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100% Effective Natural Hormone Treatment
Menopause, Andropause And Other Hormone Imbalances
Impair Healthy Healing In People Over The Age Of 30!

The Case Of Syndrome X

By Namita Nayyar

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Before you make a decision of whether to follow a low fat diet with lots of carbohydrates or a diet high in poly- and monounsaturated fats with fewer carbohydrates, there are certain factors that need to be understood. Prior to your decision go in for a lab test to determine your level of LDL- Cholesterol, HDL- cholesterol, triglycerides, blood sugar and insulin. Get these checked up by your family physician. If your blood pressure is fine and your blood level of these substances are within normal you don't need to worry about the portions of fat or carbohydrates you eat. The more out of range you are of these parameters, the more likely you are to have Syndrome X.

Abnormalities in glucose and lipid (blood fats) metabolism, obesity, and high blood pressure occur together. In fact, this cluster of abnormalities is known as a syndrome, going by a variety of names, including Syndrome X, the Deadly Quartet, and the Insulin Resistance Syndrome. Syndrome X. is a new term for a cluster of conditions, that, when occurring together, may indicate a predisposition to diabetes, hypertension and heart disease. Insulin is the hormone responsible for getting energy, in the form of glucose, or blood sugar, into our cells. A woman who is insulin-resistant has cells that respond sluggishly to the action of insulin. Following a meal, this woman will have elevated glucose circulating in the blood, signaling yet more insulin to be released from the pancreas until the glucose is taken up by the cells.

When insulin resistance, or reduced insulin sensitivity, exists, the body attempts to overcome this resistance by secreting more insulin from the pancreas. This compensatory state of hyperinsulinemia (high insulin levels in the blood) is felt to be a marker for the syndrome. The development of Type II, or non-insulin dependent, diabetes occurs when the pancreas fails to sustain this increase insulin secretion. It is not clear how insulin resistance contributes to the presence of high blood pressure, but it is clear that the high insulin levels resulting from insulin resistance contribute to abnormalities in blood lipids—cholesterol and triglycerides.

The syndrome is typically characterized by varying degrees of glucose intolerance, abnormal cholesterol and/or triglyceride levels, high blood pressure, and upper body obesity, all independent risk factors for cardiac disease. If one includes along with the classic four features the commonly associated conditions of aging, sedentary lifestyle, stress, smoking, and a dose of genetic

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susceptibility, then a deadly web of increased cardiovascular (heart and blood vessels) disease risk is woven

Treatment for the described metabolic syndrome therefore aims at treating all of: the features of the syndrome that exist in a given woman.

The first step, then, is to identify the risk for the insulin resistance syndrome—women who are overweight, those who have a parent or sibling with Type II diabetes, women who had diabetes which occurred during pregnancy are more susceptible .

General recommendations :

Because these conditions occur in a cluster, the steps you take to bring one of the conditions into a healthy range will likely improve the others.

- 1.If you're overweight,try to lose some extra kilos.Losing up to 10 or 15 percent of your current body weight can bring blood pressure down and increase your cells' sensitivity to insulin.
- 2.If you are sedentary, engage in some vigorous physical activity for 30 minutes or more a day,3–5 times a week . Exercise is an important component of weight loss. It also raises HDL blood levels, even without weight loss. A sedentary lifestyle is responsible for about 25 percent of the effect of syndrome X.
- 3.Aim for a diet moderately low in fat and concentrated sweets or one that has 20% calories as fat, if not more. The Dietary Guidelines recommend to eat 55 percent of total calories from carbohydrates, primarily complex carbohydrates. The key words here are "complex carbohydrates," such as grains, beans and vegetables, rather than sweets and desserts, and the total number of calories being consumed—just enough to maintain or achieve desirable weight.
4. In case if pharmacological intervention is required your doctor might prescribe blood pressure medications which will improve insulin sensitivity and have no adverse effects on blood lipids, blood sugar medicines which improve insulin sensitivity and blood lipid levels, blood pressure treatments may be particularly beneficial for the kidneys of women with diabetes
5. Other factors include cessation of smoking, and moderation of alcohol intake .

This approach to caring for women with the insulin resistance syndrome, that of comprehensive evaluation and risk factor management, is essential if we are to meet and overcome the real health danger which accompanies this constellation of metabolic abnormalities—cardiovascular disease.

Namita Nayyar is a President & fitness trainer,Women Fitness(<http://www.womenfitness.net>) with a sound background of Normal & therapeutic Nutrition

How To Win Your Case For Social Security Disability Benefits If You Suffer From Chronic Fatigue Syndrome and/or Fibromyalgia

By Sheri Abrams

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Winning a Social Security Disability case for someone who suffers from Chronic Fatigue Syndrome and/or Fibromyalgia (CFS/FMS) can be very difficult. However, with proper preparation I am often able to win client's their Social Security Disability benefits. I approach a Chronic Fatigue Syndrome or Fibromyalgia case using the following five factors:

1) Was the Diagnosis of Chronic Fatigue Syndrome or Fibromyalgia Made by a Specialist?

I am always very skeptical on my chances of winning when a person comes to me and is not being treated by a specialist in Chronic Fatigue Syndrome and/or Fibromyalgia. I usually prefer to see that the client is being treated by a Rheumatologist but I have been successful in these type of cases working with an Infectious Disease Specialist and a Neurologist. I feel that the diagnosis of a primary care or internist is not sufficient in this type of case. It is also important, of course, for this doctor to be supportive of his/her patient's disability case and for me and the client to know this from the beginning of my representation. If a person calls me and does not have a specialist working with him/her, I suggest that they contact a local support group for a referral.

2) Has the Client's Doctor Eliminated Other Diseases Through Testing Before Diagnosing Him/Her with Chronic Fatigue Syndrome and/or Fibromyalgia?

I feel that to provide validity to the diagnosis of Chronic Fatigue Syndrome and/or Fibromyalgia certain medical tests need to be performed so as to rule out other conditions. I usually like to see blood work done that excludes other Rheumatic diseases which may share symptoms with, or mimic, CFS/FMS. In cases of Fibromyalgia I look for a physical exam that finds and documents tender points. In Chronic Fatigue Syndrome cases I also normally like to see that a Tilt Table Test has been done.

3) Are the Client's Complaints Typical For Someone Who Suffers With Chronic Fatigue Syndrome and/or Fibromyalgia?

By now I can usually tell by interviewing a prospective client if his/her complaints are typical. The client's medical records should show documented symptoms. Without this documentation, the diagnoses of CFS/FMS may be subject to disbelief by Social Security.

4) Was the Client Treated With Physical Therapy and/or Pain Medication?

I like to show an Administrative Law Judge (ALJ) that my client has tried whatever treatment is available for his/her condition. Whether this is a series of physical therapy appointments, narcotic pain medications or even non-traditional treatments like biofeedback or acupuncture. I feel that the severity of my client's condition will be supported by the fact that he/she has tried everything to find relief.

5) Has the Client Consulted or Been Treated by a Psychiatrist or Therapist?

Because I do not want an ALJ to attempt to say that Chronic Fatigue Syndrome or Fibromyalgia are "mental disorders" I like to show the ALJ that my client is either seeking treatment for depression or anxiety or has had these conditions ruled out by a mental health specialist and are still suffering from Chronic Fatigue Syndrome and/or Fibromyalgia.

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Sheri R. Abrams, is an Attorney who practices Social Security Disability Law in Virginia, DC and Maryland. Ms. Abrams graduated from the George Washington University Law School and the Boston University School of Management. For more information please see Ms. Abrams's web site at

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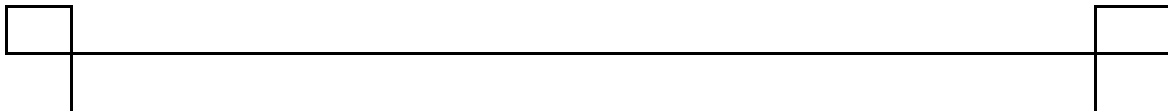
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