



# Walking God's Way

*Biblical Encouragement  
for Walking with Christ*

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GUIDE FOR LIVING

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## Health Matters

How are you taking care of yourself?

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## Health Matters

How are you taking care of yourself?

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*by Dana Wilkerson*

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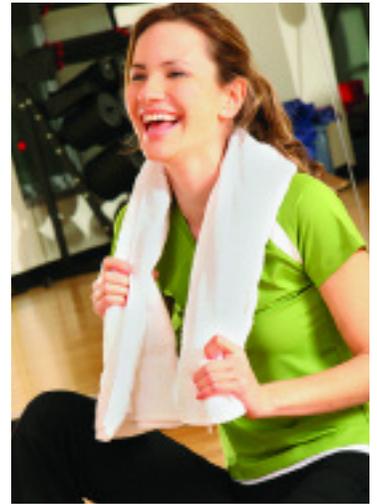
*by Cynthia S.*

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Books to help you further.

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## It's About Motivation

I don't see the point in running if there's no purpose other than ... well ... running. I don't mind running if I'm dribbling a basketball down the court, or if I get to hit a tennis ball at the end of a sprint or if there's a prize like a big piece of chocolate cake at the end of a longer run (like, perhaps, around the block). But running just to run? Not for me. I've tried it a few times, but I never get very far. Literally.

When it comes to exercise, I've always had to have external motivation. In high school, I only exercised because there was a P.E. teacher yelling at me to do so. In college my motivation was different. The men's basketball team worked out every afternoon, so I decided that I needed to exercise then as well. There have been a few times when I've faithfully exercised because I've wanted to look halfway decent in a swimsuit on an upcoming trip to the beach. And when I lived in Colorado, it was easy to exercise because the breathtaking mountain views were motivation enough to hike every chance I got.

However, in my current situation, there is nobody yelling at me to make me exercise. I have no intention or desire to work out with the local high school basketball team. I go to the beach once a year. And there are no mountains anywhere near here. I need a new motivator.

My prayer for you and for me is that we will all find the motivation to care about all aspects of our health. First Corinthians 6:19 reminds us that our bodies are the temple of the Holy Spirit. Maybe that should be our motivator. I hope that through these articles we will all be reminded to honor God in the way we treat our "temples."

Blessings,

Dana Wilkerson  
*for Christianity Today International*

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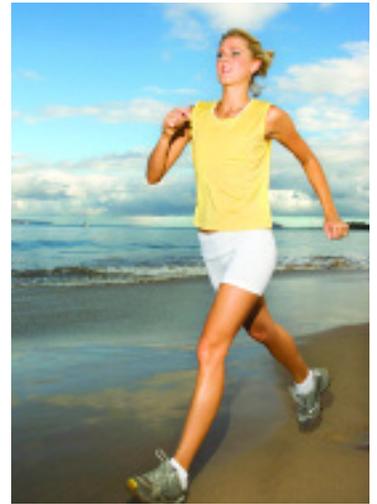
## How to use “Health Matters” for a group study.

**“Health Matters” can be used for individual or group study, but if you intend to lead a group study on this, some simple suggestions follow.**

- 1** Open the session with prayer.
- 2** Make enough copies for everyone in the group to have her own guide.
- 3** Depending on the time you have dedicated to the study, you might consider distributing the guides before your group meets so everyone has a chance to read the material. Some articles are quite long and could take a while to get through.
- 4** Alternatively, you might consider reading the articles together as a group—out loud—and plan on meeting multiple times.
- 5** Make sure your group agrees to complete confidentiality. This is essential to getting women to open up.
- 6** When working through the Thought Provokers, be willing to make yourself vulnerable. It's important for women to know that others share their experience. Make honesty and openness a priority in your group.
- 7** End the session in prayer.

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## Discovering a Healthier You

**Tips to help you feel better and more balanced physically and spiritually.**

*by Amy M. Tatum*

Does finding the motivation, energy, and extra minutes in a day to stay healthy seem impossible in this spread-yourself-too-thin world? You're probably thinking, *How could I possibly have time to go to the gym between work, dinner, and my kids' soccer practice? Even if I had time, where would I start?*

To help you get on the right track to better health, we talked to certified personal trainer and professional musician Ruth McGinnis, author of *Living the Good Life* and *Breathing Freely: Celebrating the Imperfect Life*. Ruth shared her expertise on how to take better care of yourself—and, surprise!—even urges you not to feel guilty if you don't have time to hit the gym. Check out her practical tips to rejuvenate your vitality and live more abundantly, starting today.

### **If you haven't been taking care of yourself, how on earth do you find the motivation to begin?**

First of all, nobody can motivate another person. You have to have that inner desire for a healthier life. But one motivation that works for almost everyone is fear: the fear of losing your range of motion, the fear of high cholesterol or high blood pressure.

When you're in your forties, as I am, you start to realize maintenance is crucial. If you don't start maintaining the health you've already got, look out, because it doesn't get easier. Investing in your health isn't a luxury. Often I've found that a woman who cares for a husband and kids feels guilty making an investment in herself. But when you start to lose muscle mass, gain weight, and feel tired all the time, you can't give something you don't have. Nobody benefits from a woman who doesn't take care of herself.

### **So how do you get started?**

It's not easy, especially for women with small children and hectic lives. But the first big

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important step is getting enough sleep. Keeping regular sleeping hours is crucial because the more disciplined things, such as eating right and exercising, are harder to implement if you're exhausted.

Go to bed at the same time every night, and get up at about the same time every morning. That's a tried-and-true method for improving your sleep. The problem is, many of us get involved watching television or suddenly have a spurt of energy to clean the kitchen at the end of the day. Those things distract the body from preparing itself for sleep. Look at the way you manage your hours, especially late in the day, and make wiser choices to help you get to bed earlier and to give yourself more time to wind down so you can sleep.

**Any suggestions?**

Turn off the television and computer. Artificial light from the computer stimulates your nervous system, so it's harder for you to fall asleep.

Some people take a bath or read; others turn off the phone. Turn down bright lights, and lower the noise level, even for thirty minutes.

Our culture expects us to run ourselves ragged on an inhuman schedule. Lots of truly exhausted people still have trouble falling asleep because their minds are still going. Maybe they've worked hard mentally but haven't exerted their body all day, which makes it tough to get a good night's sleep.

**Many of us sit all day at work. How can we exert ourselves more?**

You have to look for opportunities to move around. For example, if you work on the second floor, use the stairs instead of the elevator. One of the greatest exercises for your backside is to go up stairs two at a time. By lifting your legs that much higher, you can better engage your rear-end muscles. Over a period of time, the difference between taking the stairs versus taking the elevator has a significant impact on how much muscle you use and how many calories you burn. Building and maintaining muscle mass, especially later in life, is extremely important.

Taking a fifteen-minute walk during your lunch hour or break time can have huge benefits. Even if you don't have time to change clothes and go to a gym, you still can accomplish something by just going out and walking. Grab a friend and make it fun.

**You're suggesting we change the way we think about an exercise regimen?**

Exactly. A regimen doesn't mean you have to go to the gym or join a weight-loss program to experience some benefits. Those things are great, but a regimen can be as simple as being aware of crucial areas—staying hydrated, getting sleep, being

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more active, eating right—and taking small steps daily to make a difference in your health.

Our generation grew up during the fitness revolution. We've been taught we need to have a fitness regimen. But what's been lost in that message is that even if you don't have time to do an optimal fitness routine, there are still things you can do every day to make a huge difference in your health. Integrating little spurts of activity during the day helps, even if it's just taking the stairs.

Many health clubs today have terrific deals for women to help with exercise and motivation. Several offer free childcare. Try visiting different gyms to find the one right for you, or partner with a friend to exercise together.

One of my former clients, who wanted to feel fit, didn't want to join a health club. Instead, she signed up for ice-skating lessons. She got regular exercise and worked all the muscles in her body—plus she loved it. Discovering something you love to do, even if it doesn't sound like a typical fitness routine, is a great way to maintain your motivation.

**What if your energy wanes in the late afternoon or evening?**

I know what you mean. At the end of the day, lots of women say to themselves, *I should go on a walk before I have to start dinner, or do push-ups and crunches*, but they feel too tired to do it. That's where you have to take a leap of faith and believe that making the effort actually will make you feel less tired and will help you sleep better at night.

There's a mental game you can play to help get motivated. Think to yourself, *I'm just going to put on my walking shoes*. Then, after you do that, tell yourself, *I'm just going to walk for five minutes because I'm so tired*. Usually those five minutes turn into a twenty-minute walk. I can't count the number of times I've done that for myself.

Also, being dehydrated can cause you to have low energy. Most people don't drink the eight to ten glasses of water they need daily. Always keep water with you so you're hydrating your body.

**Once a woman's motivated to live more healthily, where can she turn for encouragement to keep going?**

Turn to Scripture for encouragement. Psalm 121:1–2 says, "I lift my eyes to the hills—where does my help come from? My help comes from the LORD, the Maker of heaven and earth (NIV)" That's my motto. I remind myself of all the things I can't control and of who *is* in control.

Also, there are Scripture references that remind us God didn't design us to be couch potatoes. For example, Isaiah 40:31 says, "Those who hope in the LORD will

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renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint” (NIV). God designed us with an incredible body. He designed us to thrive, to dig into our human resources and use them. That verse in Isaiah reminds me that investing in my physical well-being can be a spiritual pursuit.

**How so?**

When I’m too busy, it’s hard for me to balance my spiritual life and to connect with God. That’s why quiet time for reflection is monumentally important.

A lot of times, I’ll make a concentrated effort to pray for the concerns of my heart, then stop and listen to God. It’s interesting to be present with God without an agenda. Being open to receive comfort or an answer or direction takes time.

But I’m just like everybody else; I wake up in the morning with expectations for the day. I know I’ll have challenges in terms of time management, and disappointments in areas I can’t control. I went through a process of relinquishing control before I felt as though I could surrender to God. I’m trying to make that leap from *my* will be done to *his* will every day. Every morning I get up, surrender my schedule to God, and try to celebrate each day.

**That’s tough to do in our culture.**

When I turn on the television and see people who’ve had the benefit of a make-up artist, hair stylist, special lighting, or cosmetic surgery, I realize our culture has lured us into believing that people with outer beauty have it all together. What we really need are role models to prove that there’s beauty in the aging process. We read about the celebrity culture and the amount of time people devote to looking perfect. We need to be reminded how very empty that is. In the process, they’re losing time they could be investing in other areas of life, such as relationships. And ultimately, we fight a losing battle with aging. Your body is going to change, and your skin is going to get bigger than your body. You’re not supposed to look twenty when you’re fifty.

**But we can make choices to stay healthy.**

Yes. A healthy lifestyle is a lifetime pursuit. It’s not something you just get one day and have forever. Put a healthy lifestyle together in a way that works for you, and don’t feel bombarded by the messages from the fitness world, infomercial world, and talk-show world.

My message isn’t a thrilling, cutting-edge breakthrough. It’s not the kind of regimen that’s going to make headline news. It’s simply a reassuring message that the basics have worked and continue to work. That’s why I love the ice-skating story so much. When I heard about that woman’s workout routine, I thought, *Good for you for finding something that’s a passion for you.*

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We each have a better idea of what's good for us than we give ourselves credit for. Pop culture is largely to blame for our erroneous views; the insidious messages it throws at us tell us we're not thin enough, not young enough, not rich enough, not organized enough. Martha Stewart makes me break out in hives. She should see my kitchen floor—it's always a mess.

But there's so much freedom in being able to see the beauty and uniqueness of your own life and body. Investing in your well-being is investing in your life. Putting on a pair of shoes and going for a walk is a wonderful way to make you feel healthier. Become better able to practice being who you are and celebrate your unique gifts—to be able to discern what matters and what doesn't, and to be committed to a meaningful life—*that's* what life's all about.

## Tips for Getting Fit

### Six things you can do daily to improve your well-being

*by Ruth McGinnis*

1. Avoid falling for fitness-revolution hype. Between unrealistic body types, skimpy clothing, and all the machines purporting to keep you fit, there are many reasons to feel discouraged. Observe fitness industry images with detachment, reminding yourself that the best reason to exercise is to stay healthy, and you already have everything you need to be physically active.
2. Keep track of your efforts. Record your activity so you can fine-tune your approach to exercise by discovering what works for you. Another benefit: it's motivating to see results from the efforts you make toward better health.
3. Make deals with yourself. When you don't have the desire to tackle a twenty-minute walk, give yourself permission to do five minutes. Usually a five-minute walk will turn into twenty minutes. Getting started is the most important step toward physical activity as a way of life.
4. Find a fitness professional. It's possible to hire a qualified trainer without breaking the bank. Most can design a safe and effective exercise program for you, work with you for a few sessions, then follow up when needed. Try to find a fitness professional with certification from ACSM (the American College of Sports Medicine), NASM (the National Academy of Sports Medicine), ACE (American Council on Exercise), or another nationally recognized fitness trainer organization.

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5. Make exercise enjoyable. Choose an activity you look forward to doing; otherwise, it won't become a consistent part of your life. For me, running with my sister or my dog is always more compelling than running alone.
6. Give yourself permission to start over. When it comes to exercise, nothing's more defeating than an all-or-nothing attitude. Remind yourself, you can negotiate your goals and good intentions as often as necessary.

*For more information about Ruth and healthier living, check out Ruth's website at [www.ruthmcginnis.com](http://www.ruthmcginnis.com). This article first appeared in the September/October 2002 issue of TODAY'S CHRISTIAN WOMAN magazine.*

### Thought Provokers

- *What is your attitude toward staying healthy? What can you do to improve it?*
- *How do you think a healthier lifestyle might improve your spiritual life?*
- *Why is it important biblically that we keep our bodies fit? How do mind, body, and spirit work together? Find some Scripture passages to back your answer*
- *What are two things you can do to increase your physical activity during the day?*
- *What two things can you do to improve your spiritual fitness every day?*

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# What You Don't Know about Heart Disease

**Our conversation with a top cardiologist will help you get heart smart.**

*by Corrie Cutrer*

Every day a woman loses someone she loves to heart disease.

For Bonnie Arkus, that person was her mother, a vibrant woman in her sixties who remained unaware in the months leading up to her death that her cholesterol had skyrocketed. She attributed the unusual panic attacks she'd been experiencing to stress. She didn't know they actually were early warning signs of a heart attack. Bonnie's mother died from complications of bypass surgery.

Allison Cody also lost her mother to a heart attack when Allison was only thirteen. Her mom battled a heart condition and was one of the first female teenagers to undergo open-heart surgery for the insertion of a pacemaker. She went on to live a full life, raising two daughters. Then, at age thirty-six, she suffered a massive heart attack and died in her sleep.

Cardiovascular disease—which most often results in a heart attack or a stroke—is the number-one killer of women in the U.S. It claims more lives than cancer, osteoporosis, diabetes, pneumonia, or automobile accidents. About 43 percent of women will die of heart disease. That equals almost half a million women a year.

Because these numbers are sobering—and because not enough women realize the unique risks and symptoms they can experience with the disease—people such as Bonnie and Allison are working to spread awareness. Bonnie serves as the founder and director of the New Jersey-based Women's Heart Foundation. Allison, a recent graduate of Elon University, aspires to work for the American Heart Association.

For Allison, her mother's death became a turning point in her life. "The day she died, I became a Christian," she says. "I knew I wanted to see Mom in eternity."

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She also realized how important it is not to take your health for granted. “When I hear of women dying of heart attacks who’ve not taken care of their bodies, I think it’s a shame,” Allison says. “I wonder, *Why did you let your healthy heart go down the drain? You only have one heart and one life.*”

We recently spoke with Barbara Roberts, a top Rhode Island cardiologist and the director of the Women’s Cardiac Center at The Miriam Hospital in Providence. She is also the author of *How to Keep from Breaking Your Heart: What Every Woman Needs to Know About Cardiovascular Disease* (Jones & Bartlett, 2003). Dr. Roberts shares how cardiovascular disease can uniquely affect women and how they can better care for their hearts.

**Why aren’t the dangers of heart disease more widely known?**

Like so much else in this country, the media controls what gets featured. For example, there have been very successful media campaigns to increase awareness and raise money for research on breast cancer. Until recently, women thought they were more likely to die of breast cancer than anything else. Yet women are ten times more likely to die of cardiovascular disease than breast cancer.

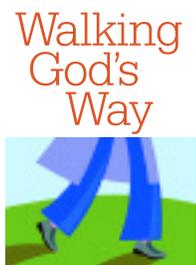
Additionally, for centuries medicine was a male-dominated profession. In the 1800s, physicians linked the build-up of plaque in the arteries with certain symptoms men typically experienced. They didn’t realize women also experienced the same build-up, but with different symptoms. So for many years, doctors believed men were more prone to cardiac problems than women. And at a certain point in our past, women were more likely to die from childbirth than they were of heart disease. But that hasn’t been the case for at least the last century. Nowadays, women are much more likely to die of cardiovascular disease than anything else.

**How do the symptoms of heart disease differ between men and women?**

As a medical student I was taught the classic symptoms of a heart attack are crushing chest pain associated with shortness of breath, sweating, and a feeling of impending doom. Those are certainly the classic symptoms for men. But if you look for those same symptoms in women, you’re going to misdiagnose most cases of a female having a heart attack. Recent research shows that the most common symptom women experience isn’t chest pain but shortness of breath. Only about 28 percent of women have classic chest pain. Rather, women experience shortness of breath when they’re under emotional stress or during regular types of physical exertion. For example, say you routinely climb two flights of stairs at work with no problem, and you start noticing that halfway up those stairs you have to stop and rest because you’re short of breath. That’s something you shouldn’t ignore.

**Any other symptoms to look out for?**

Sleep disturbances are very common in the weeks leading up to a heart attack. Many women also complain of unusual fatigue. When I see a woman who has risk



factors for cardiovascular disease and she then tells me she's suddenly become completely exhausted, I immediately get concerned and order tests to see if the source of the problems is her heart.

**Name the risk factors of which we should be aware.**

There are only two you can't control: your age and your family history. Your risks for a heart attack increase as you age. You're also at an increased risk if you have a history of heart disease in your family. Other controllable factors include smoking, high blood pressure, abnormal levels of blood cholesterol, a sedentary lifestyle, and obesity.

Both the American College of Cardiology and the American Heart Association recommend every American begin having her cholesterol screened at age twenty. Many women see an OB-GYN as their main physician. It's important for patients to make sure their physician—even if it's their obstetrician—monitors their heart health. So if a woman's gynecologist isn't regularly checking her cholesterol and blood pressure, she needs to see an additional physician who will do so. If a woman is taking an oral contraceptive, her cholesterol and blood pressure need to be checked because the progesterone in some pills can raise blood pressure or adversely affect the good type of cholesterol found in the blood.

For overweight women, it's also important to have blood sugar routinely checked. Being overweight or obese are major risk factors for developing diabetes. And once a woman develops diabetes, she's at tremendous increased risk for cardiovascular disease—even more so than a diabetic man. A lot of physicians today worry that this current generation will be the first in many years to have a shorter lifespan than their parents because of obesity.

**What's the number-one thing women can do to prevent heart disease?**

Aside from not smoking and staying away from secondhand smoke, the key is a heart-healthy diet and regular exercise. Eat colorful fruits, vegetables, and whole grains. Meat, including poultry, should be used as a condiment, not as a main entrée. Use olive oil as the main source of your fat calories. Finally, avoid trans fats, those hydrogenated or partially hydrogenated vegetable oils found in almost all processed foods in this country.

**Exercise is so tough to fit in. How much is necessary?**

Over the course of a week, you should accumulate three hours of exercise. That could be briskly walking for thirty minutes six days a week or doing something else for an hour three times a week. Start small if you need to. Take a brisk walk for ten minutes, or swear off the elevator at work. I urge my patients to invest in a treadmill. When I come home from work at night, often I get on the treadmill and walk uphill while watching television. You have to make exercise part of your daily

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routine—just like brushing your teeth every morning. There are few guarantees in life, but if you exercise regularly, you will feel better. You'll relieve stress and increase your body's production of beta-endorphins, which are natural antidepressants. Most importantly, you'll lower your risk of cardiovascular disease.

## The Skinny on (Trans) Fat

*by Corrie Cutrer*

There's an ingredient that has taken grocery stores and restaurants by storm: trans fats. Trans fats are formed when manufacturers add hydrogen atoms to liquid oil to create a more solid fat substance. This process increases the shelf life and flavor stability of foods. But it's also been proven to raise bad low-density lipoprotein (LDL) cholesterol levels while lowering good high-density lipoprotein (HDL) levels, says Barbara Roberts, director of the Women's Cardiac Center at The Miriam Hospital in Providence, Rhode Island. Ultimately, trans fats contribute to clogged arteries, which increases your risk of heart attack or stroke. They're dangerous because they're found not only in the obvious types of fried foods (such as McDonald's french fries) but also in products such as tortilla shells, graham crackers, cereals, and a myriad other snack foods. Carefully read nutrition labels and avoid foods with ingredients of partially hydrogenated or hydrogenated oils.

While it's best to drop fast foods from your diet altogether, a few chains are responding to public concern about trans fats. Under pressure from a lawsuit, KFC announced recently it would stop using partially hydrogenated oil to fry its famous chicken. The following month, Taco Bell also announced plans to use a zero-gram fat canola oil in place of the partially hydrogenated soybean oil it had been using. New York City's Board of Health also passed a proposal to prohibit its more than twenty thousand restaurants from using trans fats in foods.

Dr. Roberts is hopeful the United States will follow in the footsteps of some European countries that have banned the use of trans fats nationwide. "It's important the government get behind proposals like the one in New York City so that for the average person, the healthy choice is the easy choice," Roberts says.

*Corrie Cutrer is a regular contributor to TODAY'S CHRISTIAN WOMAN. She lives in Illinois. This article first appeared in the March/April 2007 issue of TODAY'S CHRISTIAN WOMAN magazine.*

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**Thought Provokers**

- *What is the most important thing you learned from this article?*
- *What does the Bible say about taking care of your heart? In what way does that refer to the physical organ? The spiritual center of one's being?*
- *If you are at risk for heart disease, what are some things you can do to alter your lifestyle to prevent it?*
- *What are some examples from Scripture that show the importance of keeping one's heart clean and strong and fit?*
- *In what ways can spiritual exercises improve and strengthen one's heart?*

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## Making the Most of Your Doctor Visit

**Use this checklist to get healthcare suited to you.**

*by Dr. Paul Reisser*

Whether you avoid the doctor's office like the plague or visit often enough to earn your own parking space, it's important to remember the best healthcare is rarely obtained by chance. So if you're moving to a new community, switching insurance plans, or are dissatisfied with your current healthcare provider and are thinking about making a change, here are some guidelines to help you find a doctor you're comfortable with, and to make that doctor visit more productive.

### **Choosing Your Primary-Care Physician**

Consider the following in selecting a doctor:

***Decide what type of medical office you prefer as home base.*** Even if you have a complex medical history, it's wise to have a primary-care physician who knows your whole story and can deal with day-to-day problems. For many, this is a family physician who can treat multiple generations living under the same roof. Others prefer having a pediatrician for the kids and a general internist for themselves. For many women the gynecologist/obstetrician serves as the primary provider, handling a variety of acute problems along with routine checkups and Pap smears.

***Ask around.*** Take an informal poll in your church, neighborhood, or at work to see which doctors or clinics are mentioned most often. If you already know someone in the medical community—for example, a neighbor who's a nurse at a local hospital—ask for some recommendations. Women with pro-life convictions usually prefer to see gynecologists who don't perform abortions. Local crisis pregnancy centers or other pro-life organizations usually maintain a list of doctors who do abortions.

***Consider having a get-acquainted session.*** If you've narrowed your list but aren't sure of your choice, set up a meet-the-doctor visit. Among other things, you will want to:

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1. See how you're treated on the phone. Does the person at the other end of the line sound friendly and pleasant or harried and hostile?
2. Check out the office. Do you feel welcome? Does it feel like Grand Central Station, a funeral parlor, or a place that will help you stay calm in a crisis?
3. Briefly talk with the doctor. If you make it clear you just want to look around, you typically won't be charged (but don't expect a half-hour consultation). If you have lots of questions about the practice, someone on the office staff may be able to answer them for you.

**Once You've Picked the Practice ...**

Here's how to get the most out of your contacts with the doctor and office staff.

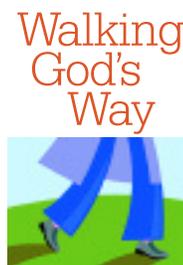
***Let the appointment person know what you need to talk about.*** The time allotted to you may well depend on the number and type of concerns you have. It takes more time to deal with chronic fatigue than a sore throat, and three complaints probably take longer than one. (If the topic is sensitive, you can say you want to discuss a personal problem.)

***Don't insist you'll speak only to the doctor and no one else.*** Except for highly complex or confidential problems, insisting on speaking to the doctor usually delays getting your problem solved. Nearly every doctor relies heavily on a nurse to screen medical calls, and this person will usually deal with your need more quickly; whereas, the doctor may not be able to get to calls until the end of the day. Also, if the office uses nurse practitioners or physician's assistants, don't be afraid to see one, especially for an acute problem. These well-trained caregivers work under the direct supervision of the physician, and on a busy day may actually be able to give you more time than the doctor.

***Let the doctor know what's on your agenda.*** If you have more than one item to talk about, make a list and note what's most important to you. If you give this to the care-giver at the beginning of your visit, your time together will be spent more effectively.

***Avoid using the three most dreaded words in medicine: "By the way ..."*** The "By the way ..." problem (or its cousin, the "While I'm here ..." complaint) may need more time than the original reason for the visit, and you won't want a half-baked, shoot-from-the-hip response.

***Don't bring a surprise patient.*** This is a "By the way ..." question with two legs: "While we're here, would you look in Jennie's ear?" The doctor will need Jennie's chart and probably a little more time to provide the proper care (even if the problem is simple), so advance notice is necessary.



***Make friends with the office staff.*** On any given day the receptionist, nurses, and other employees in most medical offices deal with a number of unhappy and occasionally hostile people. If you're particularly friendly, cooperative, and even complimentary, you'll make their day—and probably get better service.

***Don't push the wrong friendship buttons.*** If you know the doctor outside the office setting, don't try to use this to bypass normal office procedures. Saying "I'm a friend of Dr. Jones—he'll see me without an appointment"—is a sure way to alienate the people who work with him every day. Even worse, if you announce you attend the same church as your physician, then regularly hassle or browbeat the office staff, this will reflect poorly on Christ and your church.

***Respect your doctor's off-duty boundaries.*** The supermarket, the mall, and especially the church aren't extensions of the doctor's office. One physician who was repeatedly approached at church for medical advice finally ended these intrusions by suggesting, "Why don't you take off your clothes and lie down here on the pew so we can check it out?"

***Don't be afraid to ask questions.*** It's always appropriate to understand what your doctor recommends and what are the risks and benefits of any proposed treatment. If you feel the information you've received during a visit needs to be translated into plain English, don't hesitate to ask for clarification. Elderly patients who have difficulty hearing or comprehending may misunderstand the physician's recommendations, so a family member at the visit may help prevent a potentially hazardous consequence.

*Paul Reisser is a family physician in Southern California and the author of What You Need to Know about Menopause (Vine Books, 1994). He serves on the Physician's Advisory Council for Focus on the Family. This article first appeared in the September/October 1996 issue of TODAY'S CHRISTIAN WOMAN magazine.*

### **Thought Provokers**

- *As a result of reading this article, what will you do differently the next time you need to choose a doctor?*
- *How can you improve your interaction with doctors and office staff to better show the love of Christ?*
- *In what ways can you transfer these helpful tips to the way you interact with Christ, the Great Physician?*

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## Bone Up!

**Why it's never too early to prevent osteoporosis.**

*by Cheri Fuller*

Lights twinkled overhead and the smell of popcorn filled the air as Gail, age forty-two, laced her skates and glided onto the ice. Today she would put away her to-do list of post-Christmas activities to savor some ice-skating with her kids at the local rink. A good skater and athlete, Gail twirled on the ice, relishing their time together.

Then, as she stood resting, inexplicably, Gail fell. She hadn't slipped, and no one had tripped her. Worse, she couldn't get up. As pain coursed through her body, Gail, a former nurse, knew there was only one explanation. A short time later, an emergency room X-ray confirmed Gail's suspicion: she had a broken hip.

After surgery, Gail couldn't walk for ten weeks and her hip was pinned for ten months. She missed work, couldn't attend church, and had to drop out of her involvement with a women's Bible study as she slowly healed. Gail seemed too young for this kind of thing. But a bone density scan revealed that Gail already had experienced profound bone loss: 30 percent in her hips and 25 percent in her spine.

Osteoporosis, the disease that thins bones, had caused Gail's hip to fracture.

Like Gail, thousands of women lose bone mass and don't even know it until they break a bone. That's why osteoporosis is called a silent disease; it progresses without pain or symptoms until a break occurs.

Osteoporosis affects 25 million people, and nearly one-third of all women in the United States will develop it severely enough to experience a fracture, severe back pain, or stooped posture. But osteoporosis doesn't happen overnight. "Think of your bones as a savings account," says Dr. Laura Mackie, gynecologist at the Lakeside Renaissance Women's Center in Oklahoma City. "That's where you deposit calcium so you'll have plenty to draw on throughout your life."

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Bone mass forms rapidly in infancy and slows a bit during childhood until puberty. Then, during the adolescent growth spurt, tremendous bone formation occurs so that by age eighteen, most of your adult bone mass is achieved.

Bone mass steadily accumulates until around age thirty to thirty-five, when you should have about three pounds of calcium in your skeleton. From that point on, your body is less able to get the calcium it needs from food, so your bone mass slowly declines (which means bone is broken down faster than it's made) until menopause, when it declines even faster. From about age thirty-five on, if you don't get enough calcium—and most women from adolescence on don't—the body starts tapping into the reserves of your account, weakening your bones.

Some people think only menopausal women need to focus on bone building. Yet one of Dr. Mackie's patients, who was in her early forties and small-framed, suffered a sudden foot fracture while out walking. A bone density scan showed she had lost bone mass and wasn't doing anything to rebuild it—until she too was diagnosed with osteoporosis.

Building strong bones should be a lifelong priority. But it's easy to get so busy with living that you neglect your own health needs. However, in the case of osteoporosis, a little prevention is definitely worth a pound of cure.

So what's your best defense? Building strong bones early in life and continuing healthy habits to keep your frame strong. Here's how to start:

**1. Indulge in calcium-rich foods.**

Eating a balanced diet rich in calcium, vitamin D, and other minerals needed to absorb calcium is the best prevention. Calcium is readily available in: skim milk (8 ounces = 300 mg); low-fat yogurt (8 ounces = 400–450 mg); cheese (1 ounce = 150–250 mg); broccoli or other dark green leafy vegetables such as kale, bok choy, and collard or turnip greens (1 cup = 100–190 mg); tofu processed with calcium sulfate (1/2 cup = 250 mg); salmon (2 ounces canned = 125 mg); almonds (1 ounce = 80 mg).

You also can add other calcium-fortified foods to your diet, such as soy milk (1 cup = 200–400 mg), cereals, breads, and juices. Especially after age thirty-five, most women need calcium supplements because it's hard to get enough calcium by diet alone.

**2. Be aware of the needs of different ages.**

Young women ages thirteen to nineteen need 1,200 to 1,500 mg of calcium, and women twenty to forty-five need at least 1,000 mg daily. Pregnant moms need 1,500 mg; nursing moms need 2,000 mg; and women over forty-five, 1,500 mg.



### **3. Take your vitamins.**

Healthy bones also need a consistent supply of nutrients such as magnesium, potassium, vitamins B-6, B-12, folic acid, and vitamins K and D. Vitamin D is easy to get if you're in the sun for just fifteen minutes a day, or you can choose a multivitamin or calcium pill that contains vitamin D. Calcium plus vitamins D and K to help absorption are now available in soft chocolate or fruit-flavored chews.

### **4. Avoid calcium drainers.**

Everyone loses a certain amount of calcium daily through urine. However, excessive caffeine, salt, and animal protein markedly increase calcium loss. Some studies show that for every gram of animal protein you consume, you'll excrete 1 milligram of calcium. That doesn't sound like much until you realize your body only absorbs 10 percent of the calcium you eat. That means for every gram of animal protein you ingest, you need an additional 10 milligrams of calcium. And for every gram of salt you eat, you lose an extra 5–10 milligrams.

Colas (regular or diet) and processed foods that contain high levels of phosphorus also block your body's ability to absorb calcium. Sugar and the artificial sweetener aspartame are other no-nos. Too much of either causes your body to secrete high levels of insulin, which interferes with calcium absorption. So those supplements you take with your diet soda or your glass of milk end up in your urine.

While saturated fats also drain precious calcium, here's some good news: Olive oil and other essential fatty acids appear to be positively associated with bone mineral density. Your chlorinated, fluoridated tap water is also a reducer of bone mass, so bone up on bottled water when you can.

Finally, limit your use of antacids. Calcium is absorbed through the hydrochloric acid found in your stomach. Antacids reduce that acid, so the calcium you may take with it has a more difficult time reaching your bones.

### **5. Exercise regularly.**

Bones are strengthened by having muscles pull on them. Weight-bearing exercises such as brisk walking or jogging, in-line skating, tennis, or low-impact and step aerobics are best, but even walking several blocks a day will slow bone loss. Lifting free weights and using isometric machines also can build bone mass, even in women who have already experienced bone loss.

When adequate calcium is added to an exercise program, the effects of osteoporosis can be reversed. In her early fifties, Carolyn discovered from a bone density scan that she had osteoporosis and was at a high risk for fractures. But after a year of three-times-a-week aerobics classes and working out on weight machines twice a week, plus taking calcium and vitamin D and the proper nutrients, her bone mass increased and she is no longer at a risk for fractures.

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### **6. Check into bone density scans.**

If you have several risk factors such as a family history of osteoporosis, or you're thin, fair-skinned, small-boned, small-muscled, physically inactive, avoided milk or dairy products when you were younger, or had an eating disorder, ask your doctor about a scan that can detect early bone loss.

The bone density scan measures the density of your bone tissue. Just as a cholesterol test can help predict your risk of coronary artery disease, a bone density scan is a risk predictor to warn if you could get a fracture. The most accurate test is a dual-energy X-ray absorptiometry (DEXA or DXA) test of your spine and hip that can detect even a 1 percent bone loss.

Don't let osteoporosis cripple God's plans for you. Take control—and "bone" appetit!

*Cheri Fuller, a regular contributor to TODAY'S CHRISTIAN WOMAN and author of numerous books, including When Families Pray (Multnomah, 1999), lives in Oklahoma. This article first appeared in the January/February 2000 issue of TODAY'S CHRISTIAN WOMAN.*

## **Are You at Risk?**

**You may be at risk for osteoporosis if:**

*by Ginger Kolbaba*

- You're thin or small-boned
- Have a family history of osteoporosis
- Are postmenopausal
- Use steroid medications such as Prednisone
- Don't exercise or lift weights
- Strenuously exercise to the point of stopping menstruation
- Are either Caucasian or Asian
- Have a low-calcium/vitamin D diet
- Smoke

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## Which Supplement Should I Take?

by Ginger Kolbaba

Just taking a calcium supplement won't prevent you from losing bone. The calcium must be absorbed. But calcium supplements exist in different combinations with different concentrations and absorption capabilities. How do you know which one to choose? Here's a quick breakdown.

### Calcium Carbonate

- Most widely available and least expensive form of calcium
- Best absorbed with food
- Most common form used in some antacids
- Contains 40 percent elemental calcium
- Best absorbed in the presence of stomach acid, so people on antacids (or with naturally low stomach acid) don't absorb it well

### Calcium Citrate

- Second most common form found in supplements
- Best-absorbed form of supplemental calcium, but only slightly better than carbonate
- Can be taken on an empty stomach
- Form most commonly added to calcium-fortified juices
- Good source for those who take antacids or acid blockers
- Contains 21 percent elemental calcium, which means you need to take more, or you could simply wash your supplement down with calcium-fortified orange juice

### Calcium Lactate

- Third most common form
- Relatively well absorbed even when gastric acid is low
- Could be better absorbed by pregnant women than other forms
- Contains 13 percent elemental calcium

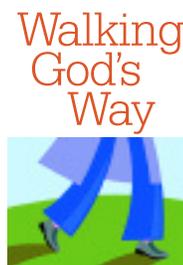
### Calcium Gluconate

- Relatively rare form
- Expensive
- Only contains 10 percent elemental calcium

Most labels list numbers for both "total" and "elemental" calcium. Here's what they mean:

**Total calcium** indicates the total amount of the calcium compound—both the calcium and its mineral carrier—is found in the supplement. Only a portion of this calcium can be used by your body.

**Elemental calcium** is the calcium your body can actually absorb. If the label doesn't list the elemental calcium, assume that only a third of the



total calcium is going to get from the supplement into your system. To further maximize absorption, spread your doses over the course of your day. And if you take calcium and iron supplements, take them at separate times. Calcium is best absorbed with food. Iron is best absorbed on an empty stomach.

One simple method for testing a calcium supplement is to place the tablet in a glass of white vinegar at full strength, and check to be sure it breaks up within thirty minutes.

*Ginger Kolbaba, editor of Marriage Partnership magazine. This article first appeared in the January/February 2000 issue of TODAY'S CHRISTIAN WOMAN magazine.*

### **Thought Provokers**

- *How will your life change if you develop osteoporosis?*
- *When can you get a bone density scan?*
- *What can you start doing today to decrease your risk of osteoporosis?*
- *How can bone loss jeopardize your emotional and spiritual health?*
- *In what ways does bone strengthening affect your walk with God?*

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## A Novel Idea

**I blended my love of books with my need for exercise—and God met me in the process.**

*by Nancy Tester*

It's an icy January afternoon—way too cold for a sane person to take a walk outside. But I'm almost finished listening to a Christian audio book of *That Hideous Strength* by C. S. Lewis (Scribner, 1996), and I won't let myself listen to it indoors. When I stopped listening yesterday, evil scientists had imprisoned Mark, the main character. Today he must make a choice—participate in their nasty plans or die.

I look out the window and sigh. It might be cold, but I *have* to find out what happens. I lace up my walking shoes, load up the tape, and head out the door. Normally, the last thing I'd want to do is walk in winter weather. But today, I'm guided by sheer desperation. I'm a woman in the middle of a thriller.

In the past, I didn't like anything to do with exercise. I'm naturally good at things that involve a love of sitting. I like reading, writing, and libraries. It was a book that led me back to Christianity, which I had abandoned as a child. After that, books from Christian authors formed a kind of second congregation for me. Their words corrected or encouraged me in all the changes God swept into my life: new attitudes, new habits, and a new perspective on the world.

One new perspective was my health. At age thirty-seven, my lack of physical fitness had begun to alarm even me. Twenty years of smoking cigarettes and sitting on the couch made the slightest exertion difficult. I quit smoking, but getting out of the car still made me breathe hard, and I had trouble climbing the stairs in our house.

I knew I needed exercise, but every sport seemed either too hard or too boring. I couldn't run long enough to play tennis. I was less than thrilled when I tried to lift weights. I flailed around helplessly in an aerobics class. Was there a sport for someone who was really out of shape? Was

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there an exercise for someone who'd rather be reading? Finally, I prayed about it. *God, this is hopeless*, I confessed.

One day I pulled up to our house and sat for a few minutes in the parked car, listening to an audio book of *Pride and Prejudice*. I didn't want to turn off the tape, but I didn't want to spend the rest of the afternoon in the driveway, either.

I remembered watching my brother put on headphones before he jogged down the beach. I couldn't jog, but I could walk. I dug out a portable cassette player, popped in the tape, and tried going around the block with it. I listened to Mr. Darcy snub Elizabeth Bennett at a ball. *Poor Elizabeth!* I thought, heaving myself up a hill. *She's too poor to ever marry.* I headed down another side street, forgetting I was hot or that my legs were tired. And before Elizabeth had time to snub Mr. Darcy back, I had walked two and a half miles.

Now audio books motivate me to get out the door for my daily forty-five-minute walk. Sometimes, if I'm in the middle of a good book, I'll pass my house and keep going an extra mile or two. It's not that I'm devoted to exercise; I want to find out who the murderer is!

Over the past eight years, I've listened to scores of books and have worn out two tape players. My energy level has increased gradually, and my body has grown stronger. Recently after an aerobics class, I sat for a few minutes in the car, astonished. Since when could I keep up with an exercise class? How did I, the person who dreaded workouts, ever get into reasonable shape? God gives us some miracles immediately; others can be seen only when we look back, after we've gone a few hundred miles.

I admit I look a little odd when I'm listening to audio books. It's not the tape player attached to my jeans or the earphones around my head. It's because I forget I'm in public while I listen to a book. I shake my head. I talk back to the characters. I become oblivious to the neighbor trimming her hedges. "Don't marry him," I say as I go by. "He doesn't love you!" My neighbor smiles at me graciously, but she doesn't put down her hedge clippers, either.

I listen to mysteries, classics, biographies, and sermons, but the books I love most are audiotapes of Christian fiction. To me, these books feed both mind and soul, bringing the essential truths of Christianity to mind.

The only problem with this new sport is procuring the books. Unabridged Christian audio books are hard to find—and abridged books often are condensed so much, they don't make sense. Sometimes I find it best to buy a used edition of the audio book on the Internet. When I'm finished with the book, I donate it to my library. Later, it's satisfying to note other people have checked out the audio book.

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I started listening to these books to distract me while I tried to get in shape. But when I finish the exercise, my mind feels as refreshed as my body. I put on the earphones and listen, and the Holy Spirit gently underlines what he wants me to hear.

The plots work like parables. When the characters pray, I remember to pray, too. They talk to God about their troubles, and I talk to him, too. The characters remind me of something I tend to forget in the confusion of everyday life, so that no matter what problems I'm walking with that day, God can be trusted to handle them all.

I listened to *The Lord of the Rings* in early spring, exercising in a chill landscape of cream-colored fields and bare trees. I scuffed along the road, disheartened. I was struggling to speak more honestly with those around me. Was it worth it? Did God even want me to be more real with other people? I turned on the tape. A few minutes later, I heard Gandalf recite a poem to Frodo. "All that is gold does not glitter," he said. "Not all who wander are lost." His words seemed like an answer from God. Sometimes what is gold—what God wants us to do—doesn't seem attractive to us. Sometimes what is gold can only be seen through the eyes of God.

That summer I checked out *Cry, the Beloved Country*, and I walked the dusty roads near our house. We had decided to move—a wrenching decision—and the landscape looked as unhappy as I felt. The fields were brown from lack of water, and the dirt road cracked under my feet. But as I listened to the main character, Pastor Stephen Kumalo, reach for God in his loss, I was comforted. "God is powerful," the author seems to say. "He turns our pain into new life."

I heard Father Tim face problems in *At Home in Mitford* (Penguin Books, 1996), too. Father Tim prays about each situation, allowing God to touch his world. It reminded me of a problem in our house—one of our relatives had been searching daily, fruitlessly, for a job. As time wore on, our sympathy for him had increased, but had our prayers increased, too? The book reminded me I needed to offer the only real help I could: prayer.

Sometimes, these books remind me that our difficulties allow us to grow closer to God. In one of the greatest scenes ever written by C. S. Lewis, the evil forces in *That Hideous Strength* strip Mark of the false gods in his life—his career, his reputation, and his colleagues. But losing everything allows Mark the freedom to surrender to God. C. S. Lewis's words whisper in my ear as I walk under a landscape of icy branches and pale sky. "Trust God in all difficulty," he seems to say. "The darkest places allow us to see more of his light."

The characters are transformed during the course of each book, and I've changed a little bit, too. In place of my ruined body, God has given me strength and health.

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I breathe a little deeper, move a little easier, and step a little lighter since I've started walking. My spirit feels lighter, too. By walking with Christian audio books, I've found a closer walk with God.

*Nancy Tester, a teacher and writer, lives in Arkansas. This article first appeared in the January/February 2005 edition of TODAY'S CHRISTIAN WOMAN magazine.*

### **Thought Provokers**

- *When you feel hopeless about your physical state, what do you do?*
- *How can you combine something you enjoy with exercise, as this author did?*
- *How can you learn from God through the way you exercise?*
- *What books on spiritual fitness have you wanted to read that you might listen to on tape while exercising?*

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# Making Peace with My Emotions

**It took months of crying spells for me to realize I was depressed.**

*by Nancy Stevens*

Eight months ago I sat in my office, tears gathering in my eyes. “Not again,” I said aloud to myself. “Not here.” I blinked back the wetness in my eyes and tried to focus on my computer project. No luck. More tears. With a deep breath I headed for the ladies room, trying to keep my composure until I was safe within the privacy of a stall. Once inside I let the tears spill, dabbing them carefully with toilet paper. Sadness welled up from deep inside, snuffing out my normally upbeat personality. *Why can't I keep my emotions under control?* I wondered in frustration and embarrassment.

This scenario had become all too familiar in the last several months. I'd be enjoying a perfectly fine day only to be unexpectedly overtaken by sadness or hopelessness. Some days I even awoke feeling sad. These emotions usually overwhelmed me when I was alone—in my car, in my office, in my bed as I tried to fall asleep. While I'd always been an emotional person, this was different. I couldn't find any apparent cause for these emotions, and that only made me feel worse. After all, I had a good job, dear friends, a nice apartment, a wonderful church. Nothing seemed wrong. So why was I crying so frequently?

When the crying first started, I tried some practical remedies. I drove around in the sunshine during my lunch hour, listening to fun fifties music or uplifting Christian songs. When I read that dehydration could lead to sluggishness, I began drinking more water. I tried to eat balanced meals when I learned certain vitamin or protein deficiencies could affect moods. And I cried out to God to restore my usual joy in life. Yet no matter what I tried, my sadness persisted.

Finally, when I explained my chronic sadness to my mother over the phone, Mom begged me to do whatever I needed to do to get better.

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I made an appointment with a Christian counselor I had seen a few years back to help me with a strained relationship. As I sat on my counselor's couch, I revealed how I'd leave the office under the auspices of "running errands," only to drive around crying through my lunch hour. Sure, there was stress at work. Sure, there were days when being single was a drag. Sure, we were having a dreary spring. But I'd never responded to these kinds of stressors this way before.

When my counselor first mentioned the word *depression*, it sounded so serious. Wasn't that something for people who were alcoholic or suicidal? I wasn't that bad. But I had to admit, some of its symptoms fit: hopelessness, crying, feeling emotionally empty and lonely.

My counselor explained that sometimes depression is caused by circumstances, such as the death of a loved one, and sometimes it's the result of a chemical imbalance, usually low serotonin levels. Since she had worked with me in the recent past and figured out through the course of our conversation that there seemed to be no other extenuating circumstances, she suggested we treat the problem medically. She assured me it sounded like a mild case of depression and suggested an herbal over-the-counter antidepressant, St. John's Wort, which I could buy at the local health food store. I'd need to take it for at least a month to see if it worked. Since the pills had few side effects, I figured I had nothing to lose except, hopefully, my depression.

I continued to pray, chat with close friends and family members about the problem, care for myself, and meet with my counselor. Several months later, I felt a bit better, but not much. I flew to visit my family one weekend and felt the nagging sadness even in the comfort of home. As we sat in the airport chatting before my plane was to take off, big tears rolled down my face. Strangers noticed me crying, but I didn't care. This wasn't sadness to leave, this was really—I began to admit to myself—*depression*. My wall of denial came down as I realized my counselor was right. I dried my face with a Burger King napkin as my parents stared at me in anguished helplessness. "Promise us you'll get more help," my mom said before I left.

At my next appointment with my counselor, I mentioned my crying spell in the airport and my continued feelings of depression. She suggested a prescription antidepressant, such as Prozac, about which I'd need to speak to my medical doctor. I made an appointment that week.

When I told my nurse I was visiting the doctor to see about being put on a prescription antidepressant, my face grew red and hot. The nurse scribbled something on my chart, smiled at me, and told me my doctor would be right in. As she left the room, tears welled up in my eyes. It was embarrassing to admit this aloud to someone, even a health-care professional. I took a few deep breaths, prayed for strength to explain myself clearly without losing it, and blinked back my tears. After a brief conversation with my doctor in which she suggested a blood test to



rule out any other medical problems, I walked out of her office with a prescription for Prozac.

I put away the remainder of my St. John's Wort and began taking the small two-colored pills. In my weak emotional state, I couldn't seem to get beyond praying, "Help me, God!" While I knew God loved me, that he, the Great Physician, knew what was wrong with me and could heal me emotionally, he still felt far away and painfully silent.

Slowly, however, as the days went by, I began recognizing God's fingerprints. Didn't I have a supportive family? A trusted Christian counselor? And as I shopped, chatted, and lazed in the sun with a close friend while on vacation in California, I felt my joy returning. My trip was truly a gift from God, but I feared returning to my normal routine. With more prayers and a sad good-bye, I headed back home.

I returned to my normal routine by strategically propping up photos of sandy beaches and lush, rolling hills around my bedroom and office to cheer me on. I trudged back to work, volunteer meetings, the gym—and slowly realized I was feeling better. About three weeks after I'd returned from vacation, it dawned on me I was back to my old self—happy and hopeful. The Prozac was working. No more tears, no more sadness, no more emotional lethargy.

I continued to pamper myself a little, realizing I may have been running myself ragged with a too-full schedule. I dropped a few things and moved my target bedtime up an hour. On sunny days I made sure to go outside and enjoy the scenery, even if it was just for a stroll or a peek at my friend's garden. I read for pleasure and became more faithful about my morning quiet time. I realized how easy it had been for me to care for others over the years and how little time I'd invested in caring for myself. That was a big mistake. Now, I treat each joyful day as a gift and fully relish God's blessings.

I'm still new at this depression stuff, and I don't know what the future holds. But I intend to keep praying, leaning on trusted friends, and savoring the good days. I'm more honest with people now, sharing my mistakes and flaws, letting others see the real me. I've learned being a godly woman isn't about perfection but about knowing my strengths and weaknesses and entrusting them all to God.

I find myself telling more friends about my Christian counseling and mild depression. As I share, I'm amazed at how many women reveal they've been struggling with this problem in silence. These are the people with whom I hope I'm candid. Maybe together—with honesty and God's help—we can find a whole new brand of joy.

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*Nancy Stevens, a publicity coordinator, lives in Illinois. This article first appeared in the March/April 1999 issue of TODAY'S CHRISTIAN WOMAN magazine.*

**Thought Provokers**

- *What would you do if you thought a close friend suffered from depression? What might you say?*
- *Even if you don't suffer from depression, what are some things you can do to pamper yourself like the author did?*
- *Why do you think it's important (or not important) to pamper yourself on occasion?*
- *How could you pamper yourself spiritually? What might that do for you emotionally?*

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# What Every Woman Needs to Know about Endometriosis

**A special report on a serious disease.**

*by Joanna Bloss*

That familiar pain was back. It was sharp, and it radiated throughout my abdomen. Initially, I'd brushed it off as something I ate, but after a few months I noticed that the pain seemed to flare up only when I was having my period. Over-the-counter medications helped, and I did my best to ignore the discomfort. But then I also began to experience a constant ache in the area of my right ovary. I'd recently suffered a miscarriage that had required surgery, so I wasn't eager to go back to the doctor. However, the fear of ignoring something terrible, such as ovarian cancer, prompted me to make an appointment with my gynecologist.

My physician listened carefully as I described my symptoms, then performed an internal examination. "I don't feel anything unusual, but I think we should schedule a laparoscopy," he said. He explained I would be placed under a general anesthetic, then he would make a tiny incision near my belly button. He would insert a tube with a light on the end to see if he could find the reason for my symptoms.

Surgery seemed a little drastic to me. My physician had said he wasn't concerned about cancer, and didn't every woman have menstrual cramps? *Maybe mine are just a little worse than everyone else's*, I thought, *or maybe I just have a low pain tolerance*. Thinking I was overreacting, I almost canceled the procedure. But a friend convinced me to go through with it.

My gynecologist's findings shocked me: I had extensive endometriosis. He showed me a picture of my insides, pointing out the brown and yellow spots that covered my ovaries and uterus. He explained that he'd tried to burn off as many of the spots as he could with a laser, but that the pain most likely would return.

At that time I didn't know anything about endometriosis. I vaguely remembered a friend who had it, but she was in her early twenties, and her gynecologist had told her she'd

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probably never get pregnant. I was thirty-two and had three kids. *How could I possibly have the same condition?* I wondered.

I've since learned a great deal about this disease that physicians say has reached epidemic proportions.

Endometriosis used to be called the “career women’s disease,” because at one time it was thought to affect only childless working women in their thirties and forties. Today, more than five million women and girls of all ages in North America have been diagnosed with endometriosis. Despite its prevalence, the disease often is misunderstood and misdiagnosed by physicians and patients alike.

Endometriosis derives its name from the *endometrium*, the tissue that lines the uterus. Each month, this tissue normally builds up, then sheds during a woman’s menstrual cycle. In women who have endometriosis, endometrial tissue (or tissue like it) grows outside the uterus in the form of lesions, implants, nodules, and cysts. These become inflamed and painful because, unlike endometrial tissue inside the uterus, this misplaced tissue has no way of leaving the body.

Most often these growths are found on the ovaries, fallopian tubes, and in the lining of the pelvic cavity, but it also can be found on the bladder and intestines, and occasionally even in areas outside the abdomen. Endometriosis can cause scar tissue, adhesions, and intestinal obstructions because it grows and spreads, compressing and sometimes even invading surrounding organs.

Many endometriosis sufferers tell of nightmarish experiences including missed workdays, unsympathetic bosses, irritated husbands, strained marriages, and the devastating pain of infertility.

Perhaps most disturbing is the number of women who are told by medical practitioners and family members that their pain is imaginary. In *Living with Endometriosis* (Addison-Wesley, 1987), author Kate Weinstein says 70 percent of the women she interviewed for her book were told by someone in the medical profession that there was no physical cause for their pain. Of her twenty-year struggle with endometriosis, one woman says, “Being dismissed by doctors and having my horrible pain minimized were almost worse than the disease.”

It’s difficult to say who’s at risk for developing endometriosis. There may be a genetic connection; mothers and daughters of endometriosis sufferers are probably more likely to develop the disease. A study published by *The Journal of the American Medical Association* found that women with shorter menstrual cycles (less than twenty-seven days) and longer menstrual flow (one week or longer) are more likely to develop endometriosis than those with longer cycles and shorter periods.

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Since I'd had abdominal pain with my periods, my doctor suspected endometriosis almost immediately. However, symptoms can vary greatly from woman to woman, making it a very difficult disease to diagnose.

Symptoms can include pain with bowel movements (which indicates the presence of growths on the colon or intestines), painful intercourse, intestinal problems, abnormally heavy bleeding, fatigue, and lower-back pain. Endometriosis sufferers often describe their pelvic pain as "sharp, burning, or knifelike," and while pain is often worse during menstrual periods, it can occur all month long.

Infertility is one of the most heartbreaking symptoms. While not all women with endometriosis are infertile, an estimated 30 to 40 percent of sufferers have difficulty getting pregnant. According to the Endometriosis Association, the possibility of infertility may increase the longer a woman waits to get pregnant. Also, some research indicates that those who do get pregnant are more likely to have difficulty in labor and delivery and to experience ectopic pregnancies and miscarriage.

Since the symptoms of endometriosis can mimic other diseases such as appendicitis, ovarian cysts, and bowel and colon diseases, it's best not to assume one has endometriosis until a definitive diagnosis has been made. This can only be done through laparoscopy, a procedure that's usually done as outpatient surgery with a general anesthetic. The doctor fills your abdomen with carbon dioxide gas, then inserts a slender tube with a light on it (called a laparoscope) through a small incision in the abdomen. The doctor then looks around the abdomen to evaluate the severity of endometrial growths.

Even after laparoscopy, some doctors miss the presence of endometriosis, so it's important to find a physician who specializes in the disease.

Perhaps one reason endometriosis has failed to garner the attention it deserves is because it hasn't been perceived as serious or life threatening. However, in a study of 20,686 Swedish women with endometriosis, researcher Louise Brinton of the National Cancer Institute found that endometriosis sufferers appeared to have a higher risk for developing breast cancer, ovarian cancer, and non-Hodgkin's lymphoma. Researchers at the Brigham and Women's Hospital in Boston have found a potential link between melanoma (a dangerous form of skin cancer) and endometriosis, and a recent study at the University of Pittsburgh confirmed that women with endometriosis may be more likely to develop ovarian cancer.

Unfortunately, endometriosis is as difficult to cure as it is to diagnose. After my surgery, my symptoms subsided for several months, and I got pregnant with our fourth child. My doctor told me I could expect to be painfree for up to two years after my daughter was born, but after that, the symptoms were likely to recur.



I felt OK for about eighteen months; then the pain slowly returned. It began plaguing me for weeks at a time, and eventually I only felt good for about one week out of every month. The rest of the month I'd experience severe abdominal pain and headaches (which were likely due to hormone fluctuations).

In addition, I was experiencing PMS-type symptoms such as anxiety and depression about a week before my period. I grew increasingly frustrated. Practically every woman I knew had to deal with PMS from time to time—what was wrong with me that I couldn't cope with the pain? I often would pray for relief, then become discouraged when the symptoms wouldn't go away. I began to wonder if this was a spiritual problem. I reasoned that if I prayed harder or was more faithful in my quiet times, maybe then I would feel better.

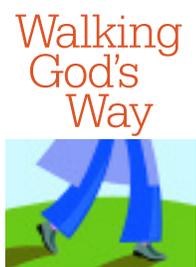
With the encouragement of my husband, I finally made another appointment with my gynecologist, who reminded me this was indeed a physical problem. He said he thought it was time I had a hysterectomy. I resisted his suggestion. As a Christian, wasn't I supposed to persevere through my trials and not try to avoid them? I wrestled with my decision and prayed for wisdom.

God gently revealed to me that he was providing an answer through the care and counsel of my doctor. After all, if I'd had a disease such as cancer, I wouldn't have questioned the need for surgery. I released my fear to God, and found comfort in verses such as Psalm 73:26, "My flesh and my heart may fail, but God is the strength of my heart and my portion forever" (NIV) and Psalm 54:4, "Surely God is my help; the LORD is the one who sustains me" (NIV) I realized whether or not I had surgery, God still would be the one ultimately to sustain me.

I later found out a total hysterectomy (which includes removal of the uterus, ovaries, and fallopian tubes) is considered the only cure for endometriosis, but because of the need for hormone replacement therapy, the disease can recur in some women, even after surgery.

For women who wish to get pregnant or who simply aren't ready to have a hysterectomy, there are other options to help manage the symptoms of endometriosis. However, because of the complicated issues of the disease, there isn't a one-size-fits-all treatment. Traditionally, endometriosis has been treated with laser surgery or medication, or a combination of the two. Some medications may suppress the disease, including hormone therapies such as birth control pills, and Danazol, a drug that induces temporary menopause.

One new treatment is called laparoscopic excision or LAPEX. This procedure is done as outpatient surgery, but instead of being burned with a laser, the endometriosis is surgically excised.



Diet and exercise can make a difference. Regular aerobic exercise may help decrease pain, partly due to conditioning of muscles in the pelvic area. Exercise helped considerably when my symptoms were at their worst. A low-fat, high-fiber diet also can help lower estrogen levels. Some patients find relief from using alternative treatments such as acupuncture, herbs, nutritional supplements, and stress-reduction techniques.

It's been almost a year since my hysterectomy, and I'm no longer burdened by pain. The most important thing I've learned is that painful periods aren't normal and shouldn't be ignored. Don't keep on suffering the debilitating symptoms of this disease—help is available.

*Joanna Bloss, a writer and a mother of four, lives in Kansas.*

## Alternative Treatments

*by Corrie Cutrer*

Aside from surgery or hormone drug therapy, alternative methods of treating endometriosis have been introduced in recent years.

In *Endometriosis: A Key to Healing through Nutrition* (Thorsons, 2002), author Dian Shepperson Mills explains how some endometriosis sufferers have experienced relief through diet changes. For example, some patients have eliminated certain foods from their diet such as wheat, refined sugars, dairy products, and caffeine, while increasing their intake of other foods and supplements including nuts, vegetables, berries, fish, fish oil, and evening primrose oil.

Larry and Belinda Wurn, founders of Clear Passage Therapies, have developed a treatment for endometriosis that combines massage and physical therapy. The treatment breaks apart the painful internal adhesions caused by endometriosis through site-specific stretching and pressure techniques similar to massage movements. Larry says the couple began developing the method thirteen years ago after Belinda was diagnosed with cervical cancer and underwent surgery and radiation. The surgery caused adhesions, which resulted in pelvic pain. The therapy the couple created to help Belinda is the basis of Clear Passage's patented treatment plan, which about two hundred women receive annually in Florida. Larry says 85 percent of his patients experience a significant decrease in endometriosis-related pain after completing the therapy.

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## Health Matters

### *What Every Woman Needs to Know about Endometriosis*

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The intensive, weeklong treatment plan is expensive— \$4,200 for twenty hours of therapy. But the Wurns say most insurance plans cover some of the cost. Additional Clear Passage centers are opening this year in New York, California, and Washington, D.C. For more information, visit [www.clearpassage.com](http://www.clearpassage.com) or call (352)336-1433.

*Corrie Cutrer. This article first appeared in the March/April 2004 issue of TODAY'S CHRISTIAN WOMAN magazine.*

### Thought Provokers

- *How can untreated endometriosis affect a woman's life—physically, mentally, spiritually, and socially?*
- *What is your usual response to pain? Do you ignore it, suffer through it, see a doctor? What do you think is a biblical response, and why?*
- *Describe a time when someone discredited a real problem you were having, whether physical or otherwise. What can you do to make sure you don't do this to others?*
- *What kind of support does your church offer for people with endometriosis? How would it be helpful for you to attend a group with women who are dealing with the problem?*

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## Confessions of a Compulsive Eater

**When the urge for food becomes overwhelming.**

*by Cynthia S.*

“Why can’t I stop eating?”

Thousands of U.S. women ask themselves this question every day as they struggle to gain control over food and lose weight. Excessive eating is the most prevalent eating disorder in our society. While most of us overeat on occasion, and many feel we eat more than we should, food addicts feel powerless to stop the constant cycle of bingeing—eating large amounts of food in a short period of time. Such was the case with Cynthia, who struggled in her relationship with food for more than twenty years before she found release and healing. Here’s her story.

—*The Editors*

I ate the whole pie.

I had driven to the nearest grocery store that morning where I cruised through the bakery, selecting a cherry pie and a few other items. When I returned to an empty house—my husband was at work and my son was in school—I started pushing away my loneliness by shoving heaping tablespoons of pie into my mouth. When the pie was half gone, I hid the rest in our refrigerator vegetable bin and began the housework. At lunchtime, though I wasn’t hungry, I nibbled some leftovers. Then, an hour later, I once again stood at the counter, spooning pie into my mouth. *If I hurry*, I thought, *I’ll be able to finish it before the school bus drops my son at the house.*

Today I ate an entire pie. A few days ago it was a bag of cookies, before that, a cake. I just can’t seem to control myself. Life has become a routine that begins each morning with a mental review of the contents of the kitchen cabinets and refrigerator. And once I start to eat, I can’t stop until I am almost ill.

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My eating disorder began when I was age eighteen. I had a strained relationship with my parents. One night I argued with my father over some insignificant matter and decided it was time to move out of the house. It wasn't an amicable parting. For the next eight months, my father refused to talk to me and discouraged my mother from having any contact with me. My school friends had moved away to attend college, I was struggling financially, and I was alone. The rejection and pain of that estrangement were almost unbearable.

My mother ate when she was upset, and soon I began to imitate her coping mechanism. It felt safer to stuff my mouth with food than to confront my father. I gained thirty pounds and was miserable. Though I eventually reconciled with my father, lost the excess weight, and returned home, the emotional bruising I had sustained never healed.

My next heated disagreement with my father occurred three years later, when he accused me of having sex with an old boyfriend who had stopped by for a visit. Of course, that wasn't true. But my father was furious and told me I had ninety days to find another place to live. After that he refused to talk to me again or even look at me. I reconciled with my father, but soon we had another disagreement. He refused to talk to me for ten years after that, during which time I married—and gained forty pounds.

Eventually this painful estrangement became unbearable, and I made peace with my father. After I lost the excess weight, I realized there was a connection between my eating and emotional stress, particularly with my father.

I began to believe that if my family couldn't accept me, no one could, so I refused to get close to people. Instead, I made food my companion. After all, it never let me down. It became more important to me than anything or anyone else, including my husband, my son, or even the God I'd committed my life to at the age of thirty.

My husband was mystified by my cycle of weight gain and loss. He assured me repeatedly that he loved my body, but I couldn't accept his words, and our relationship became strained.

That only added to my self-consciousness. I couldn't walk down a street, through a mall, or even through my workplace without wanting to hide my body in a coat. People asked me if I was pregnant. I wore uncomfortably tight clothes because I didn't believe I deserved new ones.

I knew my problem was out of control when, one day, I found myself asking a slab of cake for a solution to a problem. I could no longer ignore how weird my perception of food had become.



That's when I got serious with God. He allowed me to handle my problem my way and waited for me to come face-to-face with it. Only then was I able to really turn it over to him and ask him for supernatural help. And he heard me.

I wasn't willing to join another weight loss group (I had joined just about all of them over the years). But after I prayed for God to help me battle this problem once and for all, I discovered the phone number for Overeaters Anonymous (OA), a support group for men and women who are compulsive overeaters, bulimics, or anorexics. I learned their recovery program, based on Alcoholics Anonymous, involves attending weekly meetings, formulating an eating plan, and finding a sponsor—someone willing to answer my questions and offer emotional support. OA was my last chance. I attended that first meeting with sweaty palms and a dry throat. I was afraid I'd fail once again and would yo-yo diet for the rest of my life. It took several meetings before I felt at home, but I hung in there until one day everything they talked about made sense.

Before long, I made friends in OA who compassionately listened and encouraged me when I faltered. If I was upset over something that happened, I could call my sponsor instead of returning to my destructive eating habits. Overeaters Anonymous also stressed a spiritual solution to my physical problem—an approach I had never considered. Delving into the spiritual aspects of my eating problem, they challenged me to forgive those who had wronged me and to make restitution to those I had wronged.

I made a list of people I had harmed and began to contact them to apologize. I wrote one friend an apology for the hurtful way I'd ended our friendship. I apologized to my husband and son for my attempts to control them. I apologized to my mother for my part in making our relationship tense. Though my father had passed away a year earlier, I prayed many times when I was alone, offering my amends for my part in that rocky relationship.

In OA meetings, I heard how God was willing to take away my compulsion for eating if I would let him. Previously my guilt and shame led me to believe God had better things to do than be concerned about whether I ate an entire pie. My thinking had limited the healing God had for me. In effect, I had told God I would handle this one myself. But in the OA meetings, I learned to exchange my will for his. The first three steps of the program are often paraphrased, "I can't, God can, I think I'll let God." I've discovered through this process that *nothing* is too small to bring to God.

Along with seeing the spiritual side of overeating, I learned how to eat properly. I consulted a nutritionist who helped me formulate a balanced food plan. At first, I couldn't follow the food plan without turning it into a diet. But I wanted more than a temporary respite from my compulsive eating—I wanted complete freedom. So I gradually, gently, weaned myself off food I couldn't control, such as cake and



brownies. Because I love sweet things, I allowed myself extra portions of my favorite fruits. Being scrupulously honest about what I was eating wasn't easy at first; it took concentrated effort plus *lots* of prayer.

I went through a grieving period over my relationship with food, which was once my ally and friend. I relived the emotions I'd felt over events that had occurred during those years when I was anesthetized by food. I grieved friendships lost and the time I wasted being angry and resentful of my parents.

Food from my former life is all around me. When I feel anger and stress, my compulsion to overeat returns. But I now know that while I have the freedom to select items that aren't the best for me, they only provide emptiness and pain. Now, when I'm unable to follow my food plan, I do the best I can and start over with the next planned meal. It took me four years to stop yo-yo dieting, and I've been at a stable weight for the past three years.

I don't look back on my years of compulsive eating with condemnation. I realize I didn't know any other way to cope with what was going on inside me. In exchange for excessive food and the illusion of control, God has given me a great life. Emotions are now a blessing; I'm so much more alive. I can reach out to others and accept the help of those who reach out to me. My family and I are closer than we've ever been. No longer do I tell myself I'm not worthy of nice clothes that fit. And I've certainly grown in faith, asking God for all kinds of things and offering more of myself—my spirit, my will, my time, my talents—than I ever imagined he'd want. The miracle and joy of this is that he has accepted me—all of me—and I'm learning to do the same.

*To contact Overeaters Anonymous, check your local telephone directory, e-mail [www.overeatersanonymous.org](http://www.overeatersanonymous.org), or write to Overeaters Anonymous, P.O. Box 44020, Rio Rancho, NM 87171-4020.*

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## Are You a Food Addict?

Do any of the following statements relate to you?

by Cynthia S.

1. I eat when I'm not hungry.
2. I eat large quantities of food at one time.
3. I go on eating binges for no apparent reason.
4. I feel guilty and depressed after I overeat.
5. My weight is affecting the way I live.
6. I eat to escape from worries or trouble.
7. I eat differently in private than I do in public.
8. I think about food constantly.
9. I eat until I'm uncomfortably full.
10. I want to stop eating but I can't.
11. I continually attempt one diet or food plan after another, with no lasting success.
12. I eat in secret.
13. I hide food to make sure I have enough.

If you agreed with more than three of the above statements, you may be a food addict. Contact your health-care physician for a more detailed diagnosis.

*Cynthia S. is a pseudonym for a writer living in Washington. This article first appeared in the January/February 2001 issue of TODAY'S CHRISTIAN WOMAN magazine.*

### Thought Provokers

- *What was your initial reaction to the idea of Overeaters Anonymous?*
- *What are some healthy ways to deal with pain and conflict?*
- *What will you do in the future when you find yourself turning to food for comfort?*
- *In what ways do you see overeating as a spiritual problem?*

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## Additional Resources

### Books to help you further

🌀 **Mom's Health Matters** by Carrie Carter (Zondervan, 2003). This easy-to-use resource is packed with practical, up-to-date medical information just for moms. Focusing on twelve key women's health issues and commonly asked questions, Carter explains how your physical and mental health affects the whole family's well-being.

🌀 **Greater Health God's Way: 7 Steps to Inner and Outer Beauty** by Stormie Omartian (Harvest House, 1999). Omartian outlines seven steps to good health including peaceful living, proper exercise, prayer and fasting, perfect rest, and healthy food. Nurturing these qualities will help you develop the discipline you need to be a strong, vital, ministering person.

🌀 **Lifelong Health** by Mary Ruth Swope (Whitaker House, 1997). In this book, you will learn how to prevent cancer, how calories can help you, how to change your eating habits, and what nutrients and vitamins will help you stay well. You will learn how to live longer, stay healthy, and enjoy the life as God intended.

🌀 **Health 4 Life** by Jody Wilkinson, MD (Gospel Light 2002). This book is about reaching a goal of total wellness—physically, spiritually, emotionally, and mentally. The practical pointers and encouraging insights found here will lead you to a more balanced, healthy way of life.

🌀 **Total Heart Health for Women** by Edwin Young, Jo Beth Young, and Michael Duncan (Thomas Nelson, 2005). With practical health and fitness tips, smart recipes and strategies for an authentic spiritual life, women will learn to get heart healthy by honoring Christ physically and spiritually.

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