**Commuto cords doesn’t have to claim young lives**

**By Dr. Tom Crawford**

Are you the parent of one of the half-million kids playing organized sports in Canada? Then imagine this. You’re watching your child’s game. An opponent unleashes a crushing slap shot. It hits your child square in the chest and your child falls to the ice. The crowd gasps. You expect to see your child wince, as players do following a painful puck impact. But there is no movement. At all.

A blow to the chest can stop the heart. It’s called commotio cordis (CC), defined as cardiac arrest (no effective heart beat) following trauma to the chest wall. Any puck, baseball, soccer ball, elbow or other high-velocity projectile can trigger CC. It needs to hit the chest directly above the heart’s electrical centre and at a vulnerable interval in the heart’s rhythm. At this time, CC is rare and exceptional, so it’s your child.

Eighty percent of CC cases are fatal. There are only of three in 30 seconds. Just imagine the claim you’d have on insurance if this was your child. Would you think that the shoulder, chest and groin pads worn in children’s sports today would protect your child from this threat? But according to the data, they don’t. (2011-star* Chris Pope’s close call with CC in 2009 should have raised awareness and facilitated change. It appears that it did not.)

Fortunately, we live in an age where automated external defibrillators (AEDs) are available in many public places to shock stopped hearts back into proper rhythm. The teams 1 work with keep an AED on the bench at all times. Unfortunately, half of CC cases occur outside of organized sports, in areas where AEDs may be scarce.

What can you as a parent do to protect your child from CC? Learn CPR. Budge your local school to get an AED—they don’t have one already. If you want to take it one step further, then get hold of a hard plastic piece of plastic, about the size of a and want to know how it works, take a look, sir. To the benefit of your child’s heart.

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**Helping a stopped heart beat again**

**Root from the home team**

When you think of ginseng, that root that has been used for health benefits have been known in for centuries. It’s root is used in Korea or China or Japan. Think Thins.

While it may seem paradoxical, it’s very clear how to home. The current 200 plus ginseng species is the one that most thoroughly scientific and theoretical. It is also 100% safe and has no adverse effects.

**Things women need to know**

By Megan Fitzpatrick

Women who think they have a good idea of how their health issues differ from men’s need to think again, because a new study reveals that many women are misdiagnosed or untreated when it comes to their unique health matters.

Three of four women surveyed by Women’s College Hospital in Toronto believe they are aware of women’s health issues, beyond reproductive ones. When asked about specific issues and how they relate to women, however, the 2009 Health Index showed that women have some home- work to do. Research shows women and men get different diseases and they also get different symptoms of the same disease. The study says, but neither doctors are their female patients are in research that as they should be.

There’s still a lot of confusion of women about their bodies and their health that we can do,” said Gillian Einstein, a senior scientist at Women’s College and a professor at the University of Toronto. Einstein has published a book on gender-based medicine. “What the survey shows is that research has to get to women themselves as well as practitioners.”

Only 34% of women report talking with their doctors about health issues unique to them as women — beyond reproductive issues — in the last year, and another 54% said they didn’t know what questions to ask to bring their health-care providers.

The survey of 400 women, conducted for the hospital by Leger Marketing with a margin of error of 5%, shows that while making sure to understand which varieties of ginseng to use for cancer treatments, this is something that is not only important, but it is also something that needs to be taught to women. Currently he is investigating ways to improve the quality of life and health of women in the context of the disease.

The focus for a long time has been on the reproductive health of women and men, and it’s the recognition of unique issues between the genders is expected to be the body, she said.

The study advises women to start a dialogue with their doctors about women’s unique health issues and to become more involved in their care, whether that be a list of questions to ask, or finding the right doctor for you.

**Why there’s still a lot of education about women’s bodies that we can do**

in 20, tested knowledge about certain health conditions. It found that half of women believe both men and women are seeing the same brain sex. The study showed that in the participants were women age 20 to 35 and explaining the topic over in the chronic illness, it was found that only 5% of the participants who had chest pain is not a common symptom of a heart attack for women it is for men. More than 40% of women report language, shortness of breath, nausea and vomiting during a heart attack, not chest pain. The survey also indicated that 61% of women don’t know that they are twice as likely to experience depression. One-third of women revealed that they reported long cardiac pain at the same rate as men when, in fact, women are 15 times more likely to be let, and 5% of women don’t know that there is a higher rate of non-melanoma skin cancer among women than men. Einstein said the lack of awareness about gender differences in health brings certain risks.

“The important thing is that once you have a positive test as a diagnosis, then you need to do something about it,” he said. “At a chronic level, it can lead to a deg- radation of quality of life and health over time as the disease progresses.”

The initial work will take at least four years to do. “And while there will be a lot of work getting there, the future offers a bright hope for the present,” he said.

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