostly among African children. Asia, Latin America, and to a lesser extent the Middle East and parts of Europe are also affected.

World Malaria Day sprang out of the efforts taking place across the African continent to commemorate Africa Malaria Day. WMD is one of 11 official global public health campaigns currently marked by the World Health Organization (WHO), along with World Health Day, World Blood Donor Day, World Immunization Week, World Antimicrobial Awareness Week, World Patient Safety Day, World Tuberculosis Day, World Chagas Disease Day, World No Tobacco Day, World Hepatitis Day, and World AIDS Day.

According to the most recent World Malaria Report, the global tally of malaria reached 429,000 malaria deaths and 212 million new cases in 2015. The rate of new malaria cases fell by 21 per cent globally between 2010 and 2015, and malaria death rates fell by 29 per cent in the same period. In sub-Saharan Africa, case incidence and death rates fell by 21 per cent and 31 per cent, respectively.

History

A World Malaria Day event in Lamu, Kenya, in 2011 World Malaria Day was established in May 2007 by the 60th session of the World Health Assembly, WHO's decision-making body. The day was established to provide "education and understanding of malaria" and spread information on "year-long intensified implementation of national malaria-control strategies, including community-based activities for malaria prevention and treatment in endemic areas."

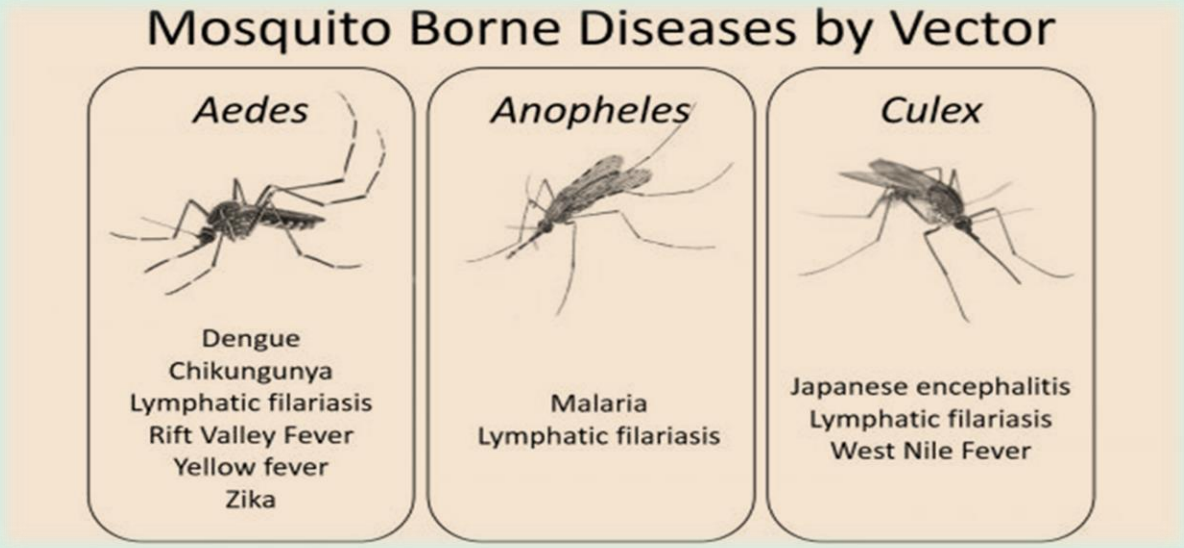
Prior to the establishment of WMD, Africa Malaria Day was held on April 25. Africa Malaria Day began in 2001, one year after the historic Abuja Declaration was signed by 44 malaria-endemic countries at the African Summit on Malaria.

World Malaria Day allows for corporations (such as ExxonMobil. multinational organizations (such as Malaria No More and grassroots organizations (such as Mosquitoes Suck Tour globally to work together to bring awareness to malaria and advocate for policy changes.

Info:
https://en.wikipedia.org/wiki/World_Malaria_Day

Today, the 20th of August 2020, is World Mosquito Day, an event that has been going since 1897 when Sir Ronald Ross declared this day soon after his discovery that female mosquitoes transmit malaria. The fact that mosquitoes transmit malaria is common knowledge nowadays, along with the discovery that many other diseases are spread by mosquitoes, including some familiar ones such as Dengue and Zika virus, and maybe some that are not so familiar such as Chikungunya, Yellow Fever, Eastern Equine Encephalitis, West Nile Virus and Rift Valley Fever.

You might expect that with the advancements of science and knowledge over the past century we would either have eliminated these diseases or at least be winning the fight. And there have been some remarkable achievements, deaths from malaria are now almost half of what they were 20 years ago. Unfortunately, the decline in malaria deaths has stalled over the past couple of years, Dengue has been rapidly increasing worldwide over the past 30 years and Yellow Fever, which has had an effective vaccine since the 1930's, has been making a comeback.



There are lots of reasons for the lack of progress but one of the main causes has been the development of insecticide resistance. Limited development of novel insecticides has meant existing mosquito control tools

are becoming increasingly ineffective, leading to the resurgence, and spread of many of the most dangerous mosquito vectors of disease, such as Anopheles gambiae and Aedes aegypti.

Now, in 2020, 123 years since the first World Mosquito Day, COVID-19 has upended our world and the knock-on effects for vector control could be disastrous. We are now at even greater risk with reduced travel and access to countries in need of support and resources. As you can imagine from our own experiences with COVID-19 the restriction of community-based mosquito control operations and an already stressed health system significantly increases the likelihood and impact of outbreaks of mosquito borne diseases. It is therefore essential to keep the emphasis on vector control otherwise an already bad situation could be made much worse. The World Health Organization (WHO) Global Technical Strategy for Malaria and the Global Vector Control Response have developed operational guidance for maintaining health services in the context of COVID-19 and has been urging countries to maintain their malaria services. There are currently over 700,000 deaths a year from mosquito borne diseases and we need to remain focused to avoid this increasing and adding another crisis on top of COVID-19.

Fortunately, there are several dedicated organisations working on ways to tackle mosquito borne diseases, including IVCC and its partners from industry and academia. Supported with funding from the Bill & Melinda Gates Foundation, UNITAID, UKAid, USAID, The Global Fund, Australian Aid and, Swiss SDC, IVCC has been central to the development of novel insecticides to tackle insecticide resistance. In addition, IVCC has been helping to fund and develop innovative new tools, such as Attractive Targeted Sugar Baits (ATSB) and improved application equipment for residual spraying in and around households to add to and enhance the toolbox of control tools required to achieve the elimination of malaria and potentially other mosquito borne diseases. As part of the Australian government-supported Indo-Pacific Initiative (IPI), a package of bite prevention tools including spatial and topical repellents and insecticide treated clothing are being tested for malaria control. Much of the IPI work involves enhancing "Routes to Market" including a Market Access Landscape for the Indo-Pacific, providing a foundation for improved household and community access to life-saving vector control products.

Looking to the future we need to maintain and enhance the development of innovative and improved vector control tools to work towards a world free of mosquito borne diseases, just imagine how we might celebrate that momentous day. IVCC is focused on this mission and continually adapting its technical and strategic focus, as we all must, so that we may realise the full benefit of the knowledge gained over the past century.

Info: https://www.ivcc.com/world-mosquito-day-2020/

NATIONAL STROKE WEEK

National Stroke Week is held 31 August – 6 September 2020. The experience of a family member or friend having a stroke can be life-changing for so many people.

To recognise National Stroke Week, the Stroke Foundation is encouraging Australians to become familiar with the F.A.S. T (Face, Arms Speech. Time) signs of a stroke.

It is a simple message, that the faster a person is treated after a stroke, the greater the chance of making a full recovery.

Think F.A.S.T and ask these questions if a stroke is suspected:

Face – Check their face. Has their mouth drooped?

Arms – Can they lift their arms?

Speech – is their speech slurred? Do they understand you?

Time – Time is critical.

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If you see any of these signs call triple zero (000) immediately.

According to the Brain Foundation approximately 56, 000 Australians have a stroke each year, more than 100 every day. There has been a significant drop in people dying from stroke over the last 30 years however around 10,000 people still die each year.

There are estimated to be 475, 000 stroke survivors, alive today and of these, half have a disability that affects their daily life.

How strokes affect daily life

Stroke can affect people in many ways, however, the most common problems in daily life are likely to be caused by:

Paralysis in the arms and/or legs with weakened or lack of movement

Difficulty with speaking, reading, and writing

Sensory problems and changes with the way things feel Cognitive problems and issues with thinking and remembering
Perceptual problems and the way things are seen or felt Shoulder pain
Dysphagia and having trouble swallowing Incontinence
Depression and feeling down
Irritable and having difficulty controlling feelings Listlessness, tiredness and feeling fatigued.
Info:https://www.ideas.org.au/blogs/national-stroke-week-2020.html

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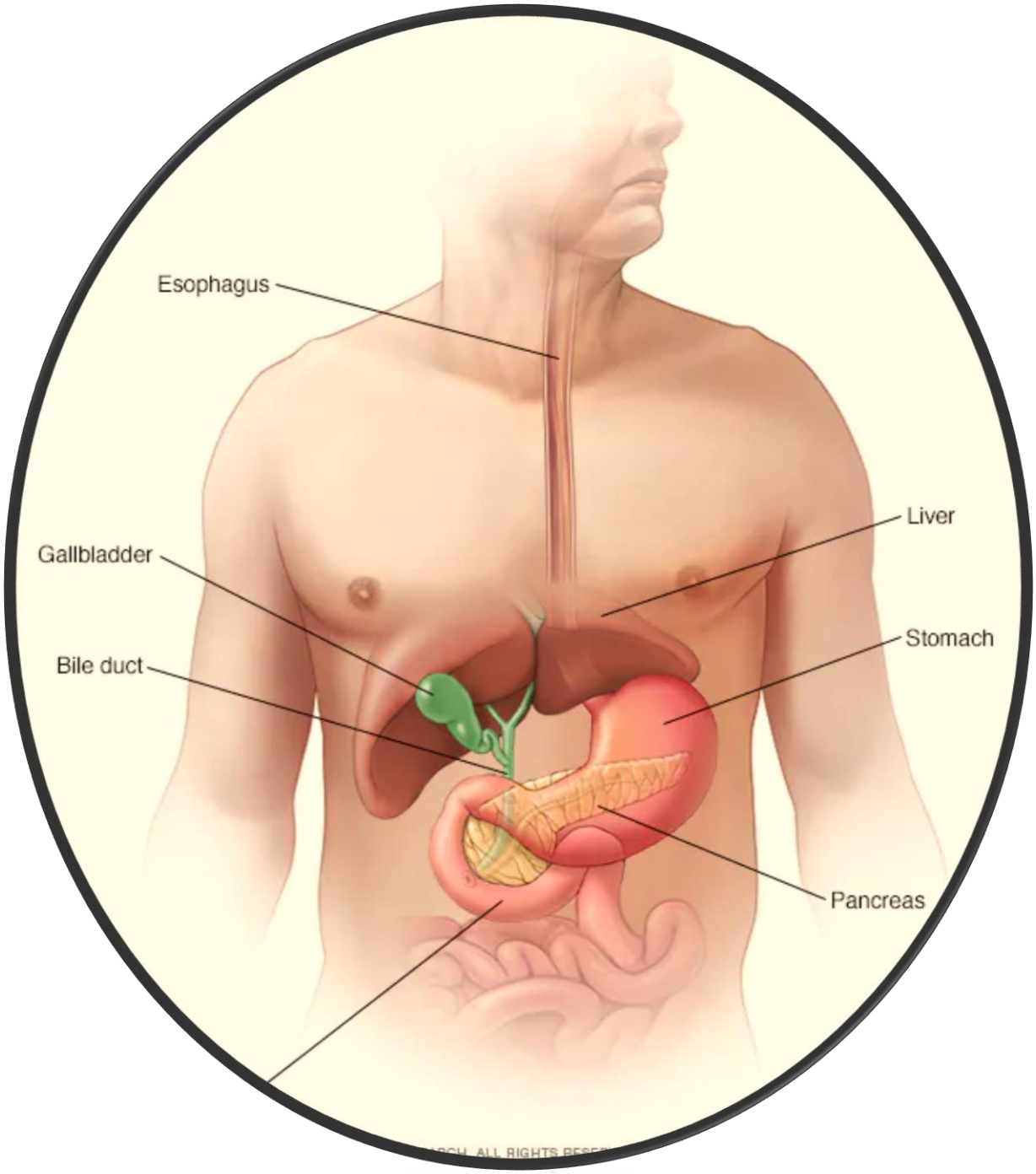
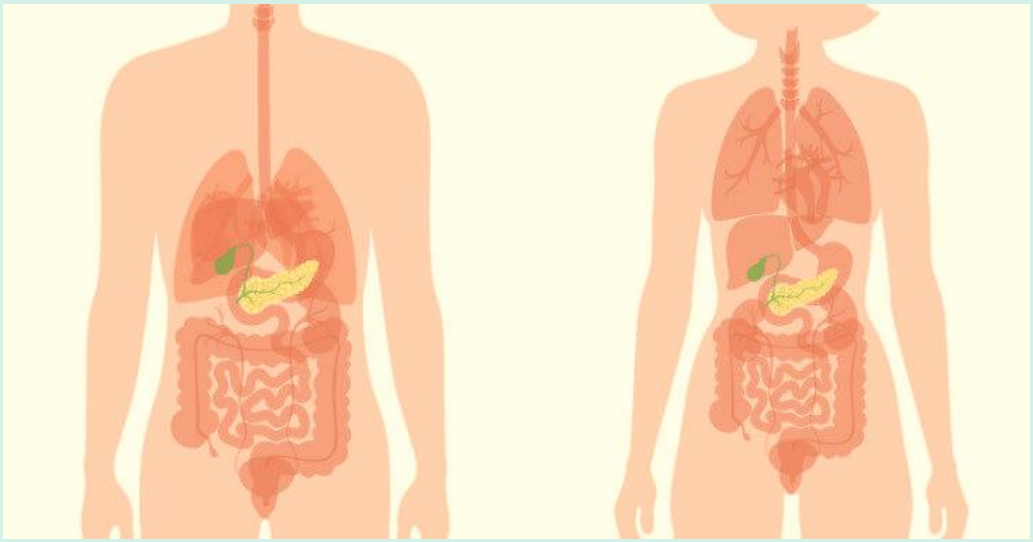
MARQUEE HEALTH
ORGAN OF IMPORTANCE
THE PANCREAS





INTRODUCTION AND FUNCTION

The pancreas is both an exocrine gland and an endocrine gland.

The exocrine pancreatic secretions produce enzymes important for digestion. These include protease trypsin and chymotrypsin to digest proteins, amylase for the digestion of carbohydrates, and lipase to break down fats. The exocrine secretion from the acinar cells enters the duodenum through the main and accessory pancreatic ducts.

The endocrine component of the pancreas creates and releases important hormones through the islet of Langerhans cells directly into the blood stream which act as chemical messengers. Two of the main pancreatic hormones are insulin which is made in the beta cells, which acts to lower blood sugar, and glucagon made in the alpha cells, which acts to raise blood sugar by sending a message to the liver to release stored sugar in the form of glucose. The pancreas also produces gastrin which stimulates the stomach to make gastric acid, which is mostly produced in the G cells in the stomach and amylin which is made in beta cells and helps control appetite and emptying of the stomach.

ANATOMY AND PHYSIOLOGY

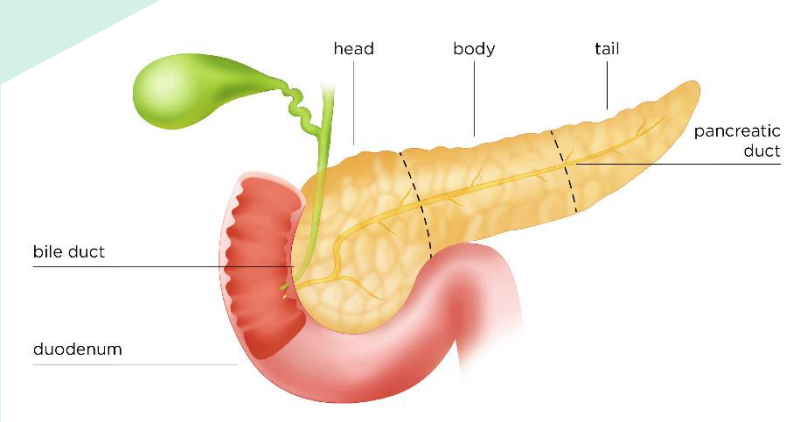
The pancreas is a flattened organ that measures about 12 – 15 cm in length. It is divided into four sections: the head, neck, body, and tail.

The head of the pancreas which is the expanded part of the gland articulates with the C-shaped curve of the duodenum to the right of the superior mesenteric vessels firmly attaching to the descending and horizontal sections. The head of the pancreas rests posteriorly on the inferior vena cava, right renal artery and vein and left renal vein. On its way to opening into the descending part of the duodenum, the bile duct lies in a groove on the posterior superior surface of the head.

The neck of the pancreas is short about 1.5 - 2.0 cm and overlies the superior mesenteric vessels. The anterior surface of the neck is adjacent to the pylorus of the stomach. The superior mesenteric vessel joints the splenic vein posterior to the neck to form the portal vein.

The body of the pancreas continues from the neck and sits to the left of the superior mesenteric vessels, passing over the aorta and L2 vertebra, posterior to the omental bursa. The body is in contact with the aorta, superior mesenteric artery, left suprarenal gland, left kidney and renal vessels.

The tail of the pancreas sits anterior to the left kidney, closely related to the hilum of the spleen and the left colic flexure. The tail is reasonably mobile passing between the splenorenal ligament curling and turning superiorly.



Innervation of the pancreas comes through the Vagus and thoracic splanchnic nerves passing through the diaphragm. The parasympathetic and sympathetic fibres reach the pancreas by passing along the arteries from the celiac plexus and superior mesenteric plexus. They are vasomotor (sympathetic) and parenchymal (sympathetic and parasympathetic to pancreatic acinar and islets) in their distribution.

The pancreatic arteries derive mainly from the branches of the tortuous splenic artery which form several arcades with pancreatic branches of the gastroduodenal and superior mesenteric arteries. Approximately ten branches of the splenic artery supply the body and the tail of the pancreas.

The pancreatic lymphatic vessels follow the blood vessels. Most vessels end in the pancreaticosplenic nodes that lie along the splenic artery, with some in the pyloric lymph nodes. Efferent vessels from these nodes drain to the celiac, hepatic, and superior mesenteric lymph nodes.

PATHOLOGY

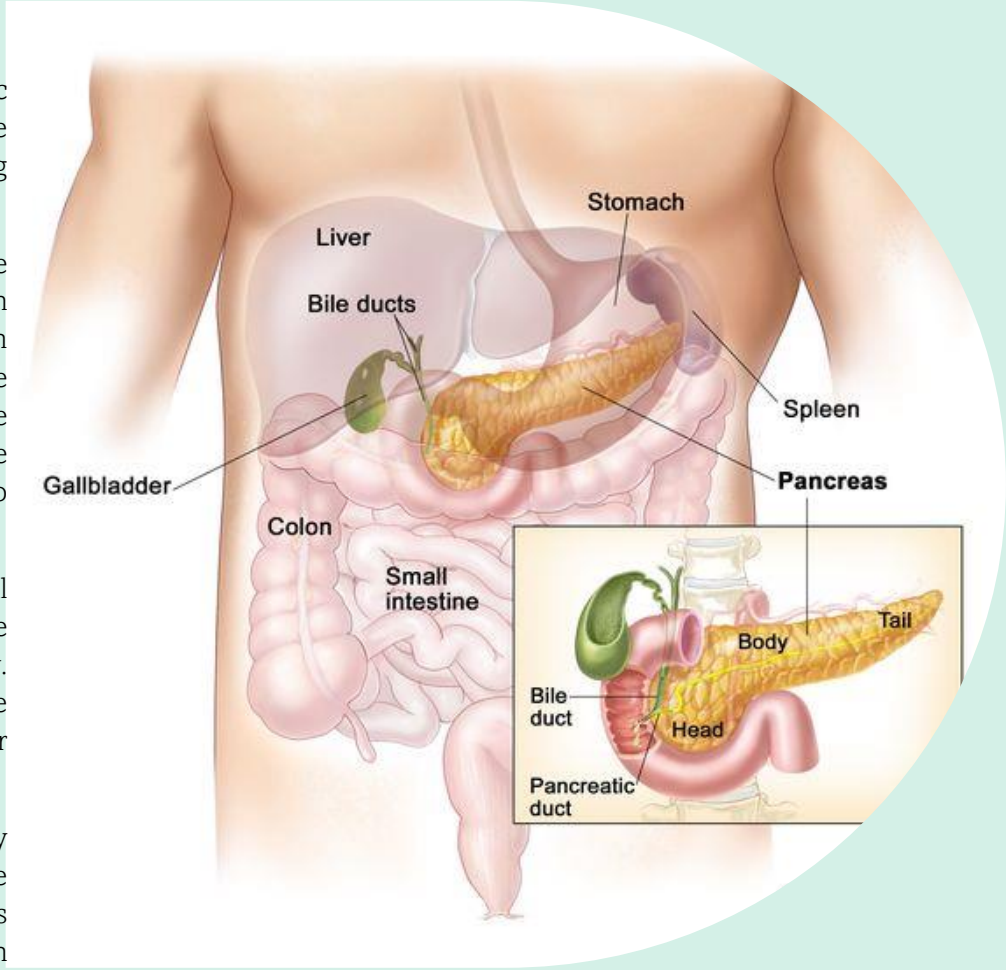
Diabetes, pancreatitis, pancreatic cancer, and cystic fibrosis are the more common conditions affecting the pancreas.

Diabetes if the beta cells of the pancreas do not produce enough insulin or the system is insulin resistant. This can cause gastroparesis, a reduction in the motor function of the digestive system. Chronic problem can lead to heart and kidney disease.

Pancreatitis may be caused from gall stones blocking the bile duct therefore causing stress and resistance to flow. The loss of enzymes through the abuse of alcohol therefore poor recovery and damage over time.

Pancreatic cancer predominantly begins in the cells of digestion the acinar cells. A reduction in enzymes for normal digestion is very common in pancreatic cancer. Symptoms can include back pain, weight loss, loss of appetite and fatty stools.

Cystic fibrosis about 80-90% of people with cystic fibrosis have pancreatic insufficiency. This is indicated through the ducts and tubes in the pancreas becoming filled with sticky mucus. This is difficult for the intestines to break down and use the nutrients in food, creating pressure, pain, greasy stools, or constipation. This makes it difficult for people afflicted with CF to gain enough nutrients to maintain a healthy weight.



OSTEOPATHIC OBSERVATION AND INTERVENTION

Osteopathic observation and intervention aim to recognise the degree and impact of viscero – somatic dominance and referral to the musculoskeletal system and therefore the chronicity of dysfunction.

The cycle of pain referral and accompanied dysfunction can emanate from the convergence or shared neural pathways of both the viscera (organ) and soma (musculoskeletal) systems from the lateral horn of the central nervous system. This can extend to a dual engagement.

This can bring similar feedback mechanisms from the body in identifying what the primary problem/s may be and therefore the necessary interventions or elimination of aggravating factors.

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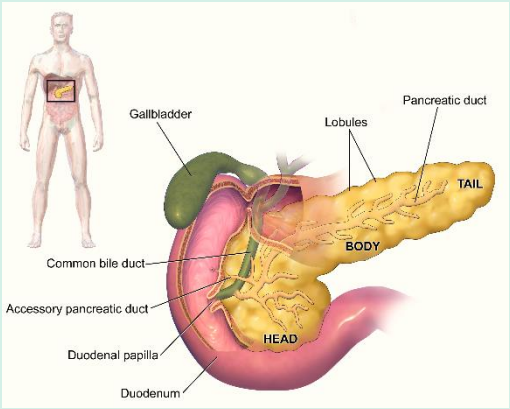
The understanding of the impact of a dysfunctional or ineffective organ and the defect or degeneration onto the system, preferably should be identified sooner than later. This can assist in the accuracy of intervention and turnaround time in treatment and further establish an improved self-management program for the individual. The osteopathic approach will aim to promote better blood flow to and from an area of heavy persistent pain which can indicate a blockage. The blood flow is generally a good point to start not just from a symptomatic point but also from an innate self-management aspect. The intervention should be multi-faceted, both direct and indirect broadly dealing with affected soft tissue, structural joint articulation with vascular and neural elements treated to repair regulation and systemic rhythm regarding flow.

The viscera can be approached after a broad coverage of musculoskeletal dysfunction has been removed and systemic elements unblocked. The visceral techniques will aim to enable the inherent motility (movement in respiration) of the organ, increasing effect through healthier tissue by reinstalling elements of blood flow. This can result in improved apertures and potential space, reduced compression and congestion of a static nature enabling the systems' dynamic ability of consistent systemic regulation.

Whether it be a muscle, joint, artery, vein, lymphatic tissue, organ, nerve or the intermediate connective tissue, these structures and tissue will require space to move and move through to remain effective and therefore in good condition with the ability to recover if an accident, incident, or repetitive stress has been applied.



Dr. James C. Phillips
Osteopath/Director of Marquee Health Clinic

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Nepalese Noodle Soup (Thukpa) Recipe

Thukpa is a Himalayan noodle soup, usually served with meat and is delicious with lean chicken. It is a Nepali Tibetan noodle soup, which originated in the eastern part of Nepal and Tibet. It is popular in Tibet, Bhutan, Nepal, and some parts of India. "Thuk" means heart, so it is a heart-warming dish. In Bhutan it is usually be made with buckwheat noodles.

Ingredients

- 2 tablespoon oils.
- 1 large onion, sliced
- 4 garlic cloves, minced
- small knob of ginger, peeled and minced
- 3 chicken thighs
- 1 cup sliced mushroom
- 100 gm sliced carrot
- 1 teaspoon turmeric powder
- 1 teaspoon cumin powder
- 1 teaspoon szechuan pepper
- salt, red chilli, black pepper to taste
- 2 large tomatoes, chopped
- 5 cups water
- 100 gm spaghetti
- 15 gm chopped cilantro
- 1 medium lemon

Recipe

1.In a large pot, heat oil over medium heat.
2.Sautee onion until translucent. Add ginger and garlic and cook for 3 minutes until fragrant.
3.Add chicken to the pot and let it cook for 5-8 minutes. Add little salt and pepper.
4.Add sliced mushroom and carrot to the pot and let it cook until it softens a little bit about 5 minutes
5.Add spices and cook for additional 3-5 minutes then add tomatoes.
6.When tomatoes soften up, add water, and bring it to a boil.
7.Boil the spaghetti to another pot according to the package instructions, until al dente. Drain and add to first pot with everything else.
8.Slowly simmer and adjust seasonings as needed.
9.When ready, remove from the heat.
10.Ladle hot thukpa in bowls and garnish with chopped cilantro and lemon juice.

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Donut (Doughnut) in Nepali style

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Ingredients

- 1 kg White flour (Maida)
- 3 whole Eggs
- 1 cup warm milk
- 1 tablespoon dry yeast

Method

First take a bowl. Add the warm milk and butter.
Add dry yeast and sugar.

- Add eggs. Mix properly and cover the bowl.
- Let it sit for 15 minutes until froth or bubbles begin to form
- Take the flour (Maida) in a large bowl. Pour the frothy mix of above onto the floor.
- Knead the mix to get a soft and sticky dough.
- Cover the soft dough for 6 hours. After 6 hours, the dough should have tripled in size.
- Divide this puffed-up dough into 5 pieces or balls. Sprinkle the dough balls gently with a little bit of flour. Remove them from the bowl and place them on a flat surface.
- Sprinkle a little bit of flour on the flat surface and softly knead the dough and gently roll it out until the thickness is less than an inch. If you have doughnut cutter, use it to easily cut out doughnut shape. If you don't have doughnut cutter, then use the following method. First use any cup or round steel bowl to get a rounded dough. Then cut a hole in the middle with a smaller round object such as a bottle cap.
- The doughnut shapes are ready after being cut. Roll the rest of the dough and repeat the same process for rest of them.
- Sprinkle flour in a tray and place the doughnuts there. Find a relatively warm spot in your kitchen to place the tray.
- Cover the doughnut with butter paper or tissue pepper and let it sit for 30 minutes.
- After 30 minutes, the doughnuts will be double in size.
- Now to finally start frying the doughnuts. Turn on your gas stove and heat up large quantity of oil in a stock pot or deep pot like deep frying pan.
- After the oil is smoking hot, add the doughnuts one by one into the oil.
- Fry the doughnut in medium to high heat. After about a minute or so, flip the doughnut and cook it on the other side for about 1 minute again. You will know when the doughnut is cooked by the golden-brown colour of the skin.
- After frying them well on both sides, take them out on a plate.

Enjoy fresh doughnuts with hot tea or coffee. You can keep the doughnuts for up to two days after which they will begin to lose their softness.

Optional step: If you want a sweeter doughnut, sprinkle icing sugar over the doughnut. You can also spread chocolate syrup, colourful sprinkles to make your doughnut more attractive.

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Mental Health

World Health Organisation has defined mental health as "a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community."

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Overall mental health is not merely the absence of mental health condition, but it is about being cognitively, emotionally, and socially healthy – the way we think, feel, and develop relationships. It is important to create positive work environment for improving the mental health of workers in the workplace.

Some of the common ways to create a healthy mental workplace environment are listed below:

Discussion on mental health at workplace

Open discussion regarding workplace mental health related issues such as stress, depression, and anxiety. Workers must be able to identify some of the common signs of mental health problems and encourage their co-workers to talk about these issues openly with their team or providing them a caring conversation can be encouraging for the employee to get help.

Stigma reduction

Talking on mental health was considered a taboo for a long time and it is still regarded as one by few people. It is important to always discuss about stress management, self-care and mental health in the meetings. This kind of culture in the workplace will help the workers to share about their own issues and get help.

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Training

Providing training on mental health such as mental health first aid which can help people to identify and support colleagues at work who may be experiencing or at risk of a mental health crisis and connect them with the correct employee resources for help.

Promoting a healthy work/life balance

Absence of healthy work life balance is likely to decrease the productivity of individuals. Workers should be able to take breaks at work and to not take any work to home. They should spend time with loved ones .

Prioritising wellness

Exercise, healthy eating, and participation in leisure activities are a few simple ways to build mental strength and improve mental health. Wellness should be priority of every individual or talks about mental health on mental health awareness week. Organising a speaker with lived experience to share their experiences can motivate the workers to adopt healthy lifestyle.

Sumita Gurung

Front Office Receptionist & Social Support work

Acupuncture

Women Health

The Onset of menopause represents an important step in a woman's life

How Acupuncture can Help Women's Health Concerns

It is the point when menstruation stops permanently, and consequently the ability to produce a child disappear for ever. For many women, this hormonal change brings many unwelcome side effects. Chinese herbal medicine has been treating these symptoms successfully for many years, and it is becoming increasingly popular as an alternative to hormone replacement therapy

In Traditional Chinese Medicine, the kidney is responsible for the prenatal energy which we receive from our parents at conception. It is the leading force behind hormonal changes, our growth, and sexual maturity. The onset of puberty and menopause reflect the rise and decline of this primordial force. It determines our basic constitution. It is our genetic footprint, and the material substance needed for the formation of sperm in men and ova in women. If that supply is inadequate, it leads to impotence, retarded growth, and premature senility.

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The principles of Traditional Chinese Medicine

Following the principles of Traditional Chinese Medicine, each kidney is classified as either Yin, or Yang. As previously mentioned, the kidney yin is regarded as the fundamental substance for birth, growth, and reproduction, while kidney yang is the leading force being all physiological changes. Their mutual relationship could be likened to an oil lamp, with the oil inside the lamp being represented by kidney yin, and the flame providing the heat, compared to kidney yang. When the oil decreases, so does the flame and vice versa. Therefore, we cannot treat one successfully without treating the other. Kidney Yang, which is called the gate of vitality (Ming Men), provides the heat and energy which is needed for all functional activities in the body; it gives us our sexual drive. As the fire of the gate of vitality declines with the advancing years, the functional activity of our organs becomes impaired, leading to tiredness, depression, decreased libido and cold extremities. These unwelcome visitors would be awfully familiar to many menopausal women. In Traditional Chinese Medicine, the kidneys have also an additional attribute; their essence is made up of a substance called the marrow, which is quite different from the bone marrow concept of western medicine. This marrow substance makes up our spinal cord, and assists in the development of our brain, and its functions. So, there is a connection, in our oriental medical framework, between the role of the kidneys, and our mental health. Poor kidney essence at birth will result in mental retardation in children and decline in kidney function in old age will leads to poor memory, difficulties with concentration, dizziness, and mental disturbances.

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In addition, this form of marrow nourishes our bones, and strengthens our teeth. Once again, a picture of poor physical development in children, and osteoporosis, and teeth decay in old age comes to mind.

At treatment time, the oriental practitioner's approach will be entirely different whether the main menopausal symptoms arise from a yin type deficiency, or from its yang partner. The first pattern is manifested by some of the following symptoms: dizziness, hot flashes, abnormal sweating, sore back, and knees, a dry skin or mouth and a red tongue. In our selected treatment, some herbs will be aimed at strengthening the kidney Yin and its essence, others will target the liver which is overpowering its kidney partner. Finally, there will be a few additional herbs called assistants, which due to their cold nature, will be responsible for alleviating the hot flashes and excess perspiration.

With a female patient suffering from a deficiency of Kidney yang (the flame in the oil burner). There will be mentions of cold sensation in the body, especially in the hands and feet. She will have low energy, and poor libido. Often, her urination will be more frequent than it used to be, and she might be complaining of diarrhea. and of a sore lower back. Also, due to the lack of heat in her body, her tongue will be pale, and her pulse slower than expected.

For this patient, a totally different strategy will be adopted. Our herbal selection will include a few leading herbs which are experts at strengthening the kidney essence and supplementing the blood. They will be complemented by a few assistants who will target the liver, and the spleen organs. These two organs have a powerful influence on the kidney function, so they will need to be kept in check. Finally, a few selected members from the warming squad will make up the rest of the team. They will provide the heat necessary to relieve the back pain, and assist the Yang, providing the fuel to build up the fire again. This will facilitate the metabolism of water, eliminate the diarrhea, and drain the excess urination which has been causing our patient so much grief.

Of course, other dysfunctions elsewhere will often have to be considered. This is what makes Chinese herbal medicine an art, where the skill lies in the harmonious combination of herbs with different actions and flavours to provide a successful remedy which is unique for a specific patient, at a specific time.

Olivier Lejus
MH SC, BH Sc. Lecturer.
Sydney based registered acupuncturist

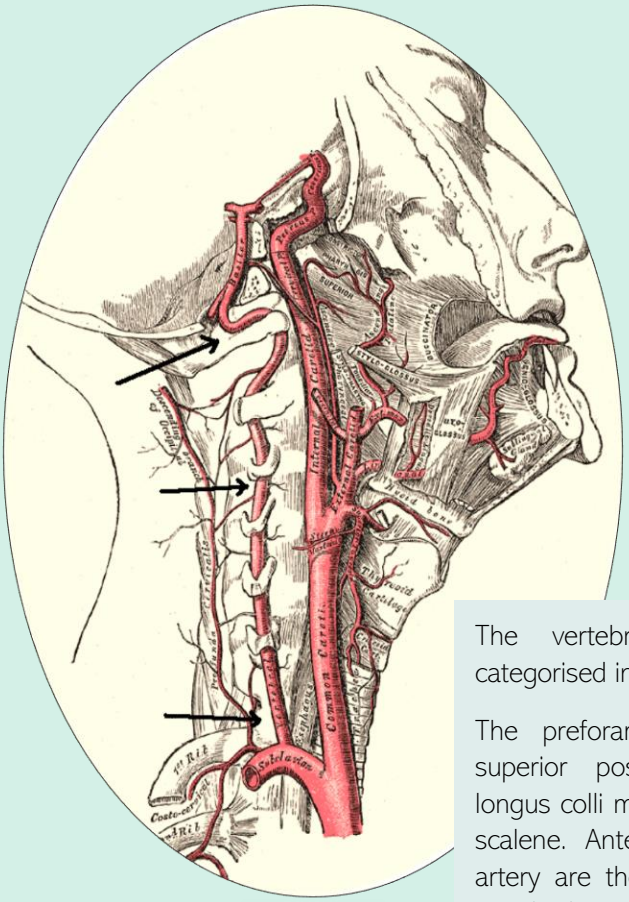
MARQUEE HEALTH
VESSEL OF VERIFICATION
VERTEBRAL ARTERY- *Dr. James C. Phillips*

INTRODUCTION AND DESCRIPTION

The vertebral arteries are paired blood vessels that run superiorly along the side of the neck. They are major blood vessels that branch off the subclavian arteries which come directly off the arch of the aorta.

The vertebral arteries joint to form the midline basilar artery developing the vertebrobasilar vascular system which supplies the upper spinal cord, brainstem, cerebellum, and the posterior part of the brain.

The vertebral arteries typically arise from the posteriosuperior aspect of the subclavian arteries in the thorax just below the clavicles. They then enter the foramina of the transverse process of the cervical vertebra at the C6 level. The foramina the artery travels through in the cervical region of the spine is unique in comparison to the thoracic and lumbar regions and is specific purpose for the artery to follow the path required to supply the central nervous system with branches supplying musculature to the anterior cervical region.

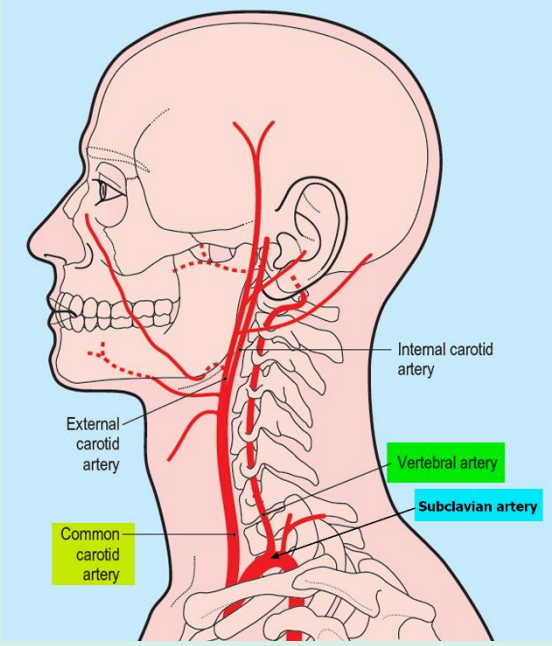


The vertebral artery can be categorised into four sections.

The preforaminal section travels superior posterior between the longus colli muscle and the anterior scalene. Anterior to the vertebral artery are the internal jugular and vertebral veins, with the inferior thyroid artery running diagonal. The left vertebral artery is crossed by the thoracic duct, the main lymphatic vessel for the return of chyle / lymph to the systemic venous system. Situated posterior are the sympathetic trunk of the autonomic nervous system and the inferior cervical ganglion. The second foraminal section travels superior through the transverse foramina of the C6-C2 levels. The artery is surrounded by branches of the inferior cervical sympathetic ganglion, and a plexus of veins which unite to form the vertebral vein at the inferior region of the neck.

The third extradural / atlantic section travels from the C2 transversarium on the medial side of rectus capitus lateralis, intricate tonic muscles of proprioception of the spine and head. The artery then travels superiorly crossing the C2 nerve root, entering the foramen transversarium of C1. The artery then bends posteromedially behind the superior articular process of the atlas, the anterior ramus of the first cervical nerve situated medially. It then travels through the groove on the superior surface of the posterior arch of the atlas and enters the vertebral canal by passing inferior to the posterior atlantooccipital membrane. This part of the artery is covered by the semispinalis capitis contained in the suboccipital triangle, a space developed by a group of muscles providing intrinsic tonic support and action to the head and neck.

The fourth intradural/intracranial section pierces the Dura mater and travels medially to the front of the medulla oblongata, the long stem like structure that makes up the lower part of the brainstem. It is positioned between the hypoglossal nerve and the anterior root of C1 nerve root and inferior between the ligamentum denticulatum. At the lower border of the Pons, the largest part of the brainstem above the medulla, where it unites with the vessel of the opposite side to form the basilar artery.



PATHOLOGY

The primary intrinsic pathology to the vertebral artery is atherosclerosis, which is a build-up of substances such as fats and cholesterol into plaque formation on the wall of the artery. The effect of atherosclerosis incrementally in a chronic state will be the disruption of blood flow through occlusion, a weakened arterial wall, potential clotting, and ruptures.

The extrinsic pathology may be formed through motion segment dysfunction of the cervical spine. This may cause elements of static compression, congestion due to disrupted flow with possible distortion of the vessel creating loss of flow space.

The cervical region can also be susceptible to trauma that may disrupt circulation, injure surrounding tissue, which may result in limited active and passive structural and functional facilitation. A rigid dysfunctional structure or environment may lead to adhesions, fibrosis, and avascular compartments.

The osteopathic perspective recognises pressure on tissue and structures of the cervical region can migrate from the torso / thoracic region and the trunk / pelvic girdle region. The lower structural regions of the body, the trunk and torso require a centrally balanced format to provide the provision of central pivot for the head and the cervical region so they may optimise afferent and efferent currents to flow on a consistent basis. The balance or central alignment of the trunk and torso can also provide proportional loading and stress throughout the structural biomechanical system which the vertebral artery finds part of its pathway. The key area of mobility, circulation and therefore positive condition and minimal dysfunction can be the maintenance of potential space for tissue to travel, structures and organs to expand through open, flexible channels maintaining dynamic pressure. This can reduce the prevalence of blockage, negative modification and potential overwhelming load of disproportional stress that may lead to the breakdown of systems causing poor health.

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NERVE OF NOTE

THE XII CRANIAL NERVES

MARQUEE HEALTH INNERVATION

The cranial nerves consist conventionally of 12 paired nerves which emerge from the cerebrum and the brainstem which is the lower part of the brain. They are numbered with roman numerals and named according to their structure or function and their origins from the front of the brain to the back.

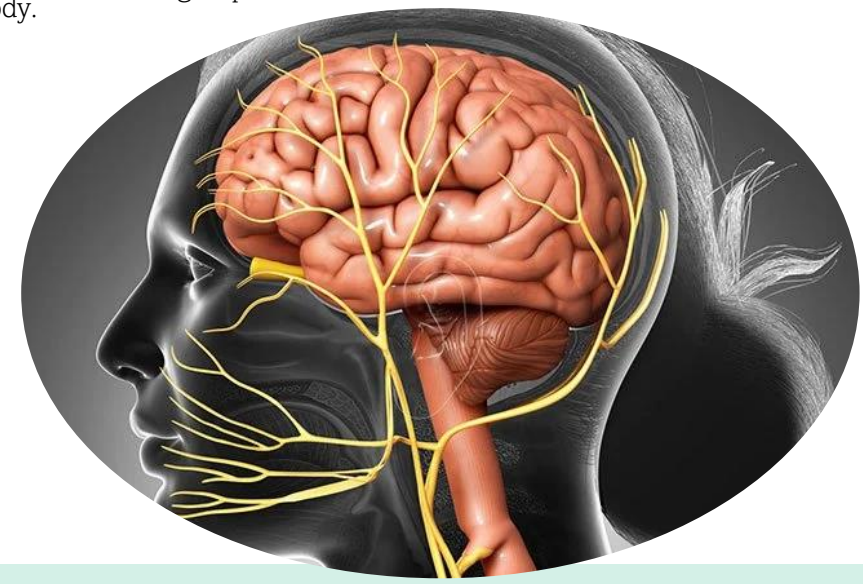
The cranial nerves originate and follow pathways intracranial to extracranial formulating both ipsilateral and contralateral function with respect to the tissue and structures they innervate throughout the body.

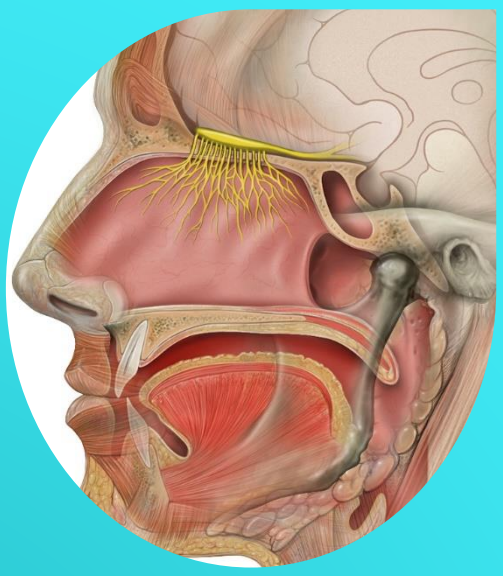
The cranial nerves are categorised as being either motor or sensory or both.

CNI: THE OLFACTORY NERVE

Origins: Telencephalon olfactory placode of the forebrain.

Function: Transmits sensory information to the brain from the Olfactory bulb via the olfactory tract located below the frontal lobe of the brain. Nerve signals are sent to areas of the brain concerned with memory and recognition of smell. When you inhale aromatic molecules, they dissolve in a moist lining at the roof of the nasal cavity called the olfactory epithelium. This stimulates receptors that generate nerve impulses that move to the olfactory bulb an oval shaped structure that contains specialised groups of nerve cells.





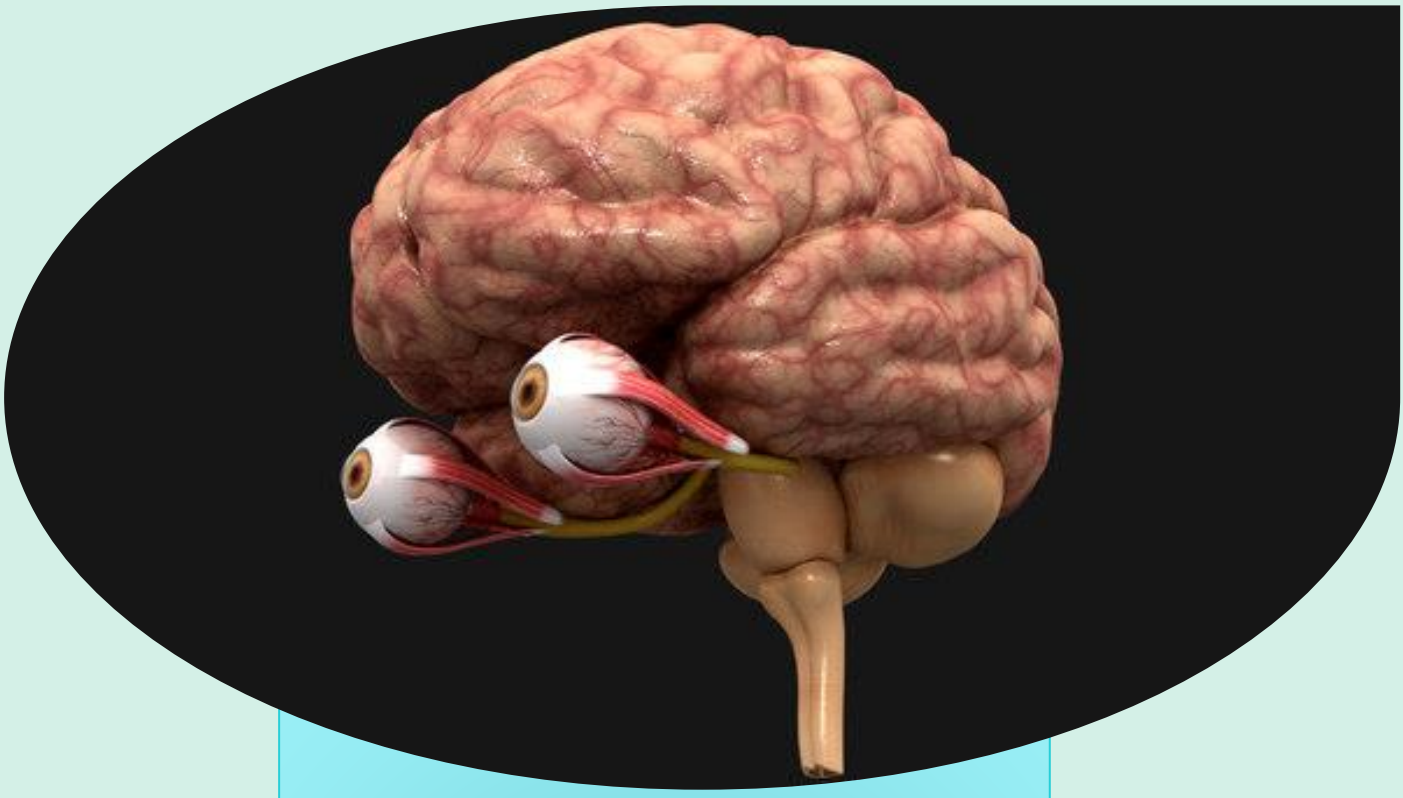
Damage: Inability to smell (Anosmia), a distortion in the sense of smell (Parosmia), distortion of taste.

CNII: OPTIC NERVE

Origins: Derived from the optic stalks of the diencephalon around the 7th week of development and is composed of retinal ganglion cell axons and glial cells, it extends from the optic disc to the optic chiasma and continues to the optic tract to the lateral geniculate nucleus, pretectal nuclei, and superior colliculus.

Function Sensory nerve that inv
visual information, including brightness, and colour perception, including contrast - visual acuity. It also conducts the visual impulses that are responsible for neurological reflex – the constriction of both pupils when light is shone into both eye and the accommodation reflex which refers to the swelling of the lens of the eye tha
near object.

When light enters your eye, it meets special receptors in the retina called rods and cones. Rods are generally found in large numbers and are overly sensitive to light, they are more specialised for black and white or night vision. Cones are present in smaller numbers; they have a lower light sensitivity than rods and are more involved in colour vision. The information received by the rods and cones is transmitted by the retina to the optic nerve. Once inside the skull both optic nerves combine to form the optic chiasm, where nerve fibres from half of each retina form two separate optic tracts. Through each optic tract the nerve impulses eventually reach

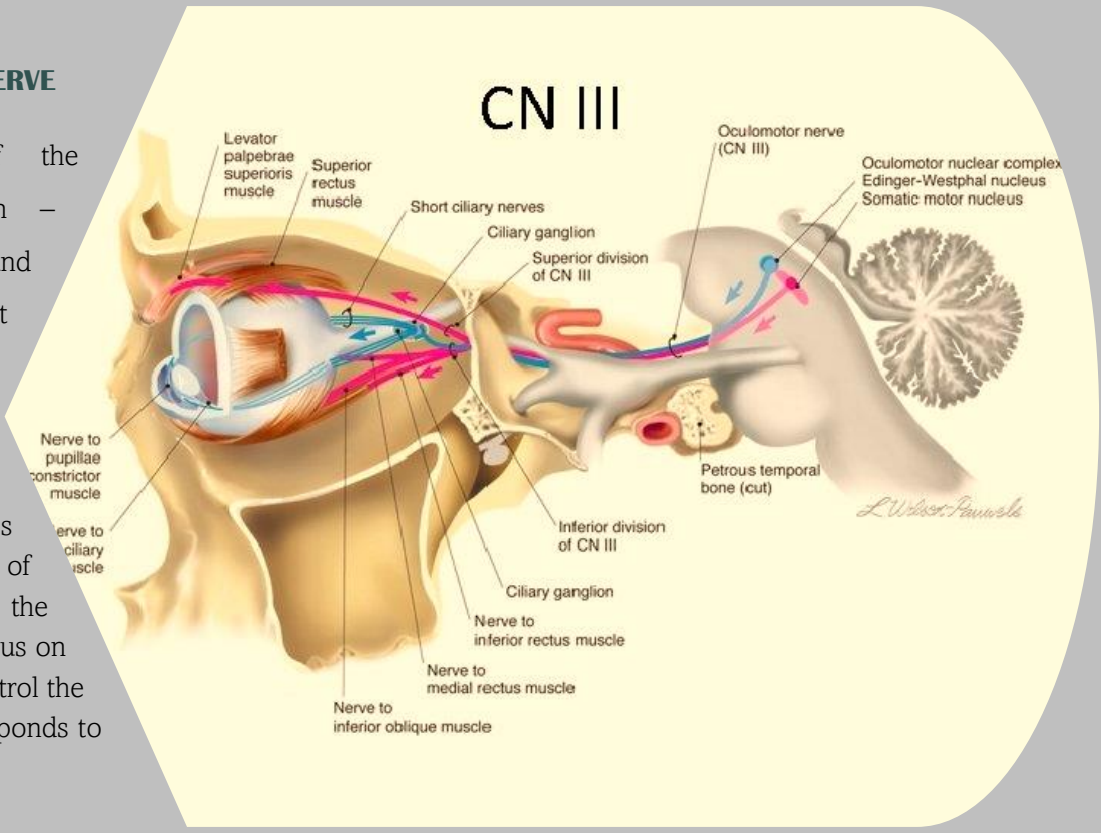


your visual cortex located in the back part of the brain, which then process the information. The eyes blind spot is a result of the absence of photoreceptors in the region of the retina where the optic nerve leaves the eye.

Damage: Will depend on the location of the damage. Loss of sight on the left or right sides (Homonymous Hemianopia), or difficulty seeing objects from the outer visual fields (Bitemporal Hemianopia) when the optic chiasm is involved. Optic neuritis (inflammation) can impact the sharpness of vision or the colour detection.

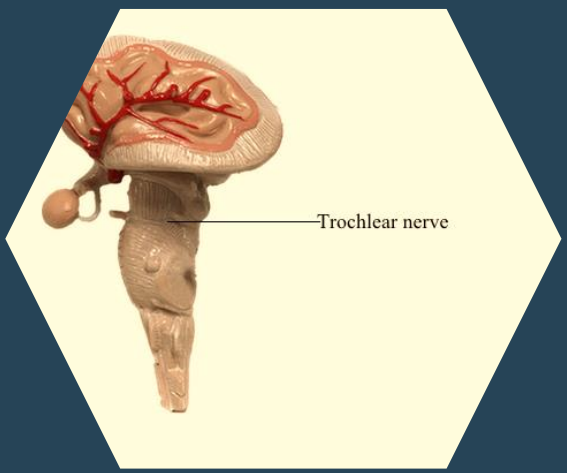
CNIII: OCULOMOTOR NERVE

Origins: Junction of the forebrain and midbrain – caudal diencephalon and anterior mesencephalon. It travels anterior until it reaches the eye socket.



Function: Provides motor function to four of the six muscles around the eye which move and focus on objects. It also helps control the size of the pupil as it responds to light.

Damage: Double vision and the inability to coordinate the movement of eyes (Strabismus), drooping of the eyelid (Ptosis), and pupil dilation (Mydriasis). Lesions may also lead to the inability to open the eye due to paralysis of the levator palpabrae muscle. There may also be a tendency for individuals to compensate by tilting the head to alleviate the symptoms due to paralysis of one or more of the eye muscles it controls.

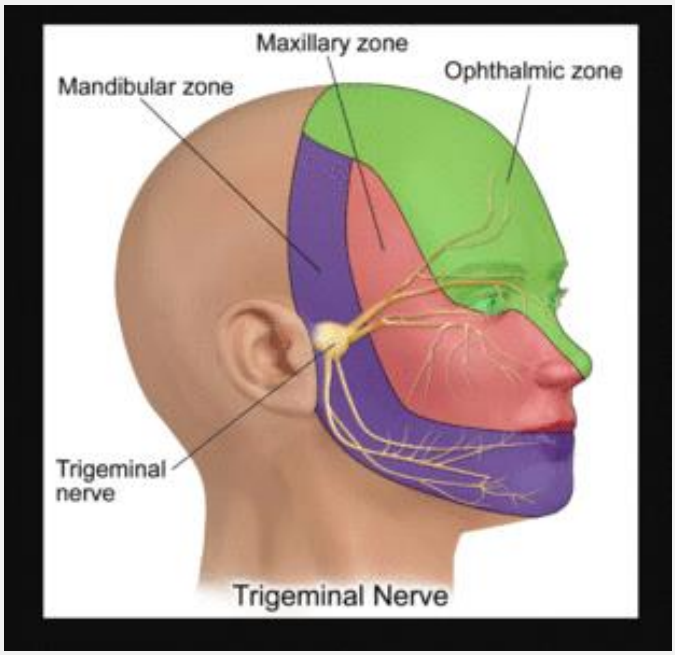


CNIV: TROCHLEAR NERVE

Origin: Emerges from the caudal part of the midbrain and travels anterior until it reaches the eye socket.

Function: Controls the superior oblique muscle which is responsible for downward, outward, and inward eye movements.

Damage: Double vision with the eye adducted and elevated. The result being an eye that cannot not move down properly because of impairment of the superior oblique muscle.



CNV: TRIGEMINAL NERVE

Origin: Forebrain - midbrain junction
Function: The largest of the cranial nerves and has both sensory and motor functions with three divisions.

Ophthalmic Division: Sensory information from the upper part of your face, including forehead, scalp, and upper eyelids.
Maxillary Division: Communicates sensory information from the middle part of the face, cheeks, upper lip, and nasal cavity.
Mandibular Division: Both sensory and motor functions. Sensory information from the ears, lower lip, and chin. Muscle facilitation to the jaw and ear.
Damage: Loss of sensation in the specific region and division. Other conditions include Trigeminal neuralgia, herpes zoster, sinusitis pain, cluster headaches and dental neuralgia.

CNVI: ABDUCENS NERVE
Origin: Pons region of the brainstem.
Function: Controls the lateral rectus muscle associated with outward eye movement, looking to the side.
Damage: May result in double vision due to impairment to the lateral rectus muscle.

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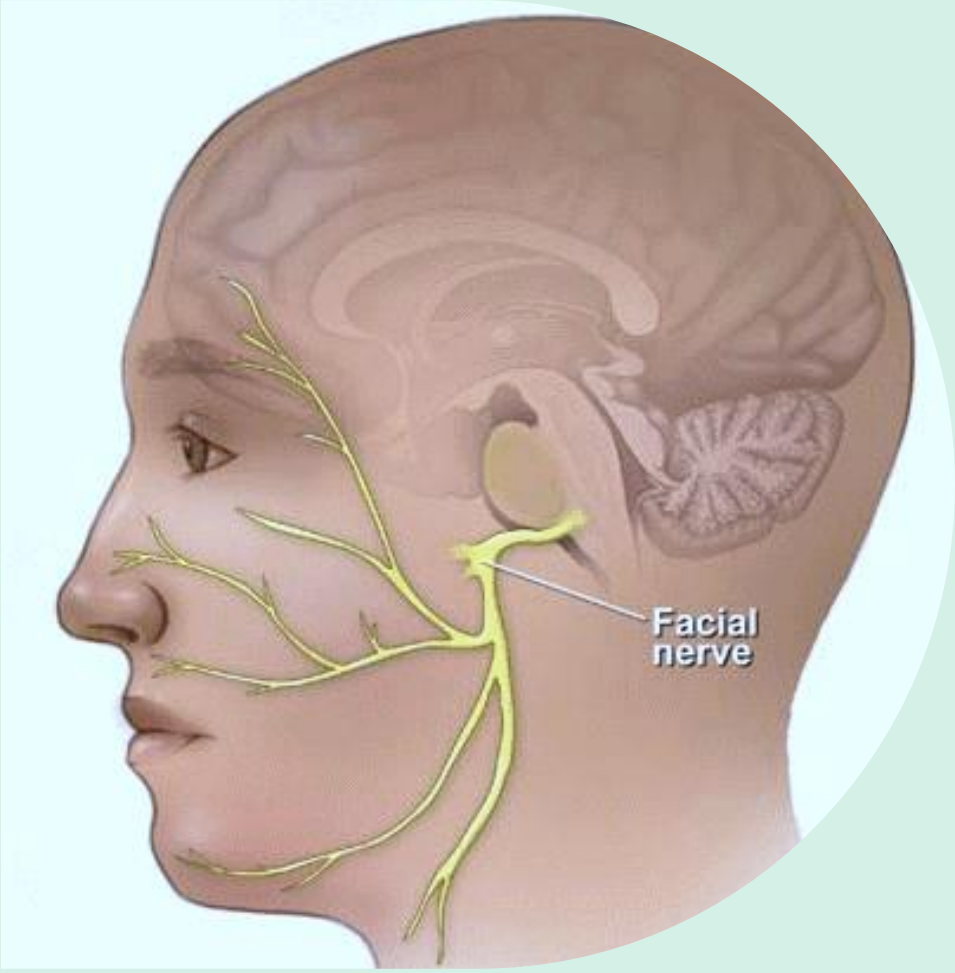
CNVII: FACIAL NERVE
Origin: Pons area of the brainstem.
Function: Both sensory and motor function. Muscle function for facial expression including the jaw. Providing sensation of taste to the tongue. Supplies the glands in the head and neck area, including the salivary glands, and tear producing ducts. Communicates sensation from the outer part of the ears.

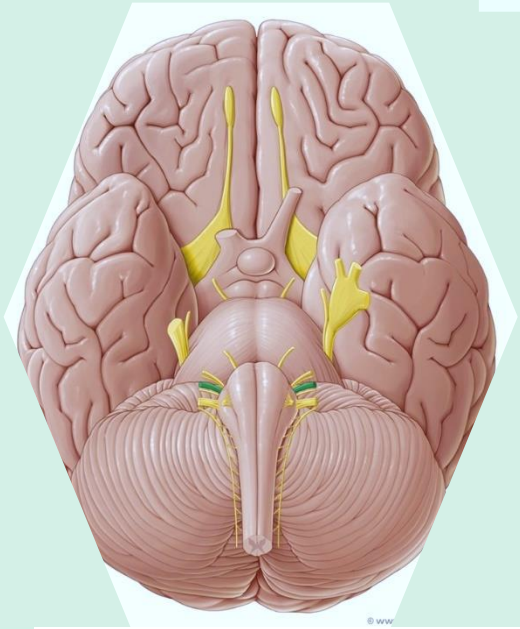
Damage: Facial palsy or drooping on one or both sides of the face. Impairment of muscles of facial expression.



CNVIII: VESTIBULOCOCHLEAR NERVE

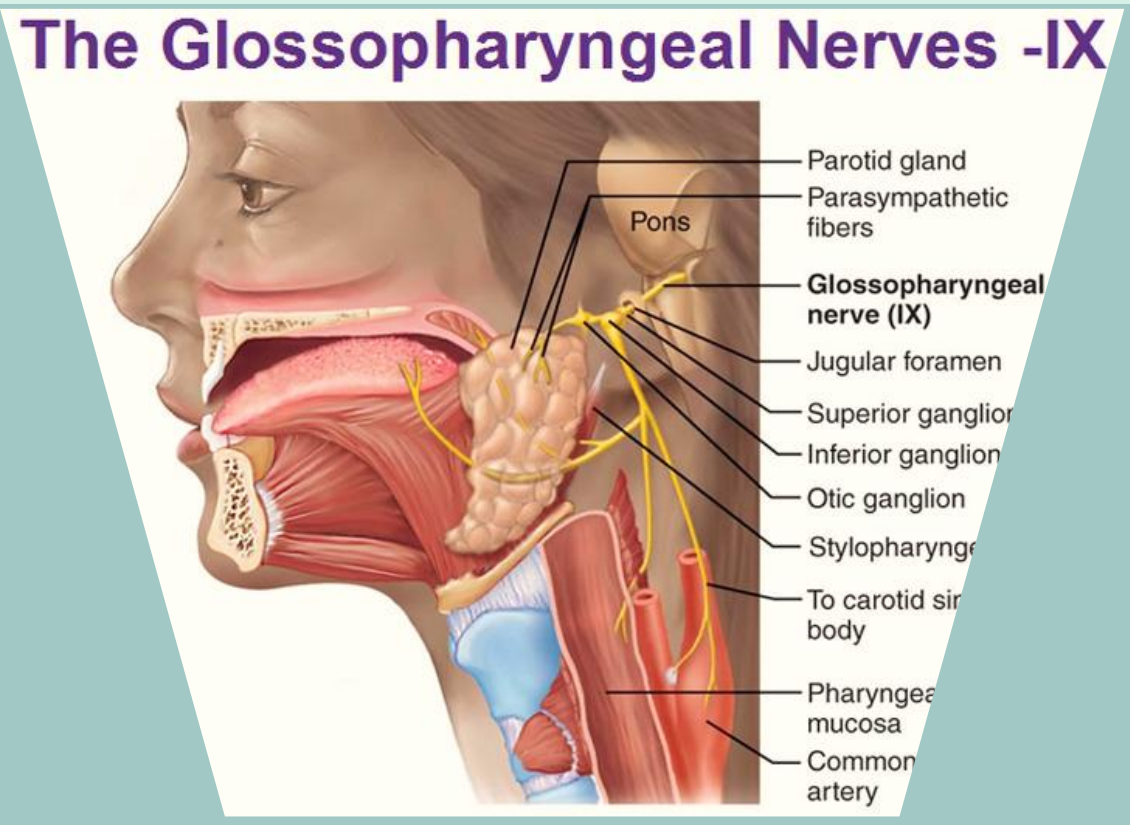
Origin: Consists of two portions; the cochlear and the Vestibular which originate in separate areas of the brain.
Cochlear: Inferior cerebellar peduncle

Function: Specialised cells within the ear detect vibrations based off loudness and pitch. This generates nerve impulses that are transmitted to the cochlear.



CNVIII: VESTIBULOCOCHLEAR NERVE

Vestibular: Pons and medullar.
Function: Special cells that track linear and rotational movements of the head. This information is transmitted to the vestibular nerve to adjust balance and equilibrium.
Damage: To the vestibular nerve may give rise to spinning or dizziness (Vertigo), may also present as involuntary eye movements (Nystagmus), particularly when the eye is moving horizontally. Damage to the cochlear can result in partial or complete deafness in the affected ear.

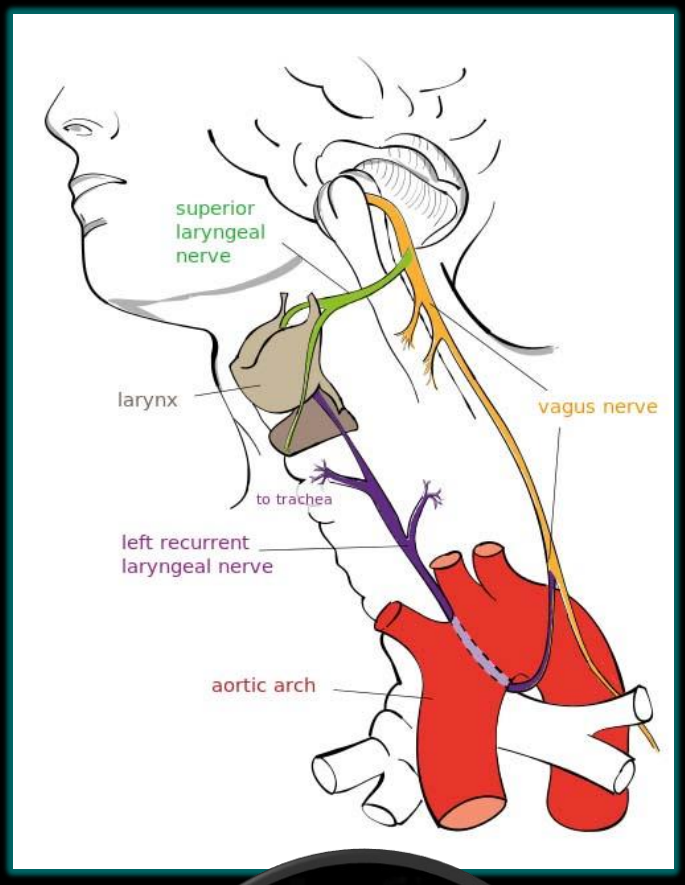


CNIX: GLOSSOPHARYNGEAL

Origin: Medullar oblongata. Extends to the neck, and throat area.

Function: Both motor and sensory functions including sending sensory information to the sinus, the back of the throat (Oropharynx), parts of the inner ear, and the back part of the tongue. Stimulating voluntary movement of the stylopharyngeus in the back of the throat. Also, parasympathetic input to the parotid gland.

Damage: May cause failure of the gag reflex.



CNX: VAGUS NERVE

Origin: Medulla of the brainstem. Extends to the abdominal cavity.

Includes axons that emerge from or converge onto four nuclei of the medulla

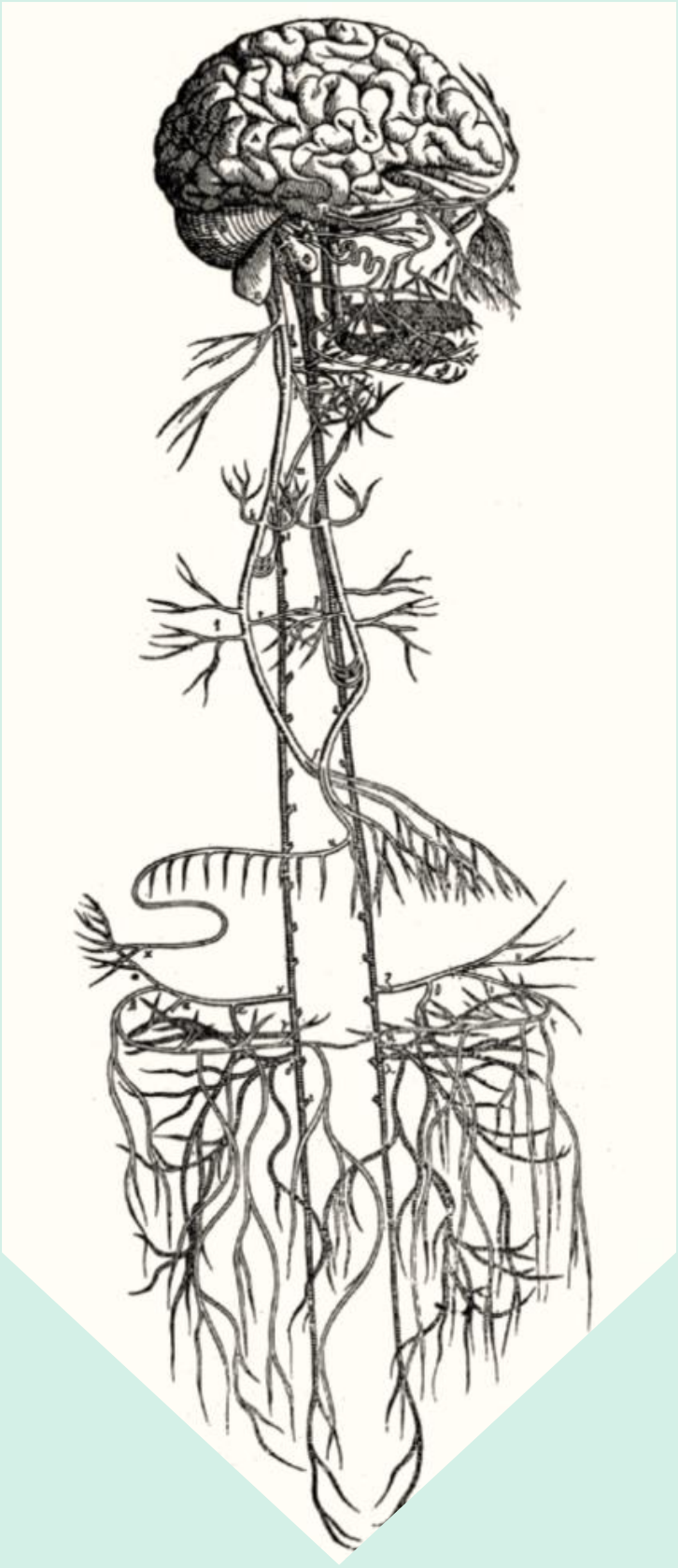
The dorsal nucleus sends parasympathetic output to the viscera.

The nucleus ambiguous sends parasympathetic output to the heart (slowing it down)

The solitary nucleus receives afferent taste information and primary afferents from visceral organs.

The spinal trigeminal nucleus receives information about deep / crude touch, pain, and temperature of the outer ear, the Dura of the posterior cranial fossa, and the mucosa of the Larynx.

Function: Both sensory and motor functions. Parasympathetic supply to the neck and most of the organs in the chest and abdominal cavity. Communicates sensory information from the ear canal and parts of the throat. Sends sensory information in the chest and abdomen such as the heart and intestines. Motor **control of throat muscles. Stimulates muscles of** organs in the chest and abdominal cavity moving food through the digestive tract (peristalsis). Sweating, movement of the tongue,



and keeping the Larynx open. Integral for maintaining parasympathetic tone in the autonomic nervous system.

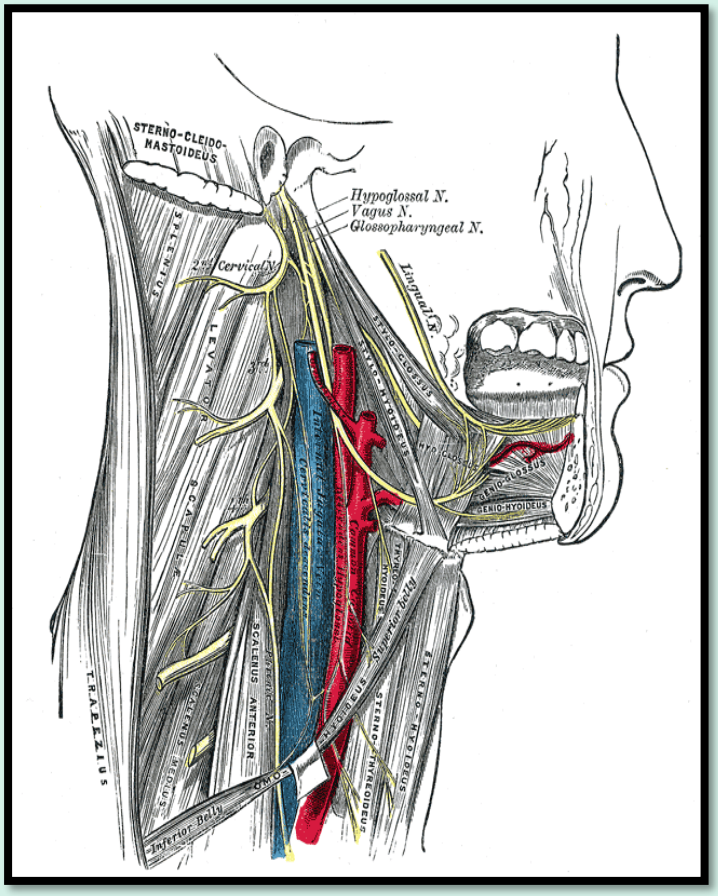
Damage: Difficulty speaking or loss of voice, trouble consuming liquids, difficulty swallowing, loss of the gag reflex, pain in the ear, irregular heart rate, irregular blood pressure, decreased production of stomach acid, nausea or vomiting, abdominal bloating and/or pain, impairment of the involuntary contractions of the digestive system (Gastroparesis), loss of parasympathetic supply to tissue, structures and organs of the throat, chest, and abdominal cavity.

CNXI: ACCESSORY NERVE

Origin: Divided into two parts, cranial and spinal. The cranial section originates in the medulla oblongata, the spinal part from the proximal part of the spinal cord.

Function: Motor nerve that supplies muscles in the neck and shoulders, sternocleidomastoid, and trapezius. These muscles allow you to rotate, flex and extend your neck and shoulders.

Damage: May produce "winging scapula" loss of innervation of the trapezius resulting in weakness in shrugging the shoulder, hyper



kyphosis in the structural thoracic region because of loss of postural tone, deficit in head movement as with the loss of innervation of the sternocleidomastoid muscle potential restriction in one direction of rotation and tilt. Signs of lower motor neuron disease, muscle fasciculation's.

CNXII: HYPOGLOSSAL NERVE

Origin: Medulla oblongata. Extends down to the jaw and the tongue.

Function: Responsible for the motor control of most of the muscles of the tongue. Control's food manipulation, swallowing and certain tongue movements in speech.

Damage: Inability to project the tongue straight from the mouth because of muscle atrophy due to nerve impairment. Defect in the articulation of speech. Problems swallowing and clearing the mouth.

Dr. James C. Phillips
Osteopath/Director of Marquee Health Clinic

MARQUEE HEALTH

MELDING WITH EQUUS

OSTEOPATHIC PROGRESSION

CAUDAL TRACTION THROUGH THE TAIL

CAUDAL TRACTION THROUGH THE TAIL

The equine pelvic region is a complex area of structure and function, viscera, blood vessels and nerves. Through this complexity can develop aspects of dysfunction as a conglomerate of all the tissue. With this a myriad of pain and sensitivity, along with restriction, that can also translate to indifferent temperament with equine behaviour.

Equine health and condition may be implicated because of developmental factors, aspects of training, dietary and nutritional availability, environmental or herd association to name a few. Part of the assessment and understanding will be reviewing these potential precipitating factors.

One method of approach to assist in resolving pain and restriction through the structural and functional elements in the pelvic region can come in the form of caudal traction or long lever stretch through the tail.

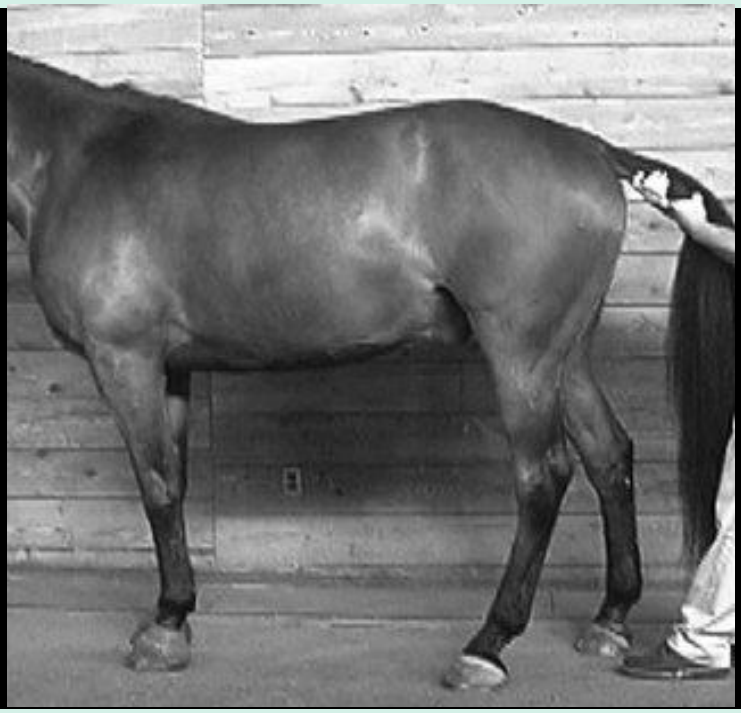
This technique or intervention should only be considered after a full examination of the horse from the cranial vault to the pelvis with fore limbs and hind legs also assessed. The tail should be considered as an extension of the relative structures that are problematic. Keeping in mind coccygeal and neural tissue extend into the proximal third of the tail. A broad-based examination and preliminary treatment, specifically localising the primary identity within the region of the horse's complaint, can then proceed to the caudal traction of the tail as an intervention in alleviation of pain. The technique is not recommended for amateurs and requires an in-depth science background in equine medicine as minimum.

The osteopathic perspective will generally consider fluid dynamics with "The Rule of the Artery" and the contribution to the neural, visceral, structure and function, and the integrative role the connective tissue (Fascia, ligament, tendon, capsule, valve, or sphincter) provide in either enabling these systems or accommodating a problem.

The Caudal Traction can be useful in reducing mechanisms of pain associated with pelvic torsion, spinal compression, muscle spasm, vascular congestion, neural impingement, and visceral distortion that can dominate dysfunction.

The caudal traction technique through the tail will generally follow elements of initial treatment to tissue and structures that reside in the pelvis and back end of the horse, assisting in the removal of compression and congestion. The leverage can be mobilised at different stages or length of the tail to create the desired effect.

When applying the caudal traction, a light steady, straight pull in a downward angle can relieve pressure through the spine and the pelvic girdle and effect as far up to the thoracic spine and ribcage where the saddle and rider place pressure.



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A study by Finnish therapist Hyytiainen PhD from the department of clinical Equine and small animal Medicine in the University of Helsinki's faculty of veterinary medicine found improvement in pain relief of 52% in the pelvic region, 50% in the lumbar spine and 83% through the thoracic region and ribcage with the intervention of caudal traction.

Hyytiainnen points out that the caudal stretch may not so much pull joints apart as so much as releasing the deep core back muscles creating a neural mobilisation and therefore potentially influencing fluid dynamics in the region. The trials however have shown a marked improvement in locomotion throughout the structural system. The role of the tail is an extension off the core muscle complex and the neural innervation, hence providing leverage from various angles to relieve pain, pressure, and restriction.

The effect comes through a gradual long lever strategy of even tension that creates gradual comfort and confidence with the horse. It can be common to get various reactions from the horse as the effect comes into place with the horse even moving against the traction to formulate increased effect, with joint cavitation often experienced as part of the release of pressure.

The expansion of potential space, release of fluid throughout this space reducing resting tone and inflammation or spasm in the muscle can also provide a positive effect onto the viscera and the organs housed in the pelvis and the thoracic cage reducing compression and congestion. This can lead to aspects of recovery, reduced time periods of rehabilitation in the athletic horse and a reduction in the prevalence to injury and incremental poor development.

The Osteopathic approach will include a vascular, neural assessment before any structural or functional work is applied. Once vascular and nerve contribution has been unblocked, visceral spasm and integrity will be assessed and treated. Once this pressure and irritability has been released and potentially resolved structural adjustment and functional limitations can be approached for various forms of remedial work. Most contentious etiological issues in tissue can permeate from vascular spasm. This can result in poor contribution to the neural tissue for innervation and therefore provision to organs, skeletal structure and muscle tissue creating a contentious bind in the intermediate connective tissue. Potentially the final region of the horse to approach will be the hind end due to potential over reaction to the releasing of hypersensitive tissue.

The melding approach will always consider the most tolerable approach and effect onto the horse when investigating and treating areas of chronicity. The problem primarily is often not the symptomatic site.

The caudal traction / stretch will realise best effect after the primary central vessels, tissue and structures have been released from their dysfunctional bind. The tail stretch can make the treatment complete consolidating the overall effect of the holistic view and approach in Osteopathic practice.

Dr. James C. Phillips
Equine Osteopath

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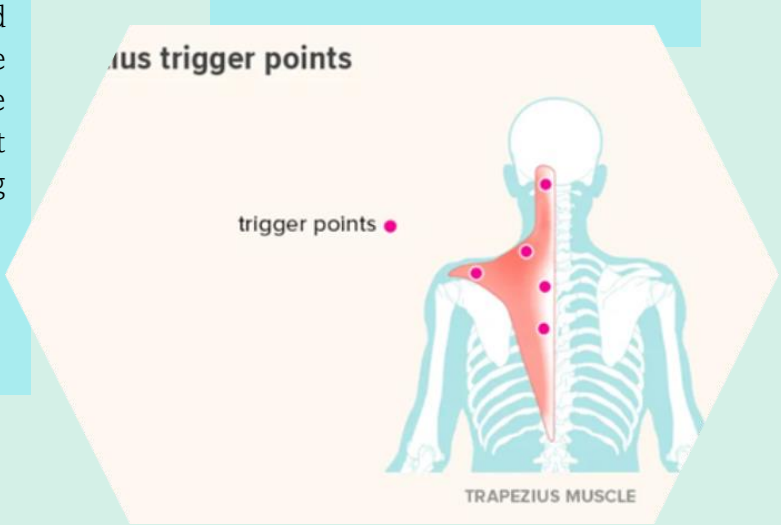
Muscle of The Month-
Trapezius

The trapezius is a muscle of the posterior thorax that acts on the pectoral girdle, this triangular muscle is broad and flat, lying just beneath the skin and covering the upper back of the shoulders and neck. The muscle can be broken into three sections (upper, middle, and lower) based on its changing muscle fibre directions. Along with the latissimus dorsi, rhomboids, and levator scapula, the trapezius muscle is one of the widest back muscles. It links to the dorsal vertebrae of the spine, scapulae, clavicles, and ribs. This muscle is named for its trapezoid shape.

The trapezius muscle is a postural and active movement muscle, used to tilt and turn the head and neck, shrug, steady the shoulders, and twist the arms. The trapezius elevates, depresses, rotates, and retracts the scapula/shoulder blade. Innervation of the trapezius is derived from the spinal accessory nerve. The descending part of the trapezius muscle supports the arms. The transverse part retracts the scapulae, and the ascending part medially rotates or depresses the scapulae.

You may develop hypersensitive points/vascular blockages commonly known as trigger points along the bands of the trapezius. These are raised parts of the muscle that can be sensitive. Hypersensitive points can develop for many reasons, including from exercise, inactivity, working for prolonged periods of time at a desk or with your head down. You may be able to feel the raised spots in your muscle. They feel like a knot in your upper back, shoulder, or neck. The vascular blockages can feel especially sensitive when touched, and the pain can radiate beyond the immediate area. There are two types of hypersensitive points/vascular blockages: active and latent. Active vascular blockages are sensitive when you move. Latent vascular blockages are only sensitive when someone applies pressure along the raised part of the muscle. Remedial/deep tissue massage is greatly beneficial for hypersensitive points in the upper, middle, and lower part of the trapezius.



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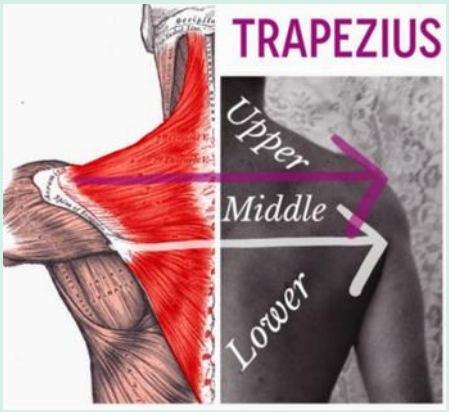
What can cause a hypersensitive point?

- Trauma
- Repetitive movement
- Inactivity
- Having a vitamin deficiency.
- Not getting enough sleep.
- Leaning your head forward for too long.
- Structural/skeletal integrity and functional capacity.
- Using your shoulder to hold your phone to your ear.
- Playing sports or engaging in physical activity.
- Sitting in a chair without proper back support or armrests
- Moving heavy objects using poor lifting techniques.
- Carrying heavy purses, backpacks, or bags on one shoulder.

Can the trapezius muscle cause headaches?



The trapezius muscle may cause tension headaches. The spinal accessory and occipital nerves pass through this muscle. Spasms or increased tone of trapezius can put pressure on these nerves causing a headache. The headache has a typical 'ram's horn' distribution causing throbbing pain on both sides of the head, traveling from the region at the back of the head and wrapping around to the top of the head and forehead region.

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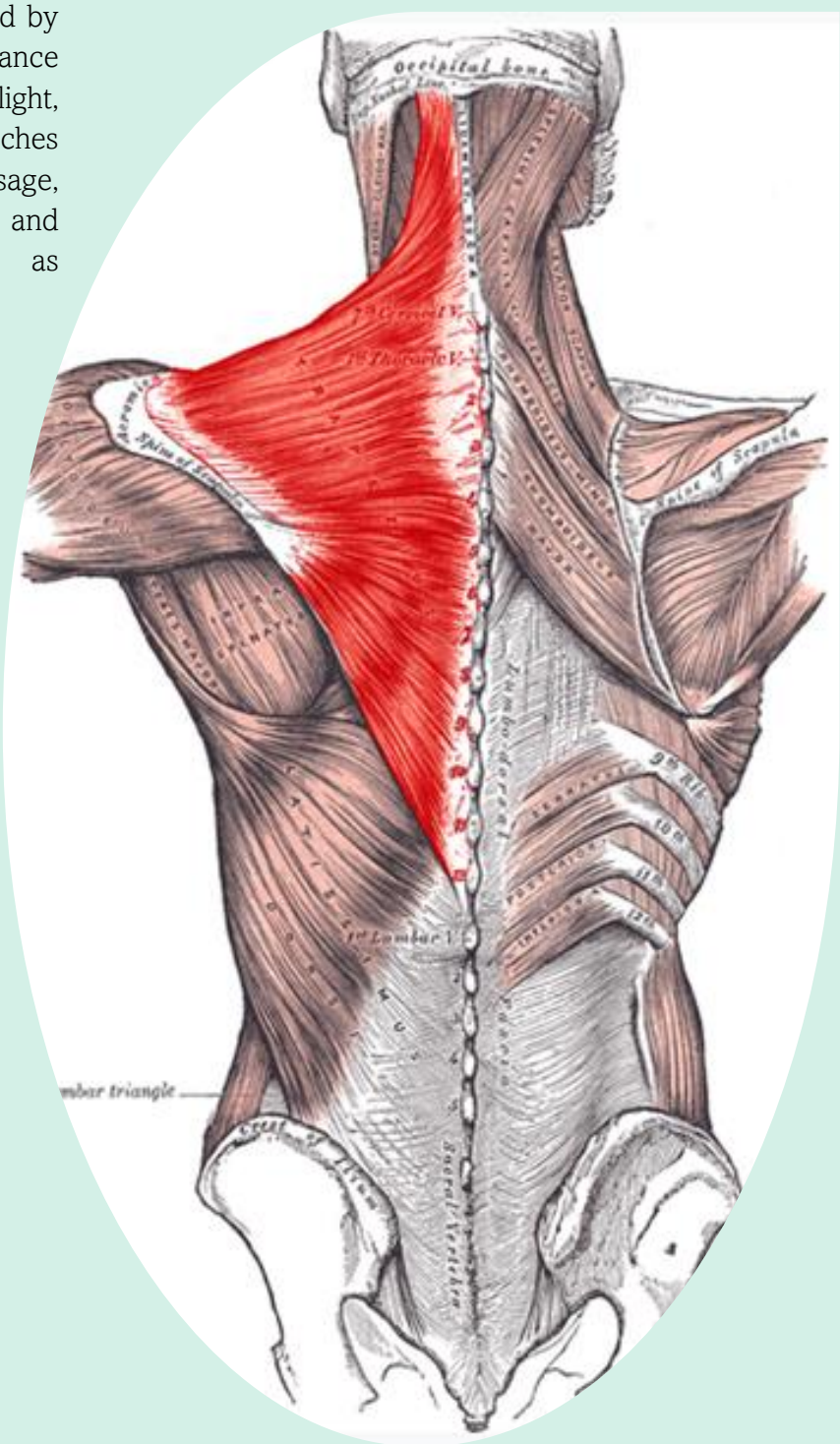
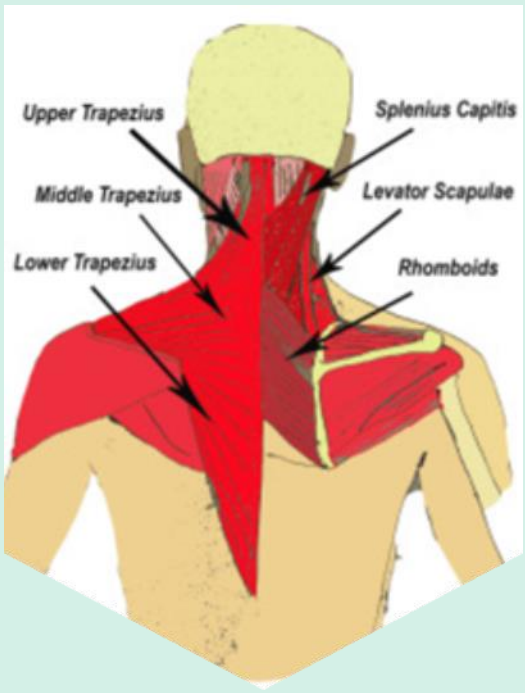
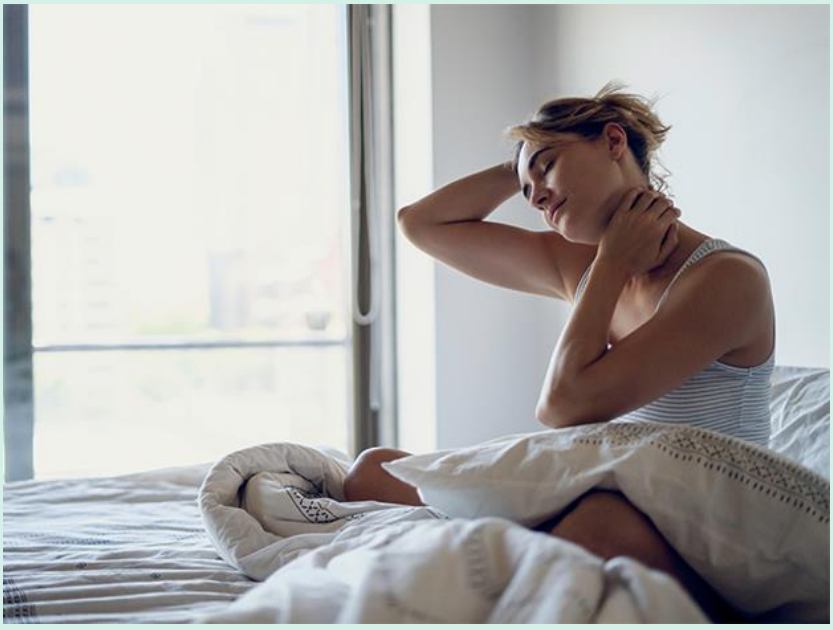
This type of headache is exacerbated by stress, bad structural/skeletal integrity, and lack of proper stretching before and after any activity. Unlike a migraine, tension headaches are not preceded by an aura or prodrome, such as intolerance to light and sound, seeing flashes of light, or strange smells. Tension headaches can be treated with remedial massage, osteopathy, stretching, stress, and anxiety-relieving activities such as meditation and yoga.



Other triggers of tension headaches include

- Alcohol
- Fatigue
- Smoking
- Caffeine
- Bad structural/skeletal integrity
- Emotional stress
- Decreased water intake
- Lack of sleep





What is a trapezius strain?

A trapezius strain refers to the tearing of the trapezius muscle fibers. Trapezius muscle strain is a common injury that may result when the muscle is excessively stretched or forced to contract too strongly. This may limit the range of motion and decrease the strength in the arms and shoulders. Depending on the severity of the injury, trapezius muscle strain may be:

Grade I strain This is a mild form of strain that involves stretching or injury of only a few muscle fibers. There is often sensitivity and tenderness in the affected area, but the muscle strength remains normal. A grade I strain generally heals with a few weeks.

Grade II strain This results due to injury to a larger number of muscle fibers. It manifests as pain and tenderness, which are more severe than a grade I strain along with some loss of muscle strength. There may also be bruising and swelling at the affected site. A grade II strain may take a few months to heal.

Grade III strain This is the most severe type of strain that often needs surgical repair. It leads to the complete ripping apart of the trapezius muscle. This may cause severe pain, tenderness, swelling, and change in the colour of the affected area. The tear of the muscle can cause a visible gap or dent under the skin where the injured pieces of muscle are separated.

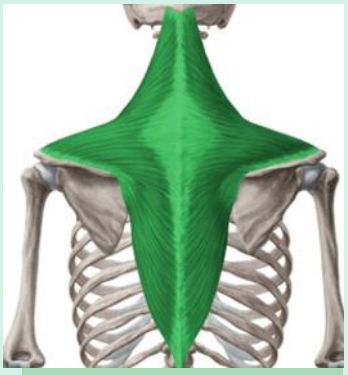
As with all muscles, the trapezius is prone to injury and soreness. There are many causes of trapezius pain, including a pulled muscle and poor structural/skeletal integrity. The trapezius can become painful or sore for many reasons.

Pain in the trapezius may also have accompanying symptoms--

1.Muscle stiffness
2.Shoulder or neck pain
3.Muscle spasms
4.Tingling or numbness in one or both arms
5.Decreased range of motion in the shoulders or neck.

Keeping the muscle pliable and loose with stretches and massage help prevent soreness. If trapezius pain does develop, it usually resolves without professional medical treatment such as seeing your doctor. Remedies such as remedial massage, stretching, rest and osteopathy treatment are often sufficient to ease the pain.

Key facts about the trapezius muscle

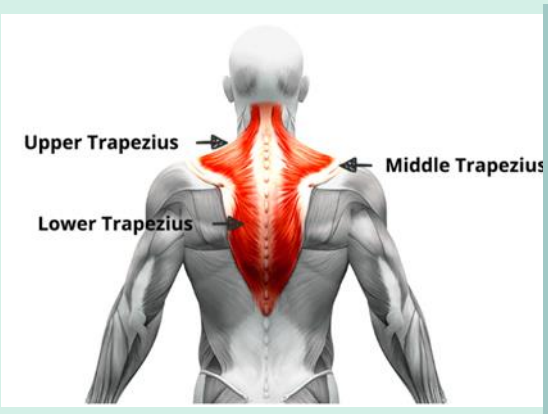


Origin
Descending part (superior fibers): medial third of the superior nuchal line, external occipital protuberance.
Transverse part (middle fibers): nuchal ligament attached to the spinous processes of C1-C6 vertebrae, spinous processes, and supraspinous ligaments of vertebrae C7-T3.
Ascending part (inferior fibers): spinous processes and supraspinous ligaments of vertebrae T4-T12.

Insertion
Descending part (superior fibers): lateral third of clavicle.
Transverse part (middle fibers): medial acromial margin, superior crest of spine of scapula.
Ascending part (inferior fibers): lateral apex of the medial end of scapular spine.

Innervation
Motor: accessory nerve (CN XI).

Motor/Sensory: ventral rami of spinal nerves C3-C4 (via cervical plexus).



Action
Rotation, retraction, elevation, and depression of the scapula, levitate clavicle; extends the neck; stabilises the shoulder.
Descending part (superior fibers)
- Scapulothoracic joint: draws scapula superomedially.
- Atlantooccipital joint: extension of head and neck, lateral flexion of head and neck (ipsilateral).
- Altantoaxial joint: rotation of head (contralateral).
Transverse part (middle fibers)
- Scapulothoracic joint: draws scapula medially.
Ascending part (inferior fibers)
- Scapulothoracic joint: Draws scapula inferomedially.

Blood supply
Occipital artery (descending part), superficial or transverse cervical artery (transverse part), dorsal scapular artery (ascending part).

Ramon Tupac Perez
Remedial Massage Therapist

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MARQUEE HEALTH EXERCISE PRINCIPLES

LOWER ABDOMINAL EXERCISE "REVERSE SIT UP"

Maintaining a flat, stable, centred abdominal region is desirable from multiple aspects of health and condition.

A flat abdominal cavity indicates good constitution, effective metabolism, a proportional central format in relation to the trunk and torso without additional burden to mobilise and maintain agility.

The abdominal cavity has a range of organs, vessels, nerves collectively working within systems to produce the desired effect required for functionality throughout the trunk, lower extremities and through the thoracic cage and cranial vault. The abdominal region remains a pivotal point in how the body recognises, perceives, and orchestrates biophysical well-being or the indication of a defect or deficit.

The maintenance and monitoring of the abdominal section of the body will generally come from a multitude of nutritional intake and a variable exercise regime. One of the deficit and defects is the retention of fluid creating congestion and blockage incrementally over time.

At times a difficult region to lose excess, the abdominal area can benefit from a different approach when recognising the problems that can exist and the changes that occur over time when congestive accumulative affects influence ability.

One of the effective ways to remove fluid on an encouragement basis is through an exercise paradigm in the form of a pump.

The reverse sit up works in the projection to assist the system to remove, drain and open channels to facilitate the systems fluid dynamics with the objective of enhancing regulation that may increase consistency of flow and not an "accumulation and surge" process that can create a static pressure that may cause modifications and limitations and therefore disruptions to how well the body works.

The reverse sit up assumes the supine position on a firm bench with the arms maintaining stability over the shoulder and head to allow the pelvis to lift off the surface and the knees to come toward the chest. This has a multi – dimensional effect on the structure by mobilising the lumbar and lower thoracic spine while opening the pelvis from the posterior aspect. The abdominal cavity will be gradually compressed to whatever level of tolerance the individual can maintain. The process is dynamic and controlled from the table to the chest and eventually over the head as capacity increases. The exercise is designed in a pumping mechanism which will gradually and gently squeeze and influence fluid from areas of interstitial space and channels of blockage and will encourage any excess back through those channels to where it needs to move being the thoracic region to the right side of the heart via areas of filtration.

The compression created through the abdominal cavity with the action of the knees being brought to the chest and head followed by the expansion and release when taken back to the table creates the dynamic fluid pump with the dispersion of excess fluid enabling potential space for elements to expand through. The aim is reduced pressure mostly of a static nature and encourage a parasympathetic state with improved aspects of recovery within the autonomic regulation.

There will be most forms of contraction within the abdominal group, lumbosacral, thoracolumbar spinal regions in the form of concentric, eccentric, and isotonic contractions with the objective to squeeze fluid in and out of tissue and move it beyond areas of entrapment or blockage. A well-controlled exercise utilised from any basic firm surface the reverse sit up is something most individuals can do with consistent performance daily continuing to remove pressure and excess from the pelvic housing and abdominal cavity which can improve depth of breath as the thoracic diaphragm realises improved expansion against less resistance contributing to better circulation through liberation of the lower lobes of the lungs and upper abdominal organ motility.

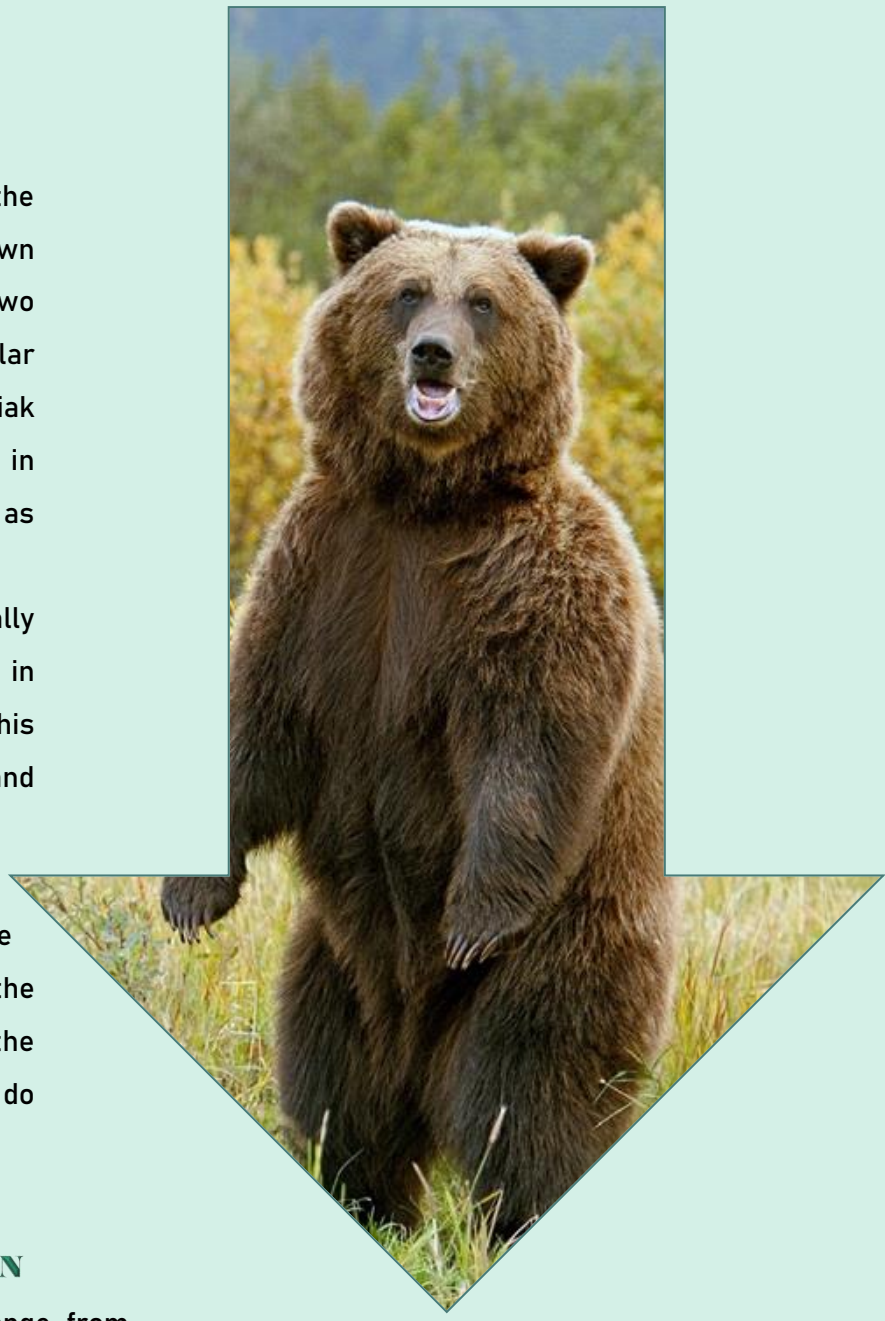
The reverse sits up from the flat bench identifies the basic approach with an indefinite projection for expansion of the activity as ability and condition grow and improve potentially improving on dimension of movement.

Dr. James C. Phillips
Osteopath/Director of Marquee Health Clinic

MARQUEE HEALTH

ANIMAL OF DISTINCTION

THE KODIAK BEAR



INTRODUCTION

The Kodiak bear, also known as the Kodiak brown bear or Alaskan brown bear, is recognised as one of the two largest bears, along with the Polar bear in existence today. The Kodiak inhabits the Kodiak archipelago in southwest Alaska. It is recognised as a subspecies of the brown bear.

The Kodiak bear, physiologically commonly reaches 300-600kg in weight, even exceeding 680kg's. this is in comparison to the mainland Grizzly bear which can vary between 115-360kg. The size of the bear can be dependent on the location and environment. Despite the large variation in size between the brown bears their diet and lifestyle do not differ greatly.

DESCRIPTION

The hair colour can range from blonde to orange to dark brown. Cubs often retain a white "natal ring" around their neck for the first few years of life. The Kodiaks

colour is like its close relatives the mainland American and Eurasian brown bears.

The size range for female sows can be between 180-320kg, while the male boar's range between 350-680kg. females are typically 20% smaller and 30% lighter than males. The adult size is attained around 6 years of age. They are at their lightest after emerging from the den in the spring increasing their weight 30% in late summer early fall.

The average male measures approximately 8 ft in length and stands 5ft at the shoulder, with a hind foot measuring 18 in.

A large male Kodiak bear can reach a height of 10 ft when standing upright on its hind legs. The average skull size for boars is 25 in and 21 in for sows.

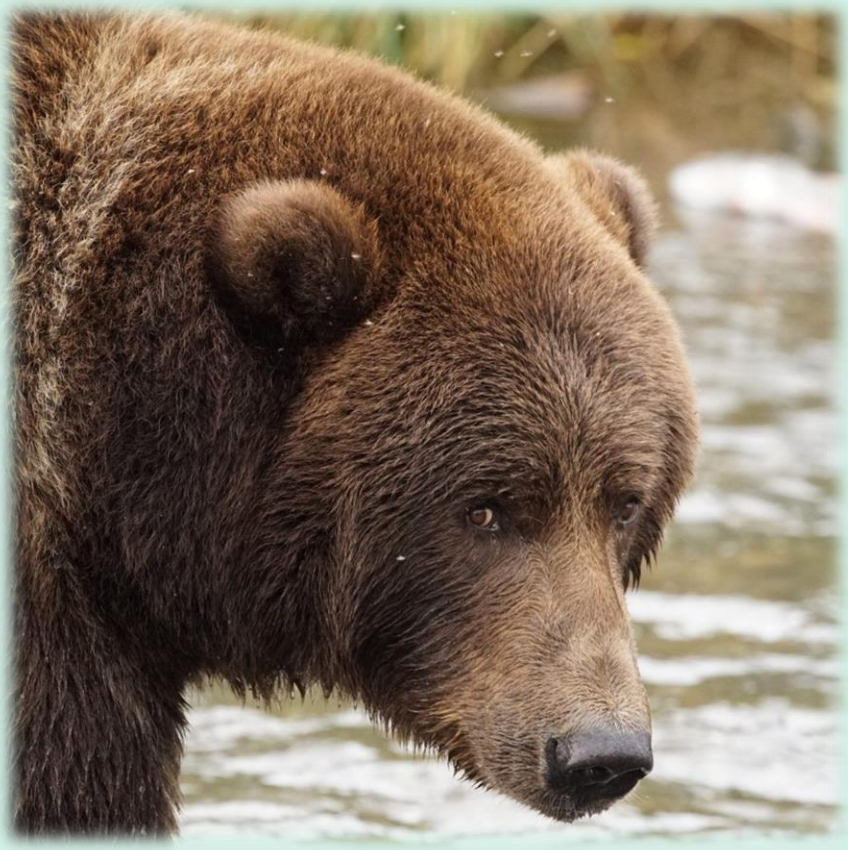
The Kodiak bear along with the Polar bear are the two largest members of the bear family and the Kodiak bear the largest extant terrestrial carnivorans.

REPRODUCTION AND SURVIVAL

Kodiak bears reach sexual maturity around five years of age. However, most sows are over nine years old before they wean their first litter. The average time between litters is four years. Sows continue producing cubs throughout their lives and only starts to diminish towards twenty years of age. The mating season for the Kodiak bear is during the months of May and June. They are seriously monogamous staying together for up to two weeks. As soon as the egg is fertilised and divides a few times, it enters a state of suspended animation until Autumn when it finally implants on the uterine wall and begins to grow again.

The cubs are born in the den during January or February, weighing 450g at birth with little hair and closed eyes, they suckle for several months, emerging from the den in May or June, weighing around 20 pounds.

The typical litter size is 2-3 cubs. However, the Kodiak sow has six functional nipples and litters of six cubs have been reported. Most cubs stay with their mothers for three years.



Kodiak bears that leave their mothers aged 3-5 years, have high mortality rates with 55% of males and 89% of females surviving. Most young female bears stay within or near their mothers' home range, while most males move farther away. Most sows die of natural causes living up to 35 years, while most male bears are killed by hunters living up to 27 years.

Kodiak bears begin entering their dens in late October. Pregnant sows

will enter first. Males begin emerging from the den in early April, while sows will stay longer
with their cubs until late June. Almost a quarter of male bears forgo denning, staying active throughout Winter.

RANGE, HABITAT AND FEEDING HABITS

The Kodiak bear is naturally active during the day, except when faced with competition for food or space, they will adopt a more nocturnal lifestyle. Kodiak bears do not necessarily defend territories, although they do have traditional home ranges, they use each year. As a result of the rich variety of food available of the Kodiak archipelago the home range for a female will average 50sq mi and 100 sq mi for a male. The islands of the Kodiak Archipelago have a subpolar oceanic climate with cool temperatures, overcast skies, fog, windy conditions with moderate to heavy precipitation throughout most of the year. The archipelago only covers 5000 sq mi but contains a rich variety of topography and vegetation ranges from dense forests of sitka spruce on the northern islands, to steep, glaciated mountains rising to Koniag peaks 4,470 ft along the central spine of the Kodiak Island, to rolling hills and flat tundra on the south end of the archipelago. Approximately 14,000 people inhabit the archipelago.

Emerging vegetation and animals that died during the Winter are the first foods bears consume in the Spring. As summer progresses, a wide variety of vegetation supplies nutritional needs until salmon return. The salmon runs extend from May through to September on most of the archipelago and the Kodiak consumes the five species of Pacific salmon that spawn in the streams and lakes. Throughout the end of summer and early fall the Kodiak will consume the variety of berries available and will also eat seaweed and invertebrates found on the beaches.

BEHAVIOUR

The Kodiak bear, much like other brown bear species in intelligence are generally solitary in nature. They will however cooperate and interact in numbers when food sources are concentrated in small areas. To maximise food

intake at these ecologically important areas, the Kodiak has learned to minimise fighting and fatal interactions by developing complex communication with both verbal and body posturing within the social structure.

The Kodiak bear will attempt to avoid humans due to the threat of hunter-kill game. With increased numbers of human encounters are inevitable, largely due to human rubbish dumps and discarded food. Bear safety precautions aim at avoiding such situations, understanding, and

respecting bear needs and behaviour and recognising the warning signs bears give when stressed.

Traditional stories from the early human occupants of the archipelago when the land was locked into the ice-age revolved around the similarity between the bear and humans, and around the mystical nature of bears because of their proximity to the spirit world. Both looked to the sea for sustenance. The Kodiak bear holds cultural significance with the traditional tribes of the archipelago.

THREAT AND EXISTENCE

The major threat to the Kodiak bear remains human hunters and commercial companies that compete for resources that the bear relies upon such as the salmon runs. To address this dilemma of conserving the Kodiak bear, while protecting commercial interests President Franklin D. Roosevelt created the Kodiak National Wildlife Refuge by executive order in 1941. The 7,700 km refuge encompasses the southwestern two thirds of Kodiak Island, Uganik Island, the red peaks area on North-western Afognak Island, and all of Ban Island.

Alaska achieved statehood in 1959 and assumed responsibility for managing the states wildlife. The Alaska board of game reduced bear-hunting seasons on Afognak and Rasberry Islands and on the Kodiak National Wildlife Refuge, but liberalised bear seasons on non-refuge lands on Kodiak.

In 2001, a citizens advisory committee was established to work closely with the Alaska Department of Fish and Game (ADF&G), with the cooperation of Kodiak NWR, to develop a management plan addressing several problems that affect bears, including hunting, habitat, and viewing. The resulting Kodiak Archipelago Bear Conservation and Management Plan was crafted over several months by representatives from 12 diverse user groups, which, after hearing from a variety of experts from agencies and receiving extensive public input, developed more than 270 recommendations for managing and conserving Kodiak bears. Despite the diversity of viewpoints expressed by members of the group, all the recommendations were by consensus.

The underlying themes of the recommendations were continued conservation of the bear population at its current level, increased education programs to teach people how to live with bears on Kodiak, and protection of bear habitat with allowances for continued human use of the archipelago. Although the group's role is merely advisory, government management agencies expressed a commitment to implement all the regulations that were feasible and within their legal jurisdictions.

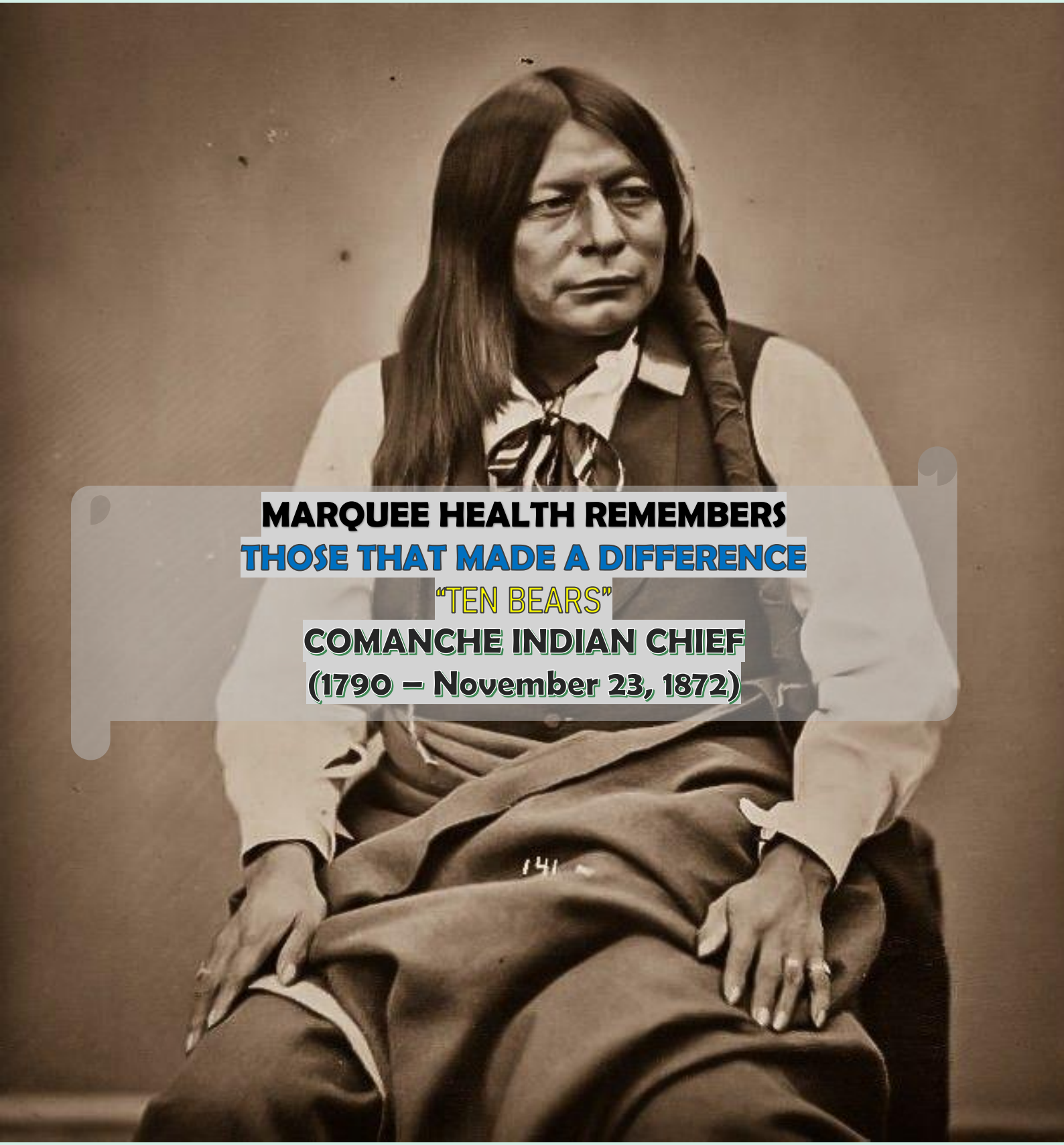
CHANGES IN LAND STATUS

In 1971, the Alaska Native Claims Settlement Act (ANCSA) resolved many long-standing land disputes with aboriginal Alaskans state-wide. The impact was felt strongly on the archipelago as large areas were conveyed to the Native corporations. Through federal management the Kodiak National Wildlife refuge lost control of 130,000 ha of prime bear habitat, more than 17% of refuge lands.

Through the period spanning the 1970 – 1990's various commercial construction and harvesting realised a degree of negative impact on the Kodiak Bears habitat. This led to a surge of research in the 1990's with realisation of human impact through alteration on the Kodiak habitat throughout the archipelago.

By the close of the 20th century, over 80% of the refuge lands that had been lost because of the ANCSA were reinstated into the refuge, either through direct purchase or by means of conservation easements. Lands were purchased in America, Westtown, and Shuyak Islands and transferred into state ownership. The Kodiak Brown Bear Trust coordinated a coalition of sportsmen and other wildlife conservation groups from around the nation to lobby for use of settlement funds to acquire Kodiak lands. The groups also directly contributed funding to protect small parcels of important bear habitat around the islands.

Dr. James C. Phillips
Osteopath/Director of Marquee Health Clinic



MARQUEE HEALTH REMEMBERS
THOSE THAT MADE A DIFFERENCE
"TEN BEARS"
COMANCHE INDIAN CHIEF
(1790 – November 23, 1872)

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Ten bears was the principal chief of the Yamparika division of the Comanche Indian nation. He was the leader of the Ketahto group ("Bare feet") a local group of the Yamparika from the late 1840s.

The Yamarika Comanche was known to the Spaniards of New Mexico as early as the 1750s, generally located north of the Arkansas River, later relocating to the valley of the North Canadian River in New Mexico and Texas due to the advance of the Cheyenne.

EARLY LIFE

Ten bears was born of the Ketahto family clan of the Yamparika Comanche band. After a Sioux war party overwhelmed a small Comanche camp, only a small boy and his baby brother remained. The Sioux took the small boy but left the baby at the destroyed camp. When the Comanche warriors discovered the dead among the destroyed village, they eventually found the baby and returned him to his relatives. The baby brother received his name by surviving for ten days in the wilderness much like a little bear cub.

RISE TO PROMINENCE

As ten bears grew to become a man he rose to prominence as a leader in the early 1800s. As the Yamparika chief, ten bears signed the treaty of fort Atkinson in 1853 and the treaty of the little Arkansas river in 1865. Ten years later became known as the most eloquent speaker and signed the treaty at medicine lodge creek in 1868. Ten bears were known for his wisdom and peace-making abilities on behalf of the Comanche people.

As Ten Bears grew in statue and notoriety through his noble deeds and exploits, he drew the alliance with the Cheyenne, Kiowas and Arapaho by gaining the approval of the chiefs from the various tribes by promoting peace but also fiercely defending their lands and territory.

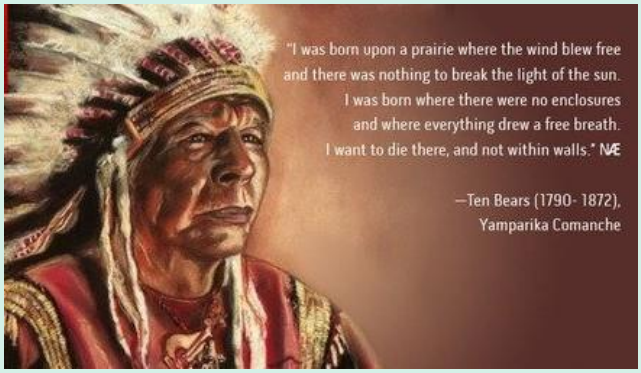
Known as the Lords of the southern plains the Comanche were some of if not the best horseman making them some of the fiercest warriors and therefore the most difficult to confront. It was often the consensus when a Comanche footprint was recognised it was best to turn around and head in the other direction.

POLITICAL PROMINENCE

As the rapid encroachment of new settlement continued across the mid-west and southern states encounters with the Comanche and other Indian tribes was inevitable. Ten bears as head of the Comanche and recognised by the other tribes in alliance was foremost in the negotiation and treaty settlements between the generals and presidency of America and the Indian nations.

Ten bears through his prominence inside the Indian tribes and nations together with his contact of the new settlers and laws that were being brought played a major role in defending his people while attempting to negotiate with and against the new enforcement being brought across his lands.

Ten Bears was integral in the signing of the treaties at fort Atkinson, fort cobb, little Arkansas river and medicine lodge. Despite several visits to Washington to seek concessions on behalf of his people, his attempts were futile. On returning from his final visit to Washington in 1872, Ten Bears soon passed away on November 23, 1872, he is buried at Fort Sill Oklahoma.



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At the treaty of Medicine Lodge Ten Bears chief of the Comanche Nation gave the following address on behalf of his people

My heart is filled with joy when I see you here, as the brooks fill with water when the snow melts in the spring; and I feel glad, as the ponies do when the fresh grass starts in the beginning of the year. I heard of your coming when I was many sleeps away, and I made but a few camps when I met you. I know that you had come to do good to me and my people. I looked for benefits which would last forever, and so my face shines with joy as I look upon you.

My people have never first drawn a bow or fired a gun against the whites. There has been trouble on the line between us and my young men have danced the war dance. But it was not begun by us. It was you to send the first soldier and we who sent out the second. Two years ago, I came upon this road, following the buffalo, that my wives and children might have their cheeks plump and their bodies warm. But the soldiers fired on us, and since that time there has been a noise like that of a thunderstorm and we have not known which way to go.

So, it was upon the Canadian. Nor have we been made to cry alone. The blue dressed soldiers and the Utes came from out of the night when it was dark and still, and for campfires they lit our lodges. Instead of hunting game they killed my braves, and the warriors of the tribe cut short their hair for the dead. So, it was in Texas. They made sorrow come in our camps, and we went out like the buffalo bulls when the cows are attacked. When we found them, we killed them, and their scalps hang in our lodges. The Comanches are not weak and blind, like the pups of a dog when seven sleeps old. They are strong and farsighted, like grown horses. We took their road, and we went on it. The white women cried, and our women laughed.

But there are things which you have said which I do not like. They were not sweet like sugar but bitter like gourds. You said that you wanted to put us upon reservation, to build our houses and make us medicine lodges. I do not want them. I was born on the prairie where the wind blew free and there was nothing to break the light of the sun. I was born where there were no enclosures and where everything drew a free breath. I want to die there and not within walls. I know every stream and every wood between the Rio Grande and the Arkansas. I have hunted and lived over the country. I lived like my fathers before me, and like them, I lived happily.

When I was at Washington the Great Father told me that all the Comanche land was ours and that no one should hinder us in living upon it. So, why do you ask us to leave the rivers and the sun and the wind and live-in houses? Do not ask us to give up the buffalo for the sheep. The young men have heard talk of this, and it has made them sad and angry. Do not speak of it more. I love to carry out the talk I got from the Great Father. When I get goods and presents I and my people feel glad, since it shows that he holds us in his eye.

If the Texans had kept out of my country, there might have been peace. But that which you now say we must live on is too small. The Texans have taken away the places where the grass grew the thickest and the timber was the best. Had we kept that we might have done the things you ask. But it is too late. The white man has the country which we loved, and we only wish to wander on the prairie until we die. Any good thing you say to me shall not be forgotten. I shall carry it as near to my heart as my children, and it shall be as often on my tongue as the name of the Great Father. I want no blood upon my land to stain the grass. I want it all clear and pure and I wish it so that all who go through among my people may find peace when they come in and leave it when they go out.

..... Chief Ten Bears.....

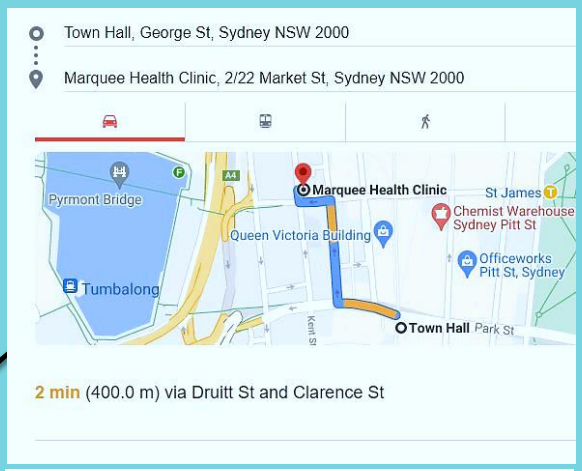
MARQUEE HEALTH CLINIC
DIRECTION & SERVICES

Acupuncture

Ayurvedic Beauty Therapy/Skin Care

Remedial Massage Therapy

Osteopathy



Location Townhall Station to Marquee Health Clinic

Parking Available

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IN THE INTEREST OF BETTER HEALTH CARE & PREVENTION