

# A Story of Recovery

by **Laureen Albrecht**

If health conditions were like frequent flier miles, Ira Schachter would have enough points accumulated to get to heaven and back. And his most recent condition literally sent him on a round-trip excursion with all staff at Melbourne Terrace Rehab Center coaxing him into his earthbound stay and recovery. It was a recovery that entailed endurance, strength and wound healing, which was his last vestige before home.

Schachter has worked for 40 years and has owned his own plumbing business for 25 years. His specialty is surviving numerous surgeries and life-threatening conditions that put him on the operating table more frequently than any amassed vacation days he's had during his life. Up to this point, his life has been about work and hospital trips with the latter excursions taking up most of his recent years.

When he explains his health history, it's a dizzying array of facts that include three rounds of lithotripsy, a medical procedure that uses shock waves to break up kidney stones, gall-bladder surgery, several colonoscopies, bouts of painful gout and cataract removal to improve his vision.

The most recent and serious disorder has been from his diagnosis of ulcerative colitis and subsequent Crohn's disease. Ulcerative colitis is an inflammatory bowel disease (IBD). Crohn's disease, another common IBD occurs anywhere in the digestive tract. Because of Schachter's ulcerative colitis, the lining of his colon eroded in places and allowed for infiltration of dangerous bacteria. The bacteria formed an abscessed pocket and perforated the intestinal wall during a bout of sneezing and coughing due to a respiratory infection. The cough and simple sneeze was enough internal force that led to harmful bacteria spilling out of the intestinal perforation and into his blood stream causing a toxic infection.

Nothing proved to be simple for Schachter and he endured several abdominal surgeries in one month. The surgeries included bowel resectioning, abdominal wall reconstruction and an implanted internal synthetic network of mesh used as reinforcement to the abdominal wall to provide stable wound coverage. During his third surgery, he had a "mini" stroke and almost gave him a one-way trip to heaven. Instead, he awoke to find all four children grateful at his bedside. Back at Melbourne Terrace, his abdominal wound was proving to be stubborn to healing so MIST therapy was part of his plan of care. MIST therapy is a low-frequency ultrasound system that is combined with sterile saline mist, which is administered by trained therapists.

It's a maverick and proven method to extensively reduce and disrupt many types of harmful bacteria as well as stimulate healthy cells that can accelerate the healing process. In Schachter's case, he



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responded to the treatment with complete healing of the wound and clearance of harmful bacteria.

“Therapy was the best thing for me,” states Schachter, “I can do so much more now.” He smiles as he boasts about his rehab team and he’s very happy with his results. “MIST therapy was very comfortable and it really did work,” states Schachter. He further explains that his wound was so swollen that he had to wear very large shirts and now can get into smaller clothes with greater comfort with moving and bending.

With his abdominal wound closing, he was allowed a safe discharge home. He says that he is now able to walk on the treadmill

for 15 minutes due to his outpatient rehab at Melbourne Terrace as well as ride a bike around the neighborhood. “When I first started physical therapy, I could only ride my bike less than ½ a block,” states Schachter. He’s elated with his rehab that resulted in him being able to tend to his garden and cook daily meals for his family. For now he’s content at home and does not want to take any long trips again.

Melbourne Terrace Rehabilitation Center offers comprehensive rehabilitative outpatient and inpatient services for short or long term care and they are located at 251 Florida Avenue, Melbourne, Florida. Call 321-725-3990 to schedule a tour or for more information. **SS**

*Article written by Laureen Albrecht – Health Writer*

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disease. But 66% of the medical students did not know that BMI is a measure developed to correlate with risk.

In the area of nutrition, only half of the medical students—correctly—knew that breads and grains were the suggested categories from which most servings should be consumed. Only 42% of them knew that less than 30% of calories should be from fat. Most believed that physicians’ advice would have a strong impact on patient compliance. All of them, however, believed that physicians should have a strong background in nutrition. And that completed the Diet Therapy course! If you were to read even a few of the articles appearing in Obesity Research with any regularity, you would have more education than the average medical student. I can state with absolute confidence that little, if any, medical residents receive further training in diet and exercise. Yet what top seven

diagnoses do Family Practitioners and Internal Medicine specialists see most? Diabetes, high blood pressure, high cholesterol, sleep apnea, spine and joint disease, and acid reflux, for which diet and exercise are recommended as the first line of treatment in all cases.

To begin remedying this problem, in the same issue of Obesity Research cited above, it was announced that several leading medical centers would begin teaching professionals how to deal scientifically with diet and exercise. Each of the centers is responsible for its respective area in the United States: Pennington Research Center (Baton Rouge—Southeast), University of Colorado (West), UCLA (Pacific), St. Luke’s New York (Northeast), and Northwestern and Mayo Clinic (Midwest). Several more may be called on to assist in educating physicians. Called the Centers for Obesity Research and Education, their mission is also to raise public awareness and bring obesity research expertise into the community. **SS**

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### **Manipulative and Body-Based Practices**

Manipulative and body-based practices are primarily on the structures and systems of the body, including the bones and joints, soft tissues, and circulatory and lymphatic system. Two commonly used therapies fall within this category:

Spinal manipulation is performed by chiropractors and other health care professionals such as physical therapists, osteopathic physicians, and some conventional medical doctors. Practitioners use these hands or a device to apply a controlled force to a joint of the spine, moving it beyond its passive range of motion; the amount of the force applied depends on the form of manipulation used. Spinal manipulation is among the treatment options used by people with low-back pain – a very common condition that can be difficult to treat.

The term massage therapy encompasses many different techniques. In general, therapists press, rub, and otherwise manipulate the muscles and other soft tissues of the body. People use massage for a variety of health-related purposes, including to relieve pain, rehabilitate sports injuries, reduce stress, increase relaxation, address anxiety and depression, and aid general well-being.

Spinal manipulation has been used since the time of the ancient Greeks and was incorporated into chiropractic and

osteopathic medicine in the late 19<sup>th</sup> century. Massage therapy dates back thousands of years. References to massage appear in writings from ancient China, Japan, India, Arabic-nations, Egypt, Greece (Hippocrates defined medicine as “the art of rubbing”), and Rome.

Finally, whole medical systems, which are complete systems of theory and practice that have evolved over time in different cultures and apart from conventional or Western medicine, may be considered CAM. Examples of ancient whole medical systems include Ayurvedic medicine and traditional Chinese medicine. More modern systems that have developed in the past few centuries include homeopathy and naturopathy.

As with any medical treatment, there can be risks with CAM therapies. These general precautions can help to minimize risks: (1) Select CAM practitioners with care. Find out about the practitioner’s training and experience. (2) Be aware that some dietary supplements may interact with medications or other supplements, may have side effects of their own, or may contain potentially harmful ingredients not listed on the label. (3) Tell all your health care providers about any complementary and alternative practices you use. Give them a full picture of what you do to manage your health. This will help ensure coordinated and safe care. **SS**

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