nu Health

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**Infertility**

If you and your partner are struggling to have a baby, you're not alone. Ten to 15 percent of couples in the United States are infertile. Infertility is defined as not being able to get pregnant despite having frequent, unprotected sex for at least a year for most couples.

Infertility may result from an issue with either you or your partner, or a combination of factors that interfere with pregnancy. Fortunately, there are many safe and effective therapies that significantly improve your chances of getting pregnant.

**Symptoms**

The main symptom of infertility is not getting pregnant. There may be no other obvious symptoms. Sometimes, an infertile woman may have irregular or absent menstrual periods. Rarely, an infertile man may have some signs of hormonal problems, such as changes in hair growth or sexual function.

Most couples will eventually conceive, with or without treatment.

**When to see a doctor**

You probably don’t need to see a doctor about infertility unless you have been trying regularly to conceive for at least one year. Talk with your doctor earlier, however, if you’re a woman and:

- You're age 35 to 40 and have been trying to conceive for six months or longer
- You're over age 40
- You menstruate irregularly or not at all
- Your periods are very painful
- You have known fertility problems
- You’ve been diagnosed with endometriosis or pelvic inflammatory disease
- You've had multiple miscarriages
- You've undergone treatment for cancer

Talk with your doctor if you’re a man and:

- You have a low sperm count or other problems with sperm
- You have a history of testicular, prostate or sexual problems
- You've been diagnosed with endometriosis or pelvic inflammatory disease
- You’ve had multiple miscarriages
- You’ve undergone treatment for cancer

Talk with your doctor if you’re a man and:

- You have a low sperm count or other problems with sperm
- You have a history of testicular, prostate or sexual problems
- You've been diagnosed with endometriosis or pelvic inflammatory disease
- You’ve had multiple miscarriages
- You’ve undergone treatment for cancer

**Causes**

All of the steps during ovulation and fertilization need to happen correctly in order to get pregnant. Sometimes the issues that cause infertility in couples are present at birth, and sometimes they develop later in life.

Infertility causes can affect one or both partners. In general:

In about one-third of cases, there is an issue with the male. In about one-third of cases, there is an issue with the female. In the remaining cases, there are issues with both the male and female, or no cause can be identified.

**Causes of male infertility**

These may include:

- **Abnormal sperm production or function** due to undescended testicles, genetic defects, health problems such as diabetes or infections such as chlamydia, gonorrhea, mumps or HIV. Enlarged veins in the testes (varicocele) can also affect the quality of sperm.

- **Problems with the delivery of sperm** due to sexual problems, such as premature ejaculation; certain genetic diseases, such as cystic fibrosis; structural problems, such as a blockage in the testicle; or damage or injury to the reproductive organs.

- **Overexposure to certain environmental factors**, such as pesticides and other chemicals, and radiation. Cigarette smoking, alcohol, marijuana or taking certain medications, such as select antibiotics,
Female causes of subfertility

- Ovulatory disorders
- Tubal obstruction
- Endometriosis
- Other causes / unexplained (idiopathic)
antihypertensives, anabolic steroids or others, can also affect fertility. Frequent exposure to heat, such as in saunas or hot tubs, can raise the core body temperature and may affect sperm production.

- **Damage related to cancer and its treatment**, including radiation or chemotherapy. Treatment for cancer can impair sperm production, sometimes severely.

### Causes of female infertility
Causes of female infertility may include:

- **Ovulation disorders**, which affect the release of eggs from the ovaries. These include hormonal disorders such as polycystic ovary syndrome. Hyperprolactinemia, a condition in which you have too much prolactin — the hormone that stimulates breast milk production — may also interfere with ovulation. Either too much thyroid hormone (hyperthyroidism) or too little (hypothyroidism) can affect the menstrual cycle or cause infertility. Other underlying causes may include excessive exercise, eating disorders, injury or tumors.

- **Uterine or cervical abnormalities**, including abnormalities with the opening of the cervix, polyps in the uterus or the shape of the uterus. Noncancerous (benign) tumors in the uterine wall (uterine fibroids) may rarely cause infertility by blocking the fallopian tubes. More often, fibroids interfere with implantation of the fertilized egg.

- **Fallopian tube damage or blockage**, often caused by inflammation of the fallopian tube (salpingitis). This can result from pelvic inflammatory disease, which is usually caused by a sexually transmitted infection, endometriosis or adhesions.

- **Endometriosis**, which occurs when endometrial tissue grows outside of the uterus, may affect the function of the ovaries, uterus and fallopian tubes.

- **Primary ovarian insufficiency** (early menopause), when the ovaries stop working and menstruation ends before age 40. Although the cause is often unknown, certain factors are associated with early menopause, including immune system diseases, certain genetic conditions such as Turner syndrome or carriers of Fragile X syndrome, radiation or chemotherapy treatment, and smoking.

- **Pelvic adhesions**, bands of scar tissue that bind organs after pelvic infection, appendicitis, or abdominal or pelvic surgery.

Other causes in women include:

- **Cancer and its treatment**. Certain cancers — particularly female reproductive cancers — often severely impair female fertility. Both radiation and chemotherapy may affect fertility.

- **Other conditions**. Medical conditions associated with delayed puberty or the absence of menstruation (amenorrhea), such as celiac disease, poorly controlled diabetes and some autoimmune diseases such as lupus, can affect a woman’s fertility. Genetic abnormalities also can make conception and pregnancy less likely.

### Risk factors
Many of the risk factors for both male and female infertility are the same. They include:

- **Age**. A woman’s fertility gradually declines with age, especially in her mid-30s, and it drops rapidly after age 37. Infertility in older women may be due to the number and quality of eggs, or to health problems that affect fertility. Men over age 40 may be less fertile than younger men are and may have higher rates of certain medical conditions in
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offspring, such as psychiatric disorders or certain cancers.

- **Tobacco use.** Smoking tobacco or marijuana by either partner reduces the likelihood of pregnancy. Smoking also reduces the possible benefit of fertility treatment. Miscarriages are more frequent in women who smoke. Smoking can increase the risk of erectile dysfunction and a low sperm count in men.

- **Alcohol use.** For women, there's no safe level of alcohol use during conception or pregnancy. Avoid alcohol if you're planning to become pregnant. Alcohol use increases the risk of birth defects, and may contribute to infertility. For men, heavy alcohol use can decrease sperm count and motility.

- **Being overweight.** Among American women, an inactive lifestyle and being overweight may increase the risk of infertility. A man’s sperm count may also be affected if he is overweight.

- **Being underweight.** Women at risk of fertility problems include those with eating disorders, such as anorexia or bulimia, and women who follow a very low calorie or restrictive diet.

- **Exercise issues.** Insufficient exercise contributes to obesity, which increases the risk of infertility. Less often, ovulation problems may be associated with frequent strenuous, intense exercise in women who are not overweight.

### Diagnosis

- Before infertility testing, your doctor or clinic works to understand your sexual habits and may make recommendations based on these. In some infertile couples, no specific cause is found (unexplained infertility).

- Infertility evaluation can be expensive, and sometimes involves uncomfortable procedures. Many medical plans may not reimburse the cost of fertility treatment. Finally, there’s no guarantee — even after all the testing and counseling — that you’ll get pregnant.

*Tests for women*

Fertility for women relies on the ovaries releasing healthy eggs. Her reproductive tract must allow an egg to pass into her fallopian tubes and join with sperm for fertilization. The fertilized egg must travel to the uterus and implant in the lining. Tests for female infertility attempt to determine whether any of these processes are impaired.

You may have a general physical exam, including examination of your genitals. Specific fertility tests may include:

- **Semen analysis.** Your doctor may ask for one or more semen specimens. Semen is generally obtained by masturbating or by interrupting intercourse and ejaculating your semen into a clean container. A lab analyzes your semen specimen. In some cases, sperm may be tested for in the urine.

- **Hormone testing.** You may have a blood test to determine the level of testosterone and other male hormones.

- **Genetic testing.** Genetic testing may be done to determine whether there’s a genetic defect causing infertility.

- **Testicular biopsy.** In select cases, a testicular biopsy may be performed to identify abnormalities contributing to infertility and to retrieve sperm to use with assisted reproductive techniques, such as IVF.

- **Imaging.** In certain situations, imaging studies such as a brain MRI, bone mineral density scan, transrectal or scrotal ultrasound, or a test of the vas deferens (vasography) may be performed.

- **Other specialty testing.** In rare cases, other tests to evaluate the quality of the sperm may be performed, such as evaluating a semen specimen for DNA abnormalities.

*Tests for men*

Male fertility requires that the testicles produce enough healthy sperm, and that the sperm is ejaculated effectively into the woman’s vagina and travels to the egg. Tests for male infertility attempt to determine whether any of these processes are impaired.

You may have a general physical exam, including a regular gynecological exam. Specific fertility tests may include:
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- **Ovulation testing.** A blood test measures hormone levels to determine whether you're ovulating.

- **Hysterosalpingography.** Hysterosalpingography (his-tur-o-sal-ping-GOG-ruh-fee) evaluates the condition of your uterus and fallopian tubes and looks for blockages or other problems. X-ray contrast is injected into your uterus, and an X-ray is taken to determine if the cavity is normal and ensure the fluid spills out of your fallopian tubes.

- **Ovarian reserve testing.** This testing helps determine the quality and quantity of the eggs available for ovulation. This approach often begins with hormone testing early in the menstrual cycle.

- **Other hormone testing.** Other hormone tests check levels of ovulatory hormones, as well as pituitary hormones that control reproductive processes.

- **Imaging tests.** Pelvic ultrasound looks for uterine or fallopian tube disease. Sometimes a hysterosonography (his-tur-o-suh-NOG-ruh-fee) is used to see details inside the uterus that are not seen on a regular ultrasound.

Depending on your situation, rarely your testing may include:

- **Hysteroscopy.** Based on your symptoms, your doctor may request a hysteroscopy to look for uterine or fallopian tube disease. During hysteroscopy, your doctor inserts a thin, lighted device through your cervix into your uterus to view any potential abnormalities.

- **Laparoscopy.** This minimally invasive surgery involves making a small incision beneath your navel and inserting a thin viewing device to examine your fallopian tubes, ovaries and uterus. A laparoscopy may identify endometriosis, scarring, blockages or irregularities of the fallopian tubes, and problems with the ovaries and uterus.

- **Genetic testing.** Genetic testing helps determine whether there's a genetic defect causing infertility.

Not everyone needs to have all, or even many, of these tests before the cause of infertility is found. You and your doctor will decide which tests you will have and when.

### Treatment

Infertility treatment depends on:

**What’s causing the infertility**
- How long you’ve been infertile
- Your age and your partner’s age
- Personal preferences

Some causes of infertility can’t be corrected.

In cases where spontaneous pregnancy doesn't happen, couples can often still achieve a pregnancy through use of assisted reproductive technology. Infertility treatment may involve significant financial, physical, psychological and time commitments.

**Treatment for men**

Men’s options can include treatment for general sexual problems or lack of healthy sperm. Treatment may include:
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- **Altering lifestyle factors.** Improving lifestyle and behavioral factors can improve chances for pregnancy, including discontinuing select medications, reducing/eliminating harmful substances, improving frequency and timing of intercourse, establishing regular exercise, and optimizing other factors that may otherwise impair fertility.

- **Medications.** Certain medications may improve a man’s sperm count and likelihood for achieving a successful pregnancy. These medicines may increase testicular function, including sperm production and quality.

- **Surgery.** In select conditions, surgery may be able to reverse a sperm blockage and restore fertility. In other cases, surgically repairing a varicocele may improve overall chances for pregnancy.

- **Sperm retrieval.** These techniques obtain sperm when ejaculation is a problem or when no sperm are present in the ejaculated fluid. They may also be used in cases where assisted reproductive techniques are planned and sperm counts are low or otherwise abnormal.

*Assisted Reproductive Technology*

Assisted reproductive technology (ART) is any fertility treatment in which the egg and sperm are handled. An ART health team includes physicians, psychologists, embryologists, lab technicians, nurses and allied health professionals who work together to help infertile couples achieve pregnancy.

In vitro fertilization (IVF) is the most common ART technique. IVF involves stimulating and retrieving multiple mature eggs from a woman, fertilizing them with a man’s sperm in a dish in a lab, and implanting the embryos in the uterus three to five days after fertilization.

Other techniques are sometimes used in an IVF cycle, such as:

- **Intracytoplasmic sperm injection (ICSI).** A single healthy sperm is injected directly into a mature egg. ICSI is often used when there is poor semen quality or quantity, or if fertilization attempts during prior IVF cycles failed.

- **Assisted hatching.** This technique assists the implantation of the embryo into the lining of the uterus by opening the outer covering of the embryo (hatching).

- **Donor eggs or sperm.** Most ART is done using the woman’s own eggs and her partner’s sperm. However, if there are severe problems with either the eggs or sperm, you may choose to use eggs, sperm or embryos from a known or anonymous donor.

- **Gestational carrier.** Women who don’t have a functional uterus or for whom pregnancy poses a serious health risk might choose IVF using a gestational carrier. In this case, the couple’s embryo is placed in the uterus of the carrier for pregnancy.

*Treatment for women*

Although a woman may need just one or two therapies to restore fertility, it’s possible that several different types of treatment may be needed before she’s able to conceive.

- **Stimulating ovulation with fertility drugs.** Fertility drugs are the main treatment for women who are infertile due to ovulation disorders. These medications regulate or induce ovulation. Talk with your doctor about fertility drug options — including the benefits and risks of each type.

- **Intrauterine insemination (IUI).** During IUI, healthy sperm are placed directly in the uterus around the time the woman’s ovary releases one or more eggs to be fertilized. Depending on the reasons for infertility, the timing of IUI can be coordinated with your normal cycle or with fertility medications.

- **Surgery to restore fertility.** Uterine problems such as endometrial polyps, a uterine septum or intrauterine scar tissue can be treated with hysteroscopic surgery.

*Complications of treatment*

Complications of infertility treatment may include:

- **Multiple pregnancy.** The most common complication of infertility treatment is a multiple pregnancy — twins, triplets or more. Generally, the greater the number of fetuses, the higher the risk of premature labor and delivery, as well as problems during pregnancy such as gestational diabetes. Babies born prematurely are at increased risk of health and developmental problems.
To do:
- Get into grad school
- Publish papers
- Defend thesis
- Earn a Ph.D.
- Do a postdoc
- Get a job
- Start a family
• Talk to your doctor about ways to prevent a multiple pregnancy before you begin treatment.

• **Ovarian hyperstimulation syndrome (OHSS).** Fertility medications to induce ovulation can cause OHSS, in which the ovaries become swollen and painful. Symptoms may include mild abdominal pain, bloating and nausea that lasts about a week, or longer if you become pregnant. Rarely, a more severe form causes rapid weight gain and shortness of breath requiring emergency treatment.

• **Bleeding or infection.** As with any invasive procedure, there is a rare risk of bleeding or infection with assisted reproductive technology.

*Sources: International Council on Infertility Information and Dissemination (2016); The Merck Manual (2005); The American Society of Reproductive Medicine (2016); The March of Dimes (2016); The American Fertility Association (2016); American Society for Reproductive Medicine: Patient Resources (2016); Resolve: The National Infertility Association (2016); Society for Reproductive Endocrinology and Infertility (2016); Urology Care Foundation (2016); webmd.com (2016); mayoclinic.org (2016)*
Internal Bleeding Due to Trauma

Internal bleeding is one of the most serious consequences of trauma. Usually, the bleeding results from obvious injuries that require rapid medical attention. Internal bleeding may also occur after a less severe trauma or be delayed by hours or days. Some internal bleeding due to trauma stops on its own. If the bleeding continues or is severe, surgery is required to correct it.

Causes of Internal Bleeding Due to Trauma

Internal bleeding may occur after any significant physical injury. There are two main types of trauma, and either may cause internal bleeding:

- **Blunt trauma.** This kind of trauma happens when a body part collides with something else, usually at high speed. Blood vessels inside the body are torn or crushed either by shear forces or a blunt object. Examples are car accidents, physical assaults, and falls.

- **Penetrating trauma.** This happens when a foreign object penetrates the body, tearing a hole in one or more blood vessels. Examples are gunshot wounds, stabbings, or falling onto a sharp object.

Almost any organ or blood vessel can be damaged by trauma and cause internal bleeding. The most serious sources of internal bleeding due to trauma are:

- Head trauma with internal bleeding (intracranial hemorrhage)
- Bleeding around the lungs (hemothorax)
- Bleeding around the heart (hemopericardium and cardiac tamponade)
- Tears in the large blood vessels near the center of the body (aorta, superior and inferior vena cava, and their major branches)
- Damage caused by trauma to the abdomen such as liver or spleen lacerations or perforation of other organs

Symptoms of Internal Bleeding Due to Trauma

In the large majority of cases of internal bleeding that results from trauma, the injury is obvious and serious. People naturally seek immediate medical help because of pain. Or witnesses call 911.

Sometimes, internal bleeding may occur after a less severe trauma. As the bleeding continues, symptoms appear and steadily get worse. Symptoms depend on the type of trauma and what body part was involved. For example:

- Abdominal pain and/or swelling can be caused by Internal bleeding from trauma in the liver or spleen. These symptoms get worse as the bleeding continues.
- Light-headedness, dizziness, or fainting can result from any source of internal bleeding once enough blood is lost.
- A large area of deeply purple skin (called ecchymosis) can result from bleeding into the skin and soft tissues.
- Swelling, tightness, and pain in the leg can result from internal bleeding in the thigh. Most often, this is caused by a fracture of the thighbone.
- Headache and loss of consciousness could be the result of Internal bleeding in the brain.
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Any of these signs of internal bleeding after a trauma should be treated as a medical emergency. The injured person needs to be evaluated in a hospital emergency room.

Treatments for Internal Bleeding Due to Trauma

Internal bleeding damages the body both from the loss of blood and from the pressure the misplaced blood puts on other organs and tissues. Treatment usually takes place in a hospital’s emergency department.

Intravenous fluids and blood transfusions may be given to prevent or correct an unsafe drop in blood pressure.

Imaging tests (usually an ultrasound, CT scan, or both) can identify whether internal bleeding is present. Doctors consider the amount of internal bleeding along with the injured person’s blood pressure and severity of injuries to decide on the best initial treatment -- surgery or observation.

When internal bleeding is slower or delayed, observation may be appropriate at first. Often, internal bleeding from trauma stops on its own.

Ongoing or severe internal bleeding due to trauma requires surgery to correct the problem. When internal bleeding is severe, emergency surgery may take place within minutes after arrival at the hospital.

The type of surgery used will depend on the location of the injury and bleeding:

- **Exploratory laparotomy**: A surgeon makes a large incision in the skin of the abdomen and carefully explores the abdomen. The surgeon will seal the ends of any leaking blood vessels with a heat probe or suture material.

- **Thoracotomy**: For bleeding around the heart or lungs, a surgeon makes an incision along the rib cage or the breastbone. Gaining access to the chest, the surgeon can identify and stop the bleeding and protect the heart and lungs from pressure caused by excess blood.

- **Craniotomy**: For bleeding due to traumatic brain injuries, a surgeon may create a hole in the skull. This can relieve pressure and reduce further injury to the brain.

- **Fasciotomy**: Internal bleeding into an area such as the thigh can create high pressure and prevent blood flow to the rest of the leg. A surgeon can cut deeply into the thigh to relieve pressure and gain access to stop the bleeding.

Some people have additional risk factors for internal bleeding due to trauma. These include:

- Use of "blood thinner" medications, such as clopidogrel (Plavix), Warfin (Coumadin), rivaroxaban (Xarelto), apixaban (Eliquis), and dabigatran (Pradaxa)

- Severe liver disease or cirrhosis

- Inherited conditions that interfere with blood clotting ability, such as von Will brand’s disease or hemophilia

People with internal bleeding due to trauma who have these risk factors may receive additional treatments to help their clot properly.

"It looks like the internal bleeding should—I'm sorry. It's taking everything in my power not to tickle you right now."
Personality Disorders

A personality disorder is a type of mental disorder in which you have a rigid and unhealthy pattern of thinking, functioning and behaving. A person with a personality disorder has trouble perceiving and relating to situations and people. This causes significant problems and limitations in relationships, social activities, work and school.

In some cases, you may not realize that you have a personality disorder because your way of thinking and behaving seems natural to you. And you may blame others for the challenges you face.

Personality disorders usually begin in the teenage years or early adulthood. There are many types of personality disorders. Some types may become less obvious throughout middle age.

Symptoms

Types of personality disorders are grouped into three clusters, based on similar characteristics and symptoms. Many people with one personality disorder also have signs and symptoms of at least one additional personality disorder. It’s not necessary to exhibit all the signs and symptoms listed for a disorder to be diagnosed.

Cluster A personality disorders

Cluster A personality disorders are characterized by odd, eccentric thinking or behavior. They include paranoid personality disorder, schizoid personality disorder and schizotypal personality disorder.

Paranoid personality disorder

- Pervasive distrust and suspicion of others and their motives
- Unjustified belief that others are trying to harm or deceive you
- Unjustified suspicion of the loyalty or trustworthiness of others
- Hesitancy to confide in others due to unreasonable fear that others will use the information against you
- Perception of innocent remarks or nonthreatening situations as personal insults or attacks
- Angry or hostile reaction to perceived slights or insults
- Tendency to hold grudges
- Unjustified, recurrent suspicion that spouse or sexual partner is unfaithful

Schizoid personality disorder

- Lack of interest in social or personal relationships, preferring to be alone
- Limited range of emotional expression
- Inability to take pleasure in most activities
- Inability to pick up normal social cues
- Appearance of being cold or indifferent to others
- Little or no interest in having sex with another person

Schizotypal personality disorder

- Peculiar dress, thinking, beliefs, speech or behavior
- Odd perceptual experiences, such as hearing a voice whisper your name
- Flat emotions or inappropriate emotional responses
- Social anxiety and a lack of or discomfort with close relationships
- Indifferent, inappropriate or suspicious response to others
- "Magical thinking" — believing you can influence people and events with your thoughts
- Belief that certain casual incidents or events have hidden messages meant only for you
Cluster B personality disorders

Cluster B personality disorders are characterized by dramatic, overly emotional or unpredictable thinking or behavior. They include antisocial personality disorder, borderline personality disorder, histrionic personality disorder and narcissistic personality disorder.

**Antisocial personality disorder**
- Disregard for others' needs or feelings
- Persistent lying, stealing, using aliases, conning others
- Recurring problems with the law
- Repeated violation of the rights of others
- Aggressive, often violent behavior
- Disregard for the safety of self or others
- Impulsive behavior
- Consistently irresponsible
- Lack of remorse for behavior

**Borderline personality disorder**
- Impulsive and risky behavior, such as having unsafe sex, gambling or binge eating
- Unstable or fragile self-image
- Unstable and intense relationships
- Up and down moods, often as a reaction to interpersonal stress
- Suicidal behavior or threats of self-injury
- Intense fear of being alone or abandoned
- Ongoing feelings of emptiness
- Frequent, intense displays of anger
- Stress-related paranoia that comes and goes

**Histrionic personality disorder**
- Constantly seeking attention
- Excessively emotional, dramatic or sexually provocative to gain attention
- Speaks dramatically with strong opinions, but few facts or details to back them up
- Easily influenced by others
- Shallow, rapidly changing emotions
- Excessive concern with physical appearance
- Thinks relationships with others are closer than they really are

**Narcissistic personality disorder**
- Belief that you're special and more important than others
- Fantasies about power, success and attractiveness
- Failure to recognize others' needs and feelings
- Exaggeration of achievements or talents
- Expectation of constant praise and admiration
- Arrogance
- Unreasonable expectations of favors and advantages, often taking advantage of others
- Envy of others or belief that others envy you

Cluster C personality disorders
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Cluster C personality disorders are characterized by anxious, fearful thinking or behavior. They include avoidant personality disorder, dependent personality disorder and obsessive-compulsive personality disorder.

**Avoidant personality disorder**
- Too sensitive to criticism or rejection
- Feeling inadequate, inferior or unattractive
- Avoidance of work activities that require interpersonal contact
- Socially inhibited, timid and isolated, avoiding new activities or meeting strangers
- Extreme shyness in social situations and personal relationships
- Fear of disapproval, embarrassment or ridicule

**Dependent personality disorder**
- Excessive dependence on others and feeling the need to be taken care of
- Submissive or clingy behavior toward others
- Fear of having to provide self-care or fend for yourself if left alone
- Lack of self-confidence, requiring excessive advice and reassurance from others to make even small decisions
- Difficulty starting or doing projects on your own due to lack of self-confidence
- Difficulty disagreeing with others, fearing disapproval
- Tolerance of poor or abusive treatment, even when other options are available
- Urgent need to start a new relationship when a close one has ended

**Obsessive-compulsive personality disorder**
- Preoccupation with details, orderliness and rules
- Extreme perfectionism, resulting in dysfunction and distress when perfection is not achieved, such as feeling unable to finish a project because you don’t meet your own strict standards
- Desire to be in control of people, tasks and situations, and inability to delegate tasks
- Neglect of friends and enjoyable activities because of excessive commitment to work or a project
- Inability to discard broken or worthless objects
- Rigid and stubborn
- Inflexible about morality, ethics or values
- Tight, miserly control over budgeting and spending money

Obsessive-compulsive personality disorder is not the same as obsessive-compulsive disorder, a type of anxiety disorder.

**When to see a doctor**

If you have any signs or symptoms of a personality disorder, see your doctor or other primary care professional or a mental health professional. Untreated, personality disorders can cause significant problems in your life that may get worse without treatment.

**Causes**

Personality is the combination of thoughts, emotions and behaviors that makes you unique. It’s the way you view, understand and relate to the outside world, as well as how you see yourself. Personality forms during childhood, shaped through an interaction of:

- **Your genes.** Certain personality traits may be passed on to you by your parents through inherited genes. These traits are sometimes called your temperament.
- **Your environment.** This involves the surroundings you grew up in, events that occurred, and relationships with family members and others.
Personality disorders are thought to be caused by a combination of these genetic and environmental influences. Your genes may make you vulnerable to developing a personality disorder, and a life situation may trigger the actual development.

**Risk factors**

Although the precise cause of personality disorders is not known, certain factors seem to increase the risk of developing or triggering personality disorders, including:

- Family history of personality disorders or other mental illness
- Abusive, unstable or chaotic family life during childhood
- Being diagnosed with childhood conduct disorder
- Variations in brain chemistry and structure

**Complications**

Personality disorders can significantly disrupt the lives of both the affected person and those who care about that person. Personality disorders may cause problems with relationships, work or school, and can lead to social isolation or alcohol or drug abuse.

**Diagnosis**

If your doctor suspects you have a personality disorder, a diagnosis may be determined by:

- **Physical exam.** The doctor may do a physical exam and ask in-depth questions about your health. In some cases, your symptoms may be linked to an underlying physical health problem. Your evaluation may include lab tests and a screening test for alcohol and drugs.

- **Psychiatric evaluation.** This includes a discussion about your thoughts, feelings and behavior and may include a questionnaire to help pinpoint a diagnosis. With your permission, information from family members or others may be helpful.

- **Diagnostic criteria in the DSM-5.** Your doctor may compare your symptoms to the criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association.

**Diagnostic criteria**

Each personality disorder has its own set of diagnostic criteria. However, according to the DSM-5, generally the diagnosis of a personality disorder includes long-term marked deviation from cultural expectations that leads to significant distress or impairment in at least two of these areas:

- The way you perceive and interpret yourself, other people and events
- The appropriateness of your emotional responses
- How well you function when dealing with other people and in relationships
- Whether you can control your impulses

Sometimes it can be difficult to determine the type of personality disorder, as some personality disorders share similar symptoms and more than one type may be present. Other disorders such as depression, anxiety or substance abuse may further complicate diagnosis. But it’s worth the time and effort to get an accurate diagnosis so that you get appropriate treatment.

**Treatment**

The treatment that’s best for you depends on your particular personality disorder, its severity and your life situation. Often, a team approach is needed to make sure all of your psychiatric, medical and social needs are met. Because personality disorders are long-standing, treatment may require months or years.
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Your treatment team may include your primary doctor or other primary care provider as well as a:

- Psychiatrist
- Psychologist or other therapist
- Psychiatric nurse
- Pharmacist
- Social worker

If you have mild symptoms that are well-controlled, you may need treatment from only your primary doctor, a psychiatrist or other therapist. If possible, find a mental health professional with experience in treating personality disorders.

Psychotherapy, also called talk therapy, is the main way to treat personality disorders.

Psychotherapy

During psychotherapy with a mental health professional, you can learn about your condition and talk about your moods, feelings, thoughts and behaviors. You can learn to cope with stress and manage your disorder. Psychotherapy may be provided in individual sessions, group therapy, or sessions that include family or even friends. There are several types of psychotherapy — your mental health professional can determine which one is best for you.

You may also receive social skills training. During this training you can use the insight and knowledge you gain to learn healthy ways to manage your symptoms and reduce behaviors that interfere with your functioning and relationships.

Family therapy provides support and education to families dealing with a family member who has a personality disorder.

Medications

There are no medications specifically approved by the Food and Drug Administration (FDA) to treat personality disorders. However, several types of psychiatric medications may help with various personality disorder symptoms.

- **Antidepressants.** Antidepressants may be useful if you have a depressed mood, anger, impulsivity, irritability or hopelessness, which may be associated with personality disorders.

- **Mood stabilizers.** As their name suggests, mood stabilizers can help even out mood swings or reduce irritability, impulsivity and aggression.

- **Antipsychotic medications.** Also called neuroleptics, these may be helpful if your symptoms include losing touch with reality (psychosis) or in some cases if you have anxiety or anger problems.

- **Anti-anxiety medications.** These may help if you have anxiety, agitation or insomnia. But in some cases, they can increase impulsive behavior, so they're avoided in certain types of personality disorders.

Hospital and residential treatment programs

In some cases, a personality disorder may be so severe that you need to be admitted to a hospital for psychiatric care. This is generally recommended only when you can't care for yourself properly or when you're in immediate danger of harming yourself or someone else.

After you become stable in the hospital, your doctor may recommend a day hospital program, residential program or outpatient treatment.

Resources: National Alliance on Mental Illness (NAMI): Find support (2016); National Institute of Mental Health: Help for mental illnesses (2016); National Institute on Alcohol Abuse and Alcoholism — Support and treatment (2016); National Suicide Prevention Lifeline (2016); Newsletter: Mayo Clinic Health Letter — Online Edition (2016)
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Quit Day: 5 Steps

You've decided to quit smoking. Congratulations! Your first day without cigarettes can be difficult. Here are five steps you can take to handle quit day and be confident about being able to stay quit.

1. Make a Quit Plan

Having a plan can make your quit day easier. A quit plan gives you ways to stay focused, confident, and motivated to quit. You can build your own quit plan or find a quit program that works for you. Check out SmokefreeTXT, QuitGuide app, or a quitline like 1-800-QUIT-NOW (1-800-784-8669) or 1-877-44U-QUIT (1-877-448-7848) to get started. If you don’t know what quit method might be right for you, visit the Quit Smoking Methods Explorer to learn more. No single approach to quitting works for everyone. Be honest about your needs. If using nicotine replacement therapy is part of your plan, be sure to start using it first thing in the morning.

2. Stay Busy

Keeping busy is a great way to stay smokefree on your quit day. Being busy will help you keep your mind off smoking and distract you from cravings. Think about trying some of these activities:

- Get out of the house for a walk.
- Chew gum or hard candy.
- Keep your hands busy with a pen or toothpick, or play a game in the QuitGuide app.
- Drink lots of water.
- Relax with deep breathing.
- Go to a movie.
- Spend time with non-smoking friends and family.
- Go to dinner at your favorite smokefree restaurant.
3. Avoid Smoking Triggers

Triggers are the people, places, things, and situations that set off your urge to smoke. On your quit day, try to avoid all your triggers. Here are some tips to help you outsmart some common smoking triggers:

- Throw away your cigarettes, lighters, and ash trays if you haven’t already.
- Avoid caffeine, which can make you feel jittery. Try drinking water instead.
- Spend time with non-smokers.
- Go to places where smoking isn’t allowed.
- Get plenty of rest and eat healthy. Being tired can trigger you to smoke.
- Change your routine to avoid the things you might associate with smoking.

4. Stay Positive

Quitting smoking is difficult. It happens one minute... one hour... one day at a time. Try not to think of quitting as forever. Pay attention to today and the time will add up. It helps to stay positive. Your quit day might not be perfect, but all that matters is that you don’t smoke—not even one puff. Reward yourself for being smokefree for 24 hours. You deserve it. And if you’re not feeling ready to quit today, set a quit date that makes sense for you. It’s OK if you need a few more days to prepare to quit smoking.

5. Ask for Help

You don’t need to rely on willpower alone to be smokefree. Tell your family and friends when your quit day is. Ask them for support on quit day and in the first few days and weeks after. They can help you get through the rough spots. Let them know exactly how they can support you. Don’t assume they’ll know.

Resources: smokefree.gov (2016)
West Nile Virus

A mosquito-transmitted virus causes most cases of West Nile infection. Most people infected with West Nile virus either don’t develop signs or symptoms or have only minor ones, such as fever and mild headache. However, some people develop a life-threatening illness that includes inflammation of the spinal cord or brain.

Mild signs and symptoms of a West Nile virus infection generally go away on their own. But severe signs and symptoms — such as a severe headache, fever, disorientation or sudden weakness — require immediate attention.

Exposure to mosquitoes where West Nile virus exists increases your risk of getting infected. Protect yourself from mosquitoes by using mosquito repellent and wearing clothing that covers your skin to reduce your risk.

Symptoms

Most people infected with the West Nile virus have no signs or symptoms.

Mild infection signs and symptoms

About 20 percent of people develop a mild infection called West Nile fever. Common signs and symptoms include:

- Fever
- Headache
- Body aches
- Vomiting
- Diarrhea
- Fatigue
- Skin rash

Serious infection signs and symptoms

In less than 1 percent of infected people, the virus causes a serious neurological infection, including inflammation of the brain (encephalitis) and of the membranes surrounding the brain and spinal cord (meningitis).

Signs and symptoms of neurological infections include:

- High fever
- Severe headache
- Stiff neck
- Disorientation or confusion
- Stupor or coma
- Tremors or muscle jerking
- Seizures
- Partial paralysis or muscle weakness

Signs and symptoms of West Nile fever usually last a few days, but signs and symptoms of encephalitis or meningitis can linger for weeks or months. Certain neurological effects, such as muscle weakness, can be permanent.

When to see a doctor

Mild symptoms of West Nile fever usually resolve on their own. For signs or symptoms of serious infection, such as severe headaches, a stiff neck, disorientation or confusion, seek medical attention right away. A serious infection generally requires hospitalization.
Causes

Typically, West Nile virus spreads to humans and animals via infected mosquitoes. Mosquitoes become infected when they feed on infected birds. You can’t get infected from casual contact with an infected person or animal.

Most West Nile virus infections occur during warm weather, when mosquitoes are active. The incubation period — the period between when you’re bitten by an infected mosquito and the appearance of signs and symptoms of the illness — ranges from two to 14 days.

West Nile virus has occurred in Africa, Asia, Europe and the Middle East. It appeared in the United States in the summer of 1999, and since then has been reported in every state except Hawaii and Alaska, as well as in Canada.

Other possible routes of transmission

In a few cases, West Nile virus might have spread through other routes, including organ transplantation and blood transfusion. However, blood donors are screened for the virus, substantially reducing the risk of infection from blood transfusions.

There also have been reports of possible transmission of the virus from mother to child during pregnancy or breast-feeding or exposure to the virus in a lab, but these are rare and not conclusively confirmed.

Risk factors

Most cases of West Nile virus in the United States occur June through September. Cases have been reported in all 48 lower states.

Risk of serious infection

Even if you’re infected, your risk of developing a serious West Nile virus-related illness is extremely small — less than 1 percent of people who are infected become severely ill. And most people who do become sick recover fully. You’re more likely to develop a severe or fatal infection based on:

- Age. Being older puts you at higher risk.
- Certain medical conditions. Certain diseases, such as cancer, diabetes, hypertension and kidney disease, increase your risk. So does receiving an organ transplant.

Diagnosis

Besides conducting a physical exam, your doctor can confirm the presence of West Nile virus or a West Nile-related illness, such as meningitis or encephalitis, by performing one of the following tests:

- **Laboratory tests.** If you’re infected, a blood test may show a rising level of antibodies to the West Nile virus. Antibodies are immune system proteins that attack foreign substances, such as viruses.

- **Lumbar puncture (spinal tap).** The most common way to diagnose meningitis is to analyze the cerebrospinal fluid surrounding your brain and spinal cord. A needle inserted between the lower vertebrae of your spine is used to extract a sample of fluid for laboratory analysis. The fluid sample may show an elevated white cell count — a signal that your immune system is fighting an infection — and antibodies to the West Nile virus.

- **Brain tests.** In some cases, an electroencephalography (EEG) — a procedure that measures your brain’s activity — or an MRI scan can help detect brain inflammation.
Treatment

Most people recover from West Nile virus without treatment. Most severe cases require supportive therapy in a hospital with intravenous fluids and pain medication.

For mild cases, over-the-counter pain relievers can help ease mild headaches and muscle aches. Use caution when giving aspirin to children or teenagers. Children and teenagers recovering from chickenpox or flu-like symptoms should never take aspirin. This is because aspirin has been linked to Reye’s syndrome, a rare but potentially life-threatening condition, in such children.

Interferon therapy

Scientists are investigating interferon therapy — a type of immune cell therapy — as a treatment for encephalitis caused by West Nile virus. Some research shows that people who receive interferon recover better than those who don’t receive the drug, but more study is needed.

Tailbone (Coccyx) Injury

The coccyx is the triangular bony structure located at the bottom of the vertebral column. It is composed of three to five bony segments held in place by joints and ligaments.

A coccyx injury results in pain and discomfort in the tailbone area (the condition is called coccydynia). These injuries may result in a bruise, dislocation, or fracture (break) of the coccyx. Although they may be slow to heal, the majority of coccyx injuries can be managed with cautious treatment.

The majority of coccyx injuries occur in women, because the female pelvis is broader and the coccyx is more exposed.

Tailbone Injury Causes

Most tailbone injuries are caused by trauma to the coccyx area.

- A fall onto the tailbone in the seated position, usually against a hard surface, is the most common cause of coccyx injuries.
- A direct blow to the tailbone, such as those that occur during contact sports, can injure the coccyx.
- The coccyx can be injured or fractured during childbirth.
- Repetitive straining or friction against the coccyx (as happens in bicycling or rowing) can injure the coccyx.
- Sometimes, the cause of coccyx injuries is unknown.
- Less common causes of coccyx injuries include bone spurs, compression of nerve roots, injuries to other parts of the spine, local infections, and tumors.

Tailbone Injury Symptoms

Severe localized pain and tenderness may be felt in the tailbone area. If the injury is traumatic, a bruise may be visible in this area. The pain is generally worse when sitting for prolonged periods of time, or with direct pressure to the tailbone area. Bowel movements and straining are often painful. Some women may experience pain during sexual intercourse.

Prevention of Tailbone Injuries

Most tailbone injuries are accidental (such as a slip on ice) and therefore cannot be entirely avoided. Wear proper protective padding when participating in contact sports that can potentially lead to coccyx injuries.
The prognosis for tailbone discomfort depends on many factors.

- The original cause of the problem (whether from a fall or other trauma, tumor, or infection)
- If traumatic, the severity of the injury (a bruise, fracture, or dislocation)
- Your ability to comply with medical treatment
- Your natural ability to recuperate and heal
- The majority of cases of traumatic coccyx injury get better within several weeks of the injury with proper medical treatment.
- A few people suffer from chronic discomfort despite proper medical treatment. This can be an extremely frustrating and debilitating problem.

**Physical Therapy Management**

- Patients with coccyx injury are initially advised to avoid provocative factors. Initial treatment includes ergonomic adjustments such as using a donut-shaped pillow or gel cushion when sitting for a long period of time. This reduces local pressure and improves the patient’s posture.
- Mobilizations can be used to help realign the position of the coccyx. The first choice for mobilization is posterior-anterior central vertebral pressure (first gently oscillating). Given that there is tenderness to palpation, it might be best to start with rotation mobilization. It is advised to begin mobilizing only one side at one treatment.
- Another option for manual therapy is to apply deep transverse frictions (DTF) to the affected ligaments. The patient lies in prone position with a pillow under the pelvis and the legs in slight abduction and internal rotation. The therapist places his thumb on the affected spot, and, depending on the location of the lesion (direction DTF), the DTF are administered.
- Manipulation of the coccyx can be performed intra-rectal with the patient in lateral position. With the index finger, the coccyx is repeatedly flexed and extended. This is performed for only one minute, to avoid damage or irritations of the rectal mucosa.
- Massage of the levator ani muscle and coccygeus muscles has also been found to relieve pain. To exclude the possibility of muscles pulling on the os coccyx, relaxation of the pelvic floor muscles can be integrated by using biofeedback.
- Daily ultrasound followed by two weeks of short-wave diathermy is also beneficial.

Isometrics: The Secret to Gaining Strength - Without Moving a Muscle

Isometric exercise or isometrics are a type of strength training in which the joint angle and muscle length do not change during contraction (compared to concentric or eccentric contractions, called dynamic/isotonic movements). Isometrics are done in static positions, rather than being dynamic through a range of motion.

Here's what you need to know

An intense isometric contraction is great for muscle growth. It quickly recruits the largest motor units because it's a maximum voluntary contraction. Plus, isometrics increase the neural drive between the motor cortex in your brain and the trained muscle.

If you experienced subpar results from isometrics in the past, it's probably because you did them when you were already fatigued, such as at the end of a set.

To make isometrics work for you, you need to do them separate from your main workouts, perform 5 sets of an intense 10-second squeeze, and progress by increasing the training frequency.

How to Add Isometrics Into Your Plan

There are 3 rules to follow in order to get the best muscle-building results from isometrics:

1. **Do Them Separately From Your Main Workouts.** Fatigue is a complex animal that consists of peripheral and central nervous system components, and it's most accurately defined as "an inability to reach your highest level of performance." In order to trigger the most growth with isometrics it's important to do them when your neural drive and largest motor units are free from any fatigue. Therefore, do them at least six hours away from your primary workouts, or on a different day.

2. **Perform 5 Sets of an Intense 10-Second Squeeze.** For great gains in size and strength it's important to train with an intense contraction, or a relatively heavy load, five work sets hits the sweet spot for almost everyone. And a 10-second continuous contraction is the top end for keeping the largest motor units recruited. Rest 2-3 minutes before repeating the isometric hold, but feel free to perform another isometric for a different muscle group during that time.

3. **Progress by Increasing the Training Frequency.** A higher training frequency is the common key element among athletes that have developed proportionally large muscle groups. When you have a stubborn body part, the best solution is to increase the number of times you train it each week. Isometrics are an ideal supplement to your regular training program because they represent a unique training stimulus that doesn't require an extended recovery time. Start training your most underdeveloped muscle group twice per week with isometrics, in addition to your current training program. Every other week add another session until you reach 4-6 sessions per week, depending on your recovery capacity.
The Best Exercises

Chest: Push-Up Peak Contraction
How to do it: Get in the top position of a push-up, hands wider than shoulder width and elbows just short of lockout. Brace your abs, squeeze the glutes, and then attempt to pull the hands together as intensely as possible. Your hands won't move, but your pectorals will be firing like hell. You can also do this drill with your feet elevated on a bench or Swiss ball.

Triceps: Dip Peak Contraction
How to do it: Get in the top position of a dip on rings or parallel bars. Push your palms down to remove any shoulder shrug and then maximally squeeze the triceps to lock out the elbow joints at the end range of motion. There should be some slight hyperextension in your elbow joint at full lockout. Strong guys can do this drill with extra weight added to a chin/dip belt, but most people should start with just body weight.

Deltoids: Crucifix
How to do it: Stand with a weight in each hand, lift your arms up and out to the sides until they're parallel with the ground. Maintain this arm position while keeping the palms facing down and without shrugging the shoulders. Keep the shoulder blades pulled down throughout the hold.

Calves: Single-Leg Standing Calf Raise
Peak Contraction
How to do it: Let's say you’re training the right calf first. Stand barefoot on your right foot, spread the toes as wide as possible, and then perform one calf raise to the peak contraction, keeping your right leg locked straight. Squeeze the peak contraction as intensely as possible by pushing through the big toe. Limit the amount of assistance you give your balance and challenge yourself to be able to perform the calf raise and hold without any balance support. That’s much harder than it sounds. Repeat with the left calf.

Glutes: Hip Hinge With Abduction/External Rotation
How to do it: Place a strong mini-band around your thighs, just above the knees. The feet are slightly wider than shoulder width and pointed straight ahead. From a standing position, place the palm of your hands against the front of the thighs, then push your hips back and let the knees bend slightly while sliding your fingertips forward. When your fingertips reach your knees, you’re at the correct knee, hip and torso position. Maintain this body position as you push your knees out to the side, against the resistance of the band, without rolling the feet outward. Hold your arms straight out in front during the exercise.

**A Taste of Avocado**

The AVOCADO is a fruit that matures on its tree but ripens when harvested. It has a subtle taste which can become bitter when cooked, and has a smooth texture. It is commonly paired with eggs, but added or topped on burgers, salads, sandwiches, and hotdogs.

Avocados are a healthier fat, so here are a few easy-to-make recipes for you to recreate at home in between workouts...

**Lettuce Wraps with Chicken and Avocado**

**INGREDIENTS:**
1. 1 lb. Chicken breast tenderloins
2. 1 large head butter, bibb or Boston lettuce, washed, dried and leaves separated
3. 2 large avocados
4. ½ cup natural salsa (no added sugar, I use Green Mountain Gringo.)
5. ½ teaspoon Pink Himalayan salt
6. ½ teaspoon black pepper
7. ½ teaspoon garlic powder
8. 1 tablespoon coconut oil

**DIRECTIONS:**
1. Wash, dry and separate the leaves of 1 large head of Boston, bibb or butter lettuce. I used Boston lettuce but any large leaf lettuce that you enjoy will work. Set aside.
2. Pat chicken tenders dry. Season chicken breast tenderloins with garlic powder, salt and pepper. Add coconut oil to very hot skillet and then add chicken. Immediately reduce heat to medium and sauté for 8-10 minutes or until thoroughly cooked and no longer pink in the middle. Be sure to turn chicken and check often to prevent burning. When cooked, remove from skillet and chop chicken into 1" pieces.
3. In a small bowl, mash the flesh of two avocadoes with a fork until just creamy. Spread avocado into each piece of leaf lettuce that you enjoy will work. Set aside.
4. Remove from skillet and chop chicken into 1" pieces.

**Chicken Avocado Burgers**

**INGREDIENTS:**
1. 1 pound ground turkey/chicken
2. 1 large ripe avocado - cut into chunks or gently mashed
3. 1 chopped clove of garlic
4. 1 tsp chili powder
5. ½ tsp pepper
6. ⅓ cup Panko crumbs if patties are extra moist and having trouble staying together

**INSTRUCTIONS:**
1. Add all ingredients to a large bowl and toss gently.
2. Shape into desired size patties.
3. Grill inside or out!
Cucumber Avocado Rolls

**INGREDIENTS:**
1. 1 Avocado
2. ¼ Cup of Basil Leaves (a small bunch)
3. 1 Clove Garlic
4. 2 teaspoons Lime Juice
5. ¼ teaspoon Salt
6. 1 Tablespoon Nutritional Yeast
7. Several Grinds of Pepper
8. 1 Cucumber
9. Smoked or Sweet Paprika for garnish

**INSTRUCTIONS:**
1. Toss all the ingredients (except the cucumber and paprika) into a food processor or blender. Or if you would like to do it by hand, finely mince the garlic and basil, and mash all the ingredients together with a fork until smooth and creamy.
2. Use a mandoline or potato peeler to cut long thin strips from the cucumber.
3. Take a cucumber strip and spread a thin coat of the avocado mixture along the length of the cucumber. A little goes a long way! Make sure to get some avocado all the way to the end, so it will stick the roll together.
4. Roll it up! No toothpicks needed. Do the same with the rest of your cucumber strips. Sprinkle with a little paprika and serve right away.
5. Cucumber is watery and softens quickly, so if you plan on bringing these to a party, prepare the avocado spread that morning, and store in an air tight container. Bring a whole cucumber and potato peeler and assemble at the party.

Tuna Stuffed Avocado

**INGREDIENTS:**
1. 1 can tuna
2. 2 tbsp. clean mayo or greek yogurt (if you don’t mind the tang)
3. 1 sprinkle dried dill (to taste)
4. Salt and pepper as needed
5. 1 ripe avocado, cut in half and seed removed

**INSTRUCTIONS:**
1. In a small mixing bowl, stir together the tuna, mayo or greek yogurt and dill.
2. Season with salt and pepper to taste.
3. Fill the avocado halves with tuna salad and serve.

Avocado Chicken Salad

**INGREDIENTS:**
1. 2 cups shredded chicken (I used rotisserie chicken)
   1 large avocado, cored & chopped
   ¼ cup cilantro, chopped
   Salt & pepper to taste

**DIRECTIONS:**
2. Add ingredients in a bowl.
3. Mash with a fork until well combined.
Seared Chicken with Apricot Sauce

Ingredients
1. 4 boneless, skinless chicken breasts, (about 1 1/4 pounds), trimmed and tenders removed
2. 3/4 teaspoon salt, divided
3. 1/4 teaspoon freshly ground pepper
4. 1/4 cup all-purpose flour
5. 1 tablespoon canola oil
6. 1 medium shallot, minced
7. 4 fresh apricots, pitted and chopped
8. 2 tablespoons apricot preserves
9. 2 teaspoons chopped fresh tarragon, or 1/2 teaspoon dried

Preparation
1. Place chicken breasts between 2 pieces of plastic wrap.
2. Pound with a rolling pin, meat mallet or heavy skillet until flattened to an even thickness, about 1/2 inch.
3. Sprinkle with 1/4 teaspoon salt and pepper.
4. Place flour in a shallow dish.
5. Dredge the chicken in the flour, shaking off excess (Discard any leftover flour).
6. Heat oil in a large skillet over medium heat.
7. Add the chicken and cook until browned and no longer pink in the center, 3 to 5 minutes per side.
8. Transfer to a plate, cover and keep warm (If necessary, cook the chicken in two batches with an additional 1 tablespoon oil). Off the heat, add wine and shallot to the pan.
9. Return to medium heat and cook, scraping up any browned bits, until slightly reduced, about 3 minutes.
10. Add apricots and cook until the fruit begins to break down, 2 to 3 minutes.
11. Stir in preserves, tarragon and the remaining 1/2 teaspoon salt.
12. Return the chicken to the pan and cook until heated through, 1 to 2 minutes.
13. Serve the chicken with the sauce.

Nutrition
1. 311 calories
2. 7 g fat (1 g sat)
3. 1 g fiber
4. 18 g carbohydrates
5. 33 g protein
6. 41 mcg folate
7. 103 mg cholesterol
8. 8 g sugars
9. 4 g added sugars
10. 797 IU vitamin A
11. 5 mg vitamin C
12. 23 mg calcium
13. 1 mg iron
14. 507 mg sodium
15. 635 mg potassium

Carbohydrate Servings: 1

Exchanges: 1 fruit, 3 lean meat

Courtesy: eatingwell.com (2016)
“The more you eat, the less flavor; the less you eat, the more flavor.”
—Chinese Proverb