WHAT IS NORMAL?

RINGING OR HUMMING IN THE EARS

The program: how to handle the holidays

Melatonin had improved tinnitus symptoms and better sleep.
—Texas A&M University

Relief for ringing ears. Ringing or humming in the ears is a hallmark symptom of tinnitus, a condition that can disturb sleep. In one study, researchers found that people who took the hormone melatonin had improved tinnitus symptoms and better sleep.
—American Academy of Otolaryngology-Head and Neck Surgery

Drink safe juice.
When buying juice or cider, check the label to be sure that the juice has been pasteurized. Unpasteurized juice can contain bacteria that could make you sick.
—U.S. Food and Drug Administration

Kindness and compassion are hallmarks of Castle Community Care’s home health aides, says Harumi Kobayashi, whose husband, Itsumi, is paralyzed. Aides visit the Kobayashi home three times a week to provide personal health care services.

GIVING FROM THE HEART

BY NORISE JASTILLANA

The Kobayashis, of Kaneohe, were dealt a difficult—and unexpected—blow when Itsumi fell from a roof eight years ago the retired contractor, then 76, suffered serious injuries that left him paralyzed. His wife, Harumi, struggled to care for him—not an easy job for anyone, let alone a 70-year-old woman.

“It was very traumatic, so difficult to adjust,” Harumi Kobayashi recalls.

Three years ago life got a bit easier for the couple when they called Castle Community Care. Since then, home health aides have visited the Kobayashi home three days a week, spending three hours each visit providing personal health care services for Itsumi—and a much-needed respite for Harumi.

“We look forward to their visits—it’s like a ray of sunshine when the aides come,” Harumi Kobayashi says. “It makes you stay better because you look forward to them coming.”
Most women are probably familiar with the quick flush of fear at finding something different in one of their breasts.

Maybe you’re one of them. Maybe you felt a lump that wasn’t there the last time you checked. Or maybe an area of tenderness seemed to appear for no apparent reason and lingered for a few, slightly tense days.

It’s probably nothing to worry about, you told yourself. And you were probably right. According to the National Cancer Institute (NCI), most changes that occur in the breasts are perfectly normal—the result of age or fluctuating hormones.

That doesn’t mean you want to ignore them, of course. A change in one or both breasts can be a sign of cancer. But it’s more likely to fall into one of these categories of benign changes:

- **Most changes that occur in the breasts are perfectly normal—the result of age or fluctuating hormones.**

Fibrocystic changes. Approximately half of all women will, at some time in their lives, experience fibrocystic changes in their breasts, says the American Cancer Society.

Your breast is made of many parts, including milk glands, ducts, and fatty and fibrous tissue. Fibrocystic changes can involve nearly any of them. These changes can cause lumpy, tender breasts—areas that might feel rubbery or hard—especially right before the menstrual period. As the name suggests, fibrocystic changes also can cause fluid to gather and form a cyst.

**Fibroadenoma.** A fibroadenoma is a usually painless growth that can feel round, hard and rubbery. It moves around easily and can get bigger when a woman is pregnant or nursing. Fibroadenomas are most common in women in their 20s and 30s.

**Calcifications.** Calcifications are deposits of calcium that appear as white spots on a mammogram. They’re more common as you age, and they can be small (microcalcifications) or large (macrocalcifications).

SEE YOUR DOCTOR Always share with your doctor any concerns you have about changes in your breasts. The NCI also recommends calling your doctor if you have:

- A lump in or near your breast.
- Nipple discharge or tenderness.
- Redness, dimples or puckers in a breast.
- A change in breast size or shape.

When a biopsy is necessary

A mammogram can sometimes answer questions about breast changes that are found during a physical exam. But a biopsy is the only way to determine whether a growth is cancerous or not.

According to the National Cancer Institute, the following are the most common types of breast biopsies:

- **Fine needle aspiration.** Fluid or cells are removed with a thin needle and syringe for possible testing.
- **Core needle biopsy.** A specialized cutting needle—sometimes guided by ultrasound or a special 3-D x-ray machine—is used to remove a tissue sample.
- **Surgical biopsy.** All or part of the growth is removed during surgery.

Most breast biopsies can be done on an outpatient basis. Some can even be performed in a doctor’s office. Although it may be scary to undergo a biopsy, keep in mind that most biopsy results are benign, reports the Radiological Society of North America.

To find more details about how breast biopsies are performed, visit the National Cancer Institute’s Web site at www.cancer.gov.
CASTLE TALK
NEWS, VIEWS & TIPS

From left, Kevin A. Roberts, CMC president and CEO; Gailene Wong, grant director for the Harry & Jeanette Weinberg Foundation; Luther Park, CMC governing board member; and Mitch Dolier, Harold K. L. Castle Foundation president, introduce the new Harry & Jeanette Weinberg Patient Care Wing.

ULUPONO: GROW WELL AND FLOURISH
Castle unveils new Patient Care Wing

On July 30 Castle Medical Center welcomed hundreds of visitors to its campus to celebrate the completion of its Harry & Jeanette Weinberg Patient Care Wing. The day included delightful pupus and entertainment by Ho’okena, Maile Gibson, Olomana and the Rich Crandall Jazz Trio, as well as tours, keiki activities, health screenings and cooking demonstrations.

The formal program included a blessing of the new wing by Kahu William H. Kaina and the unveiling of the name for the new wing.

Castle Community Care: Giving from the heart

—Continued from page 1

Enanoria says she approaches each client’s care as though he or she were a family member.

“I think, ‘What if this was my family? How can I help them out? How can I make life better for them?’” she says.

For the two clients Enanoria now cares for, that means helping when and where she is needed: preparing meals, helping with medications, giving sponge baths, tidying up, washing clothes and, basically, “whatever the patient needs,” she says.

Additionally, she monitors vital signs, assists with exercises, provides tube feedings and nurses clients through illnesses, reporting any concerns to the nurse in charge of the case.

“I love my job,” Enanoria says repeatedly, explaining that she dreamed of being a nurse since childhood. “You become part of the family, like close friends.”

Each home health aide visit provides the families with a much-needed “breather” and a chance to attend to other responsibilities and relationships.

“When we’re there, the family has a time-out. It gives them a break,” Enanoria says.

FLEXIBLE SCHEDULES Castle Community Care provides services on an hourly basis, from as few as two hours once or twice a week to 12 or more hours of care every day. Most service plans are three to four hours a day, three or four times a week. The program offers competitive rates based on individual service plans and accepts most major credit cards, long-term care insurance and Medicaid.

Castle Community Care also offers HealthWatch, a personal emergency response system that provides clients with 24-hour, two-way communication in case of an emergency.

As more and more families seek to care for loved ones at home, there is a rising demand for services provided by agencies like Castle Community Care, which is always on the lookout for talented care providers, says McGuire.

All staff are carefully screened, trained and bonded, and perform duties under the direct supervision of clinical coordinators Kim Pavin-Sheppard, R.N., who oversees the adult program, or Susan Gallagher, R.N., who is responsible for pediatric nursing care and respite services for families of medically fragile infants and children, an additional and much-needed service provided by Castle Community Care.

‘THE BEST POSSIBLE CARE’ Staff members agree that there are certain personal characteristics inherent in those who choose this line of work.

“You can’t do this kind of work without a heart—you have to give your heart,” says Enanoria, who insists that this job is not for everyone. “You also need to be honest, to be who you are, to be loyal, to protect the patient’s privacy and to respect the people and their belongings.”

A sense of teamwork and a talent for communication are also essential to doing a good job.

“It’s a good environment,” Enanoria says about Castle Community Care. “Everyone communicates and works together well, which is necessary to give your patient the best possible care.”

CASTLE Wins ACHIEVEMENT AWARD
Castle Medical Center (CMC) recently received the American Heart Association’s Get With The Guidelines—Coronary Artery Disease (GWTG–CAD) Annual Performance Achievement Award. The award recognizes Castle’s commitment to quality and success for twelve consecutive months in implementing a higher standard of cardiac care for patients hospitalized with coronary artery disease. The award garnered CMC a mention in the July U.S. News & World Report article America’s Best Hospitals.

CMC VOLUNTEERS RAISE $1,200 FOR RIVER OF LIFE
In July Castle Medical Center volunteers joined hundreds of volunteers around the island for the River of Life Mission’s “Christmas in July” project. Volunteers took to the streets wearing Christmas hats and carrying fishnets, and they collected funds for the mission’s programs for the homeless. In two hours Castle’s team collected $1,224.69.

FLOAT PLACES FIRST IN PARADE Castle Medical Center’s float took first place in the Kailua Fourth of July parade. The theme for the float was “Ulupono: Grow Well and Flourish.”
THE CASE FOR SCREENING

Which cancer tests you need and why you need them

Ance. The big “C.” It’s a disease we all dread and hope never to get. While there are no surefire ways to completely avoid the disease—everyone is at risk, some more than others—you can take a very important step toward minimizing your risk of developing advanced cancer.

How? By getting screened on a regular basis.

Screening tests can discover many cancers in their beginning stages. Finding the disease early often allows for more effective treatment.

“Most cancers do better if you detect and treat them early,” says Robert Smith, Ph.D., director of cancer screening for the American Cancer Society (ACS). “For some cancers, we have a clear strategy for doing that.”

Finding cancer early can also mean more treatment options, such as breast-sparing procedures, that aren’t available for advanced forms of the disease, Dr. Smith adds.

Another bonus to screening: Some tests can detect precancerous changes that, once treated, stop the disease before it even starts.

Of course, screening tests aren’t perfect. Each can occasionally miss some cancers or raise false alarms. Even with these limitations, however, the tests continue to save lives and are well worth taking, says Dr. Smith.

What follows is a roundup of common cancers and the screening recommendations for each one.

BREAST CANCER Each year more than 210,000 women learn that they have breast cancer, and roughly 40,000 women die from it, the ACS reports. The good news: Breast cancer death rates are falling, largely because more women are getting screened and better treatments are available.

Breast cancer risk increases with age; most women diagnosed with the disease are older than 50. But other factors, such as having a family history of the disease or inheriting a genetic mutation, can also raise your risk.

Do this: To help find breast cancer early, the ACS recommends:

• Yearly mammograms. Women 40 and older need these x-ray pictures of the breast that can spot a lump before you can feel it. Higher-risk women, such as those with a family history of breast cancer, may need more frequent mammograms and may need to start them at an earlier age.

There’s solid evidence that mammograms help save lives in women 40 and older, Dr. Smith says. However, to be most effective, mammograms are needed regularly, he stresses.

• Clinical breast exams. A doctor examines the breasts for lumps or other changes. Women in their 20s and 30s need these exams about every three years, then yearly starting at age 40.

• Breast self-exams. Women may also choose to check their breasts themselves for lumps or other changes. Any changes should be reported to a doctor.

COLORECTAL CANCER Cancers of the colon or rectum kill more than 56,000 men and women each year, the ACS reports. Some 145,000 new cases are diagnosed annually.

Simply being 50 or older increases your risk for colorectal cancer. In addition, if you have a personal or family history of colorectal cancer or of polyps, or if you have inflammatory bowel disease, you are at higher risk.

Colorectal screening can find cancer when it’s small and highly treatable, or it can help prevent cancer by finding precancerous polyps—colon or rectal growths that can easily be removed.

By realizing that a patient has polyps and removing those polyps, you can prevent [that person] from going on and developing cancer—and then you know you have to monitor that patient more closely,” says Jim King, M.D., American Academy of Family Physicians board member.

Do this: If you’re 50 or older, you can’t afford to be squeamish: You need to be screened for colorectal cancer. If every-

CANCER RISK and what it means

Anyone can get cancer. But some people are at higher risk for the disease than others.

What does it mean if you’re considered at higher risk? Most important, it doesn’t necessarily mean that you’re going to get cancer. But it does mean that you may need to be particularly vigilant about screenings or you may need to follow a different screening schedule than someone who is at average risk for the disease.

For example, if you have a family history of colorectal cancer, you may need colorectal screening before the usual age of 50. Or if breast cancer runs in your family, you might need yearly mammograms before age 40.

There are lots of misconceptions about cancer risk, says Robert Smith, Ph.D., director of cancer screening for the American Cancer Society.

One misconception is that having one or more risk factors automatically means you’re in a high-risk group. Another is that screening isn’t...
one did this, at least a third of colorectal cancer deaths could be avoided, according to the Centers for Disease Control and Prevention.

According to the ACS, men and women who are at average risk for colorectal cancer should have one of the five screening tests listed below. You may need earlier or more frequent screenings if you’re at high risk for the disease. In that case, your doctor can tell you which of these tests you need and how often:

- A yearly fecal occult blood test or fecal immunochemical test. These tests check for hidden blood in the stool, which may be from polyps.
- Flexible sigmoidoscopy every five years. A lighted tube is used to examine the rectum and lower colon.
- A combination of a yearly stool test plus a sigmoidoscopy every five years is preferred over either of these options alone, advises the ACS.
- Double-contrast barium enema—a type of colon x-ray—every five years.
- Colonoscopy every 10 years. A long lighted tube is used to view the rectum and entire colon.

CERVICAL CANCER

An estimated 10,000 women are diagnosed with cervical cancer each year; nearly 3,700 women die from it.

Most of these deaths could be prevented with regular Pap tests, which are done on cervical cells collected during a pelvic exam. The cells are then examined under a microscope in a laboratory. A Pap test can find cancer early and it can help prevent cancer by detecting precancerous lesions.

Do this: Women should start having Pap tests about three years after becoming sexually active or by age 21, according to the ACS.

Generally, Pap tests are recommended every one to two years. You may need to be tested less often if you’re over 30 and have had three normal Pap test results in a row. You may choose not to be tested if you’ve increased levels of PSA (prostate-specific antigen), a protein that is made by the prostate gland and can suggest cancer or other conditions.

Do this: The ACS says most men 50 and older should be offered prostate cancer screening. High-risk men, such as African Americans and men with a first-degree relative (father or brother) who had prostate cancer at a younger age, should begin screening at age 45.

Doctors continue to debate whether prostate cancer screening is a good idea, however. Ongoing studies should help answer questions about the effectiveness of such screening, including whether it saves lives or if it leads to treating slow-growing tumors unnecessarily.

Meanwhile, discuss your prostate cancer risk and the pros and cons of screening with your doctor so that you can decide whether screening is right for you.

SKIN CANCER

There are several types of skin cancer, including melanoma, which is the most dangerous kind. And it’s on the rise—about 50,000 new cases of melanoma are diagnosed each year, the National Cancer Institute reports.

Skin cancer risk factors include being fair-skinned, having a family history of the disease or spending lots of time in the sun.

Do this: Check your skin often for anything unusual, such as a mole that changes in color, shape or size, or a sore that doesn’t heal—and let your doctor know right away if you find something abnormal. Your doctor can also look at your skin during regular exams.

JUST IN CASE

Although screenings are an important tool in the fight against cancer, there’s another reason to get them: They can bring peace of mind. Most people will never get the cancers they’re screened for.

In that case, you might think of screening as a kind of insurance policy, Dr. Smith says.

“It’s something that, hopefully, you will have never needed to do, but it’s something you do because you can’t predict who will get cancer,” he says.

TO LEARN MORE ABOUT CANCER SCREENINGS, GO TO THE ACS WEBSITE AT WWW.CANCER.ORG.
'Tis the season to say no to weight gain and yes to weight maintenance

POUNDS THAT PERSIST—THESE AREN'T WHAT YOU WANT FOR HOLIDAY MEMORIES. • STILL, a lot of us do wind up weighing more in January than we did in November, the likely result of too many cups of eggnog or return trips to buffet tables.

But—and there's good news coming—most of us don't do as much damage as was once thought.

“The best data now indicate that the typical American adult gains only about a pound during the winter holidays,” reports Dawn Jackson Blatner, R.D., speaking for the American Dietetic Association.

However, there's a downside to even this slight weight gain: It has staying power.

“One pound may seem trivial, but the average person never loses it,” Blatner cautions.

So do the math. Holiday overeating is likely to leave most people 10 pounds heavier in 10 years—a trend that may help explain that creeping obesity that plagues so many Americans, says Blatner.

HOLDING STEADY While this annual weight gain seems to be a holiday tradition, you can avoid it. "You really can maintain your weight," insists Blatner.

Pay attention to her word choice; she's advocating weight maintenance, not weight loss. Given all the emphasis on food during the holidays, "trying to take off pounds is setting yourself up for failure," Blatner says.

Besides, the new year is approaching; that's your opportunity to commit to a serious weight-loss program, if necessary.

In the meantime, these strategies from Blatner will help keep the scale from inching upward while still allowing you to enjoy your favorite foods:

- Be choosy. Limit high-calorie splurges to foods that you typically don't eat—for example, the pecan pie your mother makes only for Thanksgiving. (But ask for a modest slice of that pie; portion control is another way to avoid weight gain.) Think moderation during the holidays—not deprivation.
- Don't skip meals. Yes, your intentions are good; you want to eat less earlier in the day so that you can eat more later at a party. But invariably, this strategy backfires. The reason: "Hungry people make very bad decisions about food," says Blatner.
- In fact, because hunger often triggers overeating, it's best to eat a low-calorie snack before any event that centers around food. By taking the edge off your hunger, you're less likely to overindulge.
- Position yourself. “If you park yourself next to the candy dish, you're going to eat more candy,” says Blatner. So put some distance between yourself and sources of temptation, such as candy bowls and buffet tables.
- Don't make exercise an all-or-nothing proposition. Even the most hectic holiday schedule is no excuse for abandoning exercise. Try to work out shortly after you wake up, before other demands sidetrack you. And if you can't spare the time for your full routine, exercise for a shorter amount of time. Some exercise is always better than none.
- Drink smart. Ask for sparkling water and a lime twist rather than alcohol at your next holiday party. Unlike alcohol, sparkling water has no calories. Plus, alcohol can stimulate your appetite, which is exactly what you don't want to happen.
- Start a diary—a food diary. Overeating can be a holiday hazard and not only because food is suddenly so plentiful. The extra demands of the holidays may leave you feeling stressed and emotionally vulnerable, causing you to turn to food for comfort, even when you're not hungry.

One solution is to faithfully write down every bit of food you consume, including the handful of chips you mindlessly grabbed five minutes ago. Becoming fully aware of what and how much you eat can help you cut back.

- If you're bringing a dish to a party, make it a low-calorie treat. You'll be assured of something to munch on that won't sabotage your weight-maintenance goal. Consider a fresh fruit platter with low-fat vanilla yogurt for dipping.
- Finally, don't be a stranger to your scale. Instead, if Blatner had her druthers, you'd weigh yourself daily. Even though your weight may fluctuate because you're retaining or losing fluids, you'll be able to spot a trend in the wrong direction—and therefore self-correct.

Start the HOLIDAY SEASON with Castle

Castle Medical Center will host its annual community tree-lighting ceremony on Wednesday, Dec. 6—kicking off the holiday season in Kailua Town.

The free festivities begin at 6:15 p.m. on the Castle lawn (at the entrance to the hospital, 640 Ulukahiki St.) with a concert by the U.S. Marine Forces Pacific Band, followed by the tree-lighting, caroling, holiday refreshments, and a visit from Santa and Mrs. Claus.

After the tree-lighting, take a free trolley ride and view downtown Kailua’s city lights. Rides will be offered from 7:30 to 9 p.m. and are co-sponsored by the Kaneohe Ranch. Also, the First Baptist Windward Church will present a live nativity and choir at the Harry & Jeanette Medical Plaza & Wellness Center. And visitors can view the seasonally decorated windows and listen to a concert on the medical center’s grand piano in the main lobby.

For more information, call 263-5050 or visit Castle Medical Center's Web site at www.castlemed.org.
Here are four common types of sports injuries and what to do about them.

**Shin splints.** This pain along the shin is actually inflammation in a layer of tissue covering the bone. Runners are most prone to this problem. It can be caused by several factors, including improper stretching, running on hard surfaces and running in shoes that aren’t supportive.

Shin splints can happen in elite, well-trained runners, says William Gallivan, M.D., speaking for the American Academy of Orthopaedic Surgeons. But they are also common in people who are not well-trained and who jump into an exercise program and try to do too much too quickly.

If you have shin splints, you may need to take a break from running for a while. Stretching exercises for the leg and ankle, anti-inflammatory medications, ice packs and compression bandages can also help.

Once the pain is gone, ease back into being active.

**Stress fractures.** These tiny breaks in the bone are caused by overuse—or stress—of the bone and are most common in the feet and legs. They cause pain and swelling. The pain will start and then get worse with running, notes Dr. Gallivan. Rest is the first step toward recovery. You’ll need to take at least a few weeks off from whatever activity caused the problem. Once a stress fracture is healed, you should return to your exercise routine very gradually.

**Tendonitis.** Tendons hold your muscles to your bones. Tendonitis is inflammation in a tendon, often caused by overusing the tendon. Tendonitis is usually sport-specific. For example, swimmers and baseball players tend to get tendonitis in the shoulders and arms. For tennis players, the problem area is the elbow.

Taking care of tendonitis usually involves resting the affected area, using anti-inflammatory medications, splinting the affected limb and doing exercises to improve flexibility. Occasionally, surgery is needed to repair damage to the tendon, adds Dr. Gallivan.

**Torn ligaments.** Ligaments are bands of very tough tissue that hold your bones together at the joints. When you get a sprain, a ligament has been stretched or torn. These injuries can range from mild sprains with only slight tearing and mild pain to a complete tear of the ligament.

For minor sprains, the RICE method can help: Rest the injured area, use Ice packs, use bandages for Compression, and Elevate the injured limb.

Certain ligaments must be fixed surgically. And you should see a doctor if the injured area looks abnormal and is very painful or very swollen.

If you suspect you have any of these four sports injuries, you should see an orthopedic surgeon.

“If we see an injury within three or four weeks, we can put [people] on the appropriate treatments, and they have a very good prognosis,” says Dr. Gallivan. “But if we see an injury after three or four months, it’s become a chronic problem, and it’s harder to get rid of.”

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**SPORTS INJURIES**

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**WINDWARD HALF MARATHON AND RACES**

Sunday, Oct. 1

6 to 9 a.m.

Expected number of runners: 750

**HALF MARATHON ROUTE**

Start: Kailua Intermediate School at Kainalu Drive → Kailua Road → Aumoe Road → Mahealani Place → Kakahiaka Street → Wanloo Drive → Counterclockwise around Keolu Drive → Wanloo Drive → Kakahiaka Street → Mahealani Place → Aumoe Road → Kailua Road → Kainalu Drive → Kainui Drive → Mokapu Boulevard → Old Mokapu Road → Kaimalino Street → Turnaround → Kailua Intermediate School.

**5K RUN ROUTE**

Start: Kainalu Drive → Kaha Street → Kainui Drive → Kailua Drive → Kailua Intermediate School.

**KEIKI 1-MILE RUN ROUTE**

Start: Kuukaka Street → Kuualii Street → Kuupau Street → Kailua Intermediate School.

**KEIKI 100-YARD DASH**

Kailua Intermediate School.

Sponsored by the Boys and Girls Club of Hawaii

For race information, contact Susan Friedl at 255-7811 or e-mail dsamson@bgch.com.
The holiday season is just around the corner. Let Castle Medical Center help you stay in shape through the fall and winter. Castle invites you to register for a health-promoting class or seminar or call for a physician referral. Take charge of your health. Call 263-5400 or visit our Web site at www.castlemed.org.

**FAMILY**

**BREASTFEEDING**

Wednesdays, Oct. 11, Nov. 8, Dec. 13
6 to 8:30 p.m.
Taught by a certified lactation consultant. $25

**CHILD/BIRTH BASICS**

Oct. 19 or Dec. 14
$ to 10 p.m.
Individuals: $50; couples: $65; rates discounted if delivering at CMC.

**GENERAL INFANT CARE**

Tuesday, Nov. 14
6:30 to 8:30 p.m.
Learn how to tell if your baby is sick. $25

**INFANT CPR AND SAFETY**

Oct. 24, Nov. 22, Dec. 6
6:30 to 8:30 p.m.
Does not provide certification. $25

**LAMAZE**

Sundays
Oct. 22 to Nov. 26
Dec. 3 to 17, Jan. 7 to 21
4:30 to 7:30 p.m.
Mondays
Oct. 2 to Nov. 13 (no class Oct. 9)
Nov. 20 to Dec. 18 and
Tuesday, Dec. 19
6:30 to 9:30 p.m.
Six-week class. $75; $65 if delivering at Castle.

**FITNESS**

**Wellness Center**

monthly and quarterly memberships are available for fitness classes. Free for Windward YMCA members. Classes emphasize fun as well as functional, useful exercises. All classes are located in the Harry & Jeanette Weinberg Medical Plaza & Wellness Center unless otherwise noted.

**BODY SCULPTING/FITNESS CLASSES**

Monday through Friday
Variable class formats.

**FREEDOM OF MOVEMENT**

Fridays
For people with Parkinson’s disease, ataxia and other movement disorders. Family members and caregivers may accompany participants. Participation requires medical clearance and screening by a physical therapist.

**WAI LANA YOGA**

Wednesdays and Fridays
Excellent for seniors.
Gentle exercises increase joint flexibility, range of motion, muscle strength and cardiovascular endurance. Exercises can be done sitting or standing. Participation requires medical clearance.

**PILATES MONDAYS QIGONG**

Thursdays
A Chinese meditation that uses breathing to regulate health in mind, body and spirit.

**STEADY ON YOUR FEET**

Mondays
For people concerned about their balance. Participation requires medical clearance and screening by a physical therapist.

**NUTRITION**

CASTLE INDIVIDUALIZED LIFESTYLE WEIGHT MANAGEMENT PROGRAM

Ongoing, by appointment
Includes one-on-one nutrition counseling with a registered dietitian, personalized menu planning, cooking classes, body composition analysis, fitness classes and personal training.

Mondays, Wednesdays and Fridays
Ongoing, by appointment
Nutrition therapy helps you get on a healthy diet and nutrition program for optimal health. Topics of focus include weight loss, diabetes, heart disease and cholesterol reduction, women’s wellness, and nutrition and herbal supplements.

**WEIGHT LOSS**

WEIGHT-LOSS SURGERY SEMINAR

Wednesdays, Oct. 11, Nov. 8, Dec. 13, 7 p.m.
Learn about Castle’s new comprehensive surgical weight-loss program.

**SCREENINGS**

HEARTBEAT HAWAII CORONARY RISK EVALUATION

Monday through Friday, by appointment
Includes Castle’s comprehensive computerized coronary risk profile and blood test analysis with recommendations for a healthier heart. $45. Now offering Creactive protein and homocysteine testing for an additional fee.

**BIRD FLU: A VIRUS OF OUR OWN HATCHING?**

Thursday, Dec. 7, 7 p.m.
Presented by Michael Greger, M.D.
In the face of a possible pandemic, Michael Greger, M.D., discusses what we can do to protect our families and what society can do to reduce the likelihood of such potential catastrophes in the future.

**Diet and Nutrition Program**

Monday, Oct. 15, 7 p.m.
Learn about Castle’s new comprehensive computerized coronary risk profile and blood test analysis with recommendations for a healthier heart. $45. Now offering Creactive protein and homocysteine testing for an additional fee.

**LIVING WITH LOSS**

First and third Tuesdays, 7 p.m.
Learn to focus your attention on what you can do to deepen and expand your aliveness. Set your intentions on positive goals in a powerful group setting.

**MIND, BODY, SPIRIT FORUM**

“Stress May Be All In Your Head, but It’s Killing Your Body”
Monday, Oct. 30, 7 p.m.
Presented by Barbara Altemus, M.D.
It is important to nourish our mind, body and soul in the midst of a hectic life.

**KE OLA POMAIKAI WEIGHT MANAGEMENT SUPPORT GROUP**

Thursdays, 6:30 p.m.
Preregistration is required. Call 263-5357.

**PARKINSON’S SUPPORT GROUP**

Third Thursdays, 5-30 p.m.
MEDIFAST® WEIGHT LOSS SUPPORT GROUP

Thursdays, Oct. 19, Nov. 16
5:30 p.m.