

Our Healthy Lifestyles

Only thing to fear is fear, and, of course, snakes

Snakes. I won't go near them, I definitely won't touch them, and I even have a difficult time looking at them on television or in a magazine.

Yes, I have a fear of snakes, ophidiophobia if you will. I know it's ridiculous and unreasonable—honestly, what danger is a garter snake to me?—but I just can't help it. (As I write this, I'm nervously shaking my legs just thinking about them.)

This can become particularly distressing working outdoors, often in the woods, where I occasionally stumble across one snake or another.

Friends just don't seem to understand, either. Some share a strong dislike of real snakes, but enjoy the Discovery Channel episodes depicting predatory reptiles, and some are even



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fond of these legless beasts.

It's a topic of amusement for many; my closest friends occasionally enjoy tricking me into situations where I happen across a realistic picture, a snake skin, or a rubber snake. I'm able to laugh it off, but I can feel my pulse racing. This phobia is no joke.

What's worse, I have no intention or desire to "face"

my fear and overcome it. I don't feel my life is inhibited in any way, and I even think at least a minor fear of snakes is a good thing to have, being a fan of self-preservation and all. I am perfectly content doing my best to make sure I don't cross paths with any snake, venomous or otherwise. So, I won't travel to Australia any time soon. I'll go to Ireland instead.

This behavior is called avoidance and is typical in phobics.

Unfortunately, too many phobics share my sentiment. Ophidiophobia, though not uncommon, is only a small subsection in the expansive category of specific phobias.

According to the Encyclopedia of Mental Disorders, a specific phobia is a type of disorder in which the affected individ-

ual displays a marked and enduring fear of specific situations or objects.

They can be fear of environment (i.e.: heights), fear of animals (i.e.: snakes!), situational (i.e.: flying), or medical (i.e.: blood). The encyclopedia continues to explain that people with specific phobias do not typically experience general anxiety and are less likely to seek treatment than those with other anxiety disorders.

However, though specific phobias are limited to very particular situations, there are many people with phobias who inhibit themselves tremendously in order to avoid that which they fear.

For example, my grandmother is claustrophobic. She experiences high levels of anxiety when she's in, or thinks about being in, small,

enclosed spaces.

She cannot ride in elevators, cannot fly, and refuses to wear a seat belt based on a fear that she'll be trapped inside the car. She knows there's no real danger in wearing a seatbelt, and she understands she's putting herself in more danger without it, but she simply cannot bring herself to click it.

I'm torn between the practical frustration I experience in trying to convince her that seatbelts are important, and the empathy I feel for someone who simply can't bring herself to do something out of fear.

Now, I'm no doctor, and I can't offer any tricks or advice to help you overcome your fears.

However, what I'd like my grandmother to know, what I'd like every phobic to know, is that there is help to

be found.

It's been shown that psychological treatment can be very effective in treating specific phobias, though a relatively low number of phobics actually seek treatment (between 12-30 percent).

If your fears are inhibiting your life and happiness, please don't hesitate to speak to your doctor about your options.

As President Franklin D. Roosevelt famously said, "The only thing to fear is fear itself."

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The difference between carpal tunnel and Cubital Tunnel Syndrome

A new patient came in recently with complaints of pinkie and ring finger tingling and thought she had Carpal Tunnel Syndrome. She had gone on line and typed in her symptoms and carpal tunnel is what they came up with.

So she went out and got a wrist brace but two weeks later her finger are still numb. She wanted to know if she had to have surgery.

I think the internet is very important tool which can help guide people and educate them. But a little knowledge can be a dangerous thing.

After hearing her history, I told her I didn't think she had carpal tun-



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Alternatively
Speaking

nel. I think she had a condition called Cubital Tunnel Syndrome. The culprit in carpal tunnel is the Median Nerve which starts at the neck and travels down the arm to the

thumb, index, middle and half the ring finger. The Ulnar nerve also starts at the neck, travels down the arm, passes around the elbow and goes into the little finger and the other half of the ring finger.

The symptoms of carpal tunnel and cubital tunnel are similar in that they both

will cause numbness and tingling in the hand but in different fingers. And this is important because doing carpal tunnel surgery on a cubital tunnel syndrome is like taking out the appen-

dix for a gall bladder problem. (Of course, as a Chiropractor, I would hate to see you have any of your God given organs removed).

In any course of treatment, it is important to be treating the right thing. In order to correctly diagnosis the condition electro-diagnostic studies are in order and are quite accurate in determining where the compression of the nerve is occurring.

The things that trigger Cubital Tunnel Syndrome are leaning on the elbow especially when you sit at a desk or keeping the elbow bent for long periods of time like during sleep. Things that trigger Carpal

Tunnel are repetitive hand motions such as typing. Both are uncomfortable and both can be treated successfully in a non-invasive way if caught early.

In my office, we would treat the problem with chiropractic adjustments as well as cold laser or ultrasound to reduce the inflammation. We would recommend doing some trigger point therapy including massage to the area and adjust the elbow and wrist.

Hand exercises and posture recommendations are important as well. And of course the Chiropractic adjustments would be to the neck shoulder, elbow and wrist

are important too. Those nerves can be irritated anywhere along its course. And if you have compromise in more than one area, the symptoms will be worse.

So if you have irritation in the elbow and problems in the neck, your symptoms might be worse than if you had a neck problem by itself or a wrist problem by itself. This even has a special name: Double Crush Syndrome.

Dr. Carol Grant, a local chiropractor, does not intend this column to substitute for medical advice. She urges you to always consult with your personal physician before changing any current program.

Some of the things that you should know about prepaid funerals

Elder clients always ask, "Is it a good idea to pay for my funeral in advance?", and "Won't my life insurance take care of it?"

This is a nationwide concern, and a 1998 AARP survey showed about 32 percent of Americans over 50 have made some prepayment arrangements. Some of the reasons to buy a prepaid funeral are:

- You can arrange the funeral you want.
- The burden to make decisions is lifted from your loved ones at a time when they are grieving your death.
- Certain contracts may lock in prices.
- It provides an immediate and sure source of funding.
- It gives you peace of mind.

In Connecticut, there are specific regulations on how a prepaid funeral can



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be set up.

Your local funeral home is most knowledgeable on how to do it, but here is what the law provides.

First, you can buy an irrevocable contract for up to \$5,400 to go toward the funeral. This includes costs such as picking up the body, embalming, viewing, funeral services, permits,

etc. Then, in addition, you can buy burial space items, which are items that go into the ground, such as a casket, a vault, or a headstone. In short, Connecticut allows you to fully prepay your funeral. Many funeral homes will use the funds to buy a fully paid up life insurance policy to insure that the funds will be available at the time of death. If you purchased a prepaid funeral contract in another state, Connecticut will honor it if it met the other state's rules.

If a person does not have a prepaid funeral contract that meets Connecticut's rules, and that person goes on Title 19 (Medicaid) before he dies, chances are there will be no funds to pay for the funeral and the children will then have that expense. So the answer to

the question, "Is it a good idea to have a prepaid funeral?" is yes. And the answer to the second question, "Won't my life insurance take care of it?" is maybe not. That is because if you have a life insurance policy with a cash value, and need nursing home care, you may have to cash it in to qualify for Title 19, if the cash value, plus your other assets, exceed \$1,600.

Another aspect of Connecticut's law is that you can do a predesignation of who you want to be in charge of your funeral, and specify what you want. This is important in those few cases where someone is concerned that a second marriage, or uncooperative family members, may dispute what kind of funeral to have.

And, one last thought. When you are considering where to be buried, make

sure the plot is yours and that there is set aside space. Because I can tell you from personal experience that the space you were counting on in the "family" plot may have been taken years ago by the spouse of the uncle you never liked.

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Weekend: spending some more time in Southington

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the heaviest lightweights (under 200 lbs), coming in at 199 lbs. This year, I will be flipping things around, and likely be the lightest (215 lbs currently, unless I go on an apple fritter binge) in the light heavyweight (201-231 lbs) category.

As you progress in

weight classes, the differing weights for the events also increase.

This helps keep everything even, as the heavier you are, typically the more weight you can move.

Southington has some great events going on during the early fall days. I am lucky to be a part of two of them.