

## Your Birthright Inheritance

David J. Sterken MN, CNS, CPNP

Recently while preparing for a presentation I came across a book that touched me so deeply that I want to share it with you. The book – *The Twelve Gifts of Birth* – written by Charlene Costanzo – claims a message for children of all ages and the child in every adult. Charlene Costanzo begins the book with these words:

“At the wondrous moment you were born, as you took your first breath, a great celebration was held in the heavens and twelve magnificent gifts were granted you.

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🚫 **Strength** – May you remember to call upon it whenever you need it

🚫 **Beauty** – May your deed reflect its depth

🚫 **Courage** – May you speak and act with confidence and use courage to follow your own path.

🚫 **Compassion** – May you be gentle with yourself and others. May you forgive those who hurt you and yourself when you make mistakes.

🚫 **Hope** – Through each passage and season may you trust the goodness of life.

🚫 **Joy** – May it keep your heart open and filled with light.

🚫 **Talent** – May you discover your special abilities and contribute them toward a better world.

🚫 **Imagination** – May it nourish your vision and dreams.

🚫 **Reverence** – May you appreciate the WONDER THAT YOU ARE and the miracle of all creation

🚫 **Wisdom** – Guiding your way, wisdom will lead you through knowledge to understanding. May you hear its soft voice.

🚫 **Love** – It will grow each time you give it away.

🚫 **Faith** – May you believe”

The author states at the end of the book, “*The Twelve Gifts of Birth* reminds us to recognize DIGNITY IN OURSELVES AND OTHERS.” Let us revel in our inheritance, recognizing that nothing can diminish our “essence.” It is easy to allow our life to be viewed through the lenses of HIV. We MUST remember that our “worth” cannot be diminished despite many of the debilitating aspects of HIV/AIDS. Worth is inherent to each of us, as well as *The Twelve Gifts of Birth*.

Reference: Costanzo, C. (2001). *The Twelve Gifts of Birth*. Harper Collins, New York: NY.

**The purpose of life is to matter- to count, to stand for something, to have it make some difference that we all lived.  
(Leo Rosten)**

# Interaction Between Anti-HIV Drugs and Oral Contraceptives

Thom Thiele, ACRN, IBCLC

Several anti-HIV drugs are known to interfere with the way the body processes oral contraceptives (OC). The most commonly used oral (hormonal) contraceptive is called ethinyl-estradiol (estrogen and progesterone). The following is a list of known drug interactions:

**Indinavir (Crixivan):** Moderately increases ethinyl-estradiol levels in the blood; dose change is not necessary.

**Nevirapine (Viramune):** Significantly decreases ethinyl-estradiol levels in the blood, making oral contraceptive less effective; increase in OC dose or additional methods of birth control are recommended.

**Nelfinavir (Viracept):** Significantly decreases ethinyl-estradiol levels in the blood, making oral contraceptive less effective; increase in OC dose or additional methods of birth control are recommended.

**Ritonavir (Norvir):** Significantly decreases ethinyl-estradiol levels in the blood, making oral contraceptive less effective; increase in OC dose or additional methods of birth control are recommended.

**Efavirenz (Sustiva):** Increases ethinyl-estradiol (estrogen and progesterone) levels in the blood. It is not yet known whether a dose modification is necessary in this case.

Common sense dictates that barrier contraceptives are the preferred choice involving sexual behavior but if oral contraceptives have been the choice by informed women, the above list should be taken into consideration.

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<http://www.projectinform.org>

# HIV+ Women: Their Response To Drugs and Other Diseases

Thom Thiele, ACRN, IBCLC

Women are being infected with HIV infection at alarming rates. Treatment modalities must often be adjusted for women, as it is becoming more obvious that there are differences in how they respond to drugs and manifest symptoms of disease. Here are a few examples.

**Megace**, a commonly used drug for men over the years often prescribed for HIV associated wasting, can cause significant, irregular vaginal bleeding in HIV+ women. A drug by the name of norethindrone is being substituted for megace with women.

**Albumin levels** are significantly lowered in HIV+ women causing a significant increase in amenorrhea.

**Pentamidine or prednisone** can both increase blood sugar levels.

Women on **protease inhibitors** have a two to three times greater risk of developing diabetes mellitus.

Gender differences in **Nevirapine** rash show a three times greater incident of severe rash by women as compared to men.

Women who are HIV+ proved to develop **human papillomavirus (HPV)** or if already positive for HPV developed a more severe case going from atypical squamous cells of undetermined significance to low-grade and later high grade cervical dysplasia (cervical cancer) as detected by a Pap smear. HIV+ women have a higher rate of HPV as compared to those who did not. Since HPV is detected more frequently at lower CD4 cell counts and with greater immune suppression, it is hypothesized that increased use of HAART could effect decreased HPV infection and its cancerous consequences.

**Vaginal warts and lesions** are also associated with lowered CD4 counts, hence HAART could be effective in decreasing the occurrence or reoccurrence of these lesions.

**Vitamin A deficiency** has also proven a cause for squamous intraepithelial lesions in the vaginal vault. Vitamin A supplements in HIV+ women may decrease the rate of pre-cancerous changes in the cervix.

**5-fluorouracil (5-FU)** has proven helpful in decreasing dysplasia in HIV+ women.

**Sodium dodecyl sulfate (SDS)**, commonly found in shampoos and toothpaste, may be useful as a microbicide. This substance is in research studies right now and has proven effective in showing antiviral effects against HIV, herpes simplex virus, and HPV (the cause of cervical cancer).

Widely known by now, **AZT** has been extremely effective in decreasing mother-to-child transmission of HIV in utero. Studies out of Thailand have proven that even the smallest of doses has an effect in reduction of transmission, although not as promising as higher doses.

**HAART** has also proven to be effective in vertical transmission although there have been side effects on the baby such as prematurity, anemia, cutaneous angioma (blood vessel abnormality), cryptorchidism (undescended testicles), and transient hepatitis.

**Lactic acidosis** in women who had been on long-term therapy including d4t and ddI has resulted in a couple of documented deaths. Pregnancy might be a greater vulnerability to lactic acidosis.

**Fluconazole** is commonly used to treat yeast infections. Weekly doses can also safely prevent vaginal and esophageal candidiasis without resulting in resistance to the drug.

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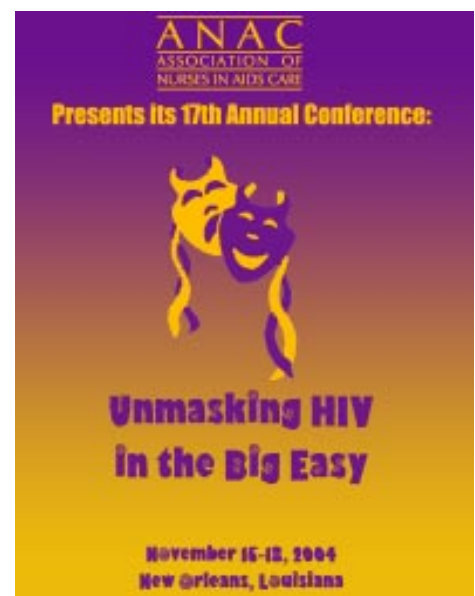
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**Don't  
Forget!**

**Make Your Reservations Now and Register Early for the 2004 Seventeenth Annual ANAC Conference being held November 15-18th in New Orleans, Louisiana. The Hilton New Orleans Riverside is the site of this year's conference. Keep an eye on [www.anacnet.org](http://www.anacnet.org) for more information. The preliminary program will be available in early July. We look forward to seeing you there!**



# Stress – The Male & Female Response

David J. Sterken MN, CNS, CPNP

Dr. Andrew Weil, in his most recent edition of *Self-Healing* (May 2004) – a newsletter for creating natural health for your mind and body – shares his thoughts about how men and women respond to stress. The article entitled “His Stress, Her Stress: How They are Different” concludes that men and women may respond differently to stress since “they have different sources of stress, use different coping strategies, and are physically affected by it in different ways.” Dr. Weil also believes that the influences of sex hormones (testosterone and estrogen) impact the chemistry of stress creating responses that tend to be more gender specific.

- **Who’s more stressed?** According to Dr. Weil, “Women across all social and economic categories perceive their lives as being more stressful than men do.” Dr. Weil surmises that this perception may be the result of “heightened sensitivity to stress or actual stress of filling dual roles as breadwinners and caregivers.” One could conclude then “gender differences in stress perception have more to do with social roles than biology.”
- **Is the stress response different?** In both men and women the “fight-or-flight response” is initiated when the adrenal glands pump out cortisol and adrenaline (stress hormones). Based on an article in *Psychological Review* (2000), Dr. Weil explains that the stress response may have a second step in women – based on a coping strategy called “tend-and-befriend.” Shelley Taylor, a UCLA psychologist and researcher, and author of the article in *Psychological Review*, believes the fight-or-flight and the tend-and-befriend model to have an evolutionary basis (e.g. male warriors responded to physical danger by defending the

family/tribe; women responded by nurturing – creating social bonds to protect the young). The UCLA research team suggests that oxytocin – a pituitary hormone associated with childbirth and nursing – is the reason for these different reactions. Women have higher levels of oxytocin and release more of it in response to stress – and since this hormone is a natural stress manager – heart rate and blood pressure decrease, the effects of cortisol are buffered, and women have an increased urge to bond.

- **What’s sex got to do with it?** Sex hormones influence how a man or woman responds to stress. Testosterone minimizes oxytocin’s effects on social bonding while estrogen boosts them. Estrogen also prolongs production of the stress hormones cortisol and adrenaline, and may make women more sensitive to stress. Fluctuations in levels of female sex hormones, on the other hand, may alter the activity of the mood-regulating brain chemical serotonin – which may be why women are twice as likely as men to suffer from anxiety and depression.
- **Are the sources of stress the same?** Men say work is their primary source of stress, while women claim marital conflict or relationship problems. Research indicates that even though social support buffers stress in men and women, emotional support from women is more protective than from men.
- **Are the long-term effects of stress the same?** Chronic stress affects the health of men and women differently too, perhaps because of estrogen’s impact on

stress hormones. Women are more vulnerable to anxiety, depression, post-traumatic stress disorder, eating disorders, tension headaches, irritable bowel syndrome, and autoimmune disorders. Men are more likely to suffer from hypertension and heart disease, and are more vulnerable to alcohol abuse and antisocial behavior. Dr. Weil concludes, “I suspect some of these differences will be eliminated as gender roles continue to blend.”

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We as a committee would love to hear from you. Do you have ideas for articles? We would welcome anyone who would like to submit an article. Deadline for our next publication date is **July 1, 2004**. Let us know if you are interested in writing an article.



# Forgiveness – Lifting the Psychic Burden

David J. Sterken MN, CNS, CPNP

We deplete our energy stores and seriously interfere with our emotional well being when we hold onto hurt and anger from the past. Dr. Andrew Weil states, “while hurt and anger are normal responses to a painful event, they’re meant to be short term emotions and not long-term solutions.” He adds, “when you decide to forgive, you’re letting go of bitterness, blame, and resentment, while staying stuck in these negative emotions may compromise immune function and increase your risk for health problems.”

Carol Ann Marrow, in her book *Forgiving Is Smart for Your Heart*, states that forgiveness is “letting go of any need to ‘get even’”. It is believing that every person is more than a single action—even actions that seem to cause pain and sadness.” In her book Marrow (2003) offers the following insights:

✂ The word *give* is inside the word *forgive*. Giving and forgiving are a lot alike. You “give” away your reason to be mad or hurt. Forgiving – is like erasing the chalkboard. Forgiving does not mean that nothing happened – instead it is your attempt to give another the opportunity to feel good again (new chance).

✂ Hurting people who hurt you may seem fair. But it really just keeps the hurt going. It traps both of you inside a dark cloud of bad feelings. Forgiving opens your heart, so you can let out the hurt and let love shine in.

✂ Don’t say: “It doesn’t matter,” when it really does. Or, “Forget it, “ if you wish someone would remember to act another way.

✂ Holding on to hurt is hard – on you! If you choose not to forgive, your hurt holds on—with claws, like a frightened kitty. It hurts. It grows. It weighs you down. You may think you are “getting back” at the person who hurt you by being mad, but he/she may not even know what you’re thinking. He may be happy while you aren’t. How is that helping you? How are you helping anyone?

✂ Forgiving is freeing. When you forgive, you don’t pretend that nothing happened. But you DECIDE to forgive. You CHOOSE to let go of your hurt feelings. You may never know why other people made the choices they did. They may never say they are sorry. Either way, you are free—free of the pinched feeling that hurt and anger bring to your heart.

✂ Feelings come and go. Your happiness comes from inside your heart. Many times you can just let sad or mad feelings fly by you. You don’t have to hang onto them.

✂ Forgive yourself. Admitting a mistake is hard. We like to be right. But no one has to be right all the time. Give yourself a new inning. A mistake is not a failure. It is simply a chance to try again. Mistakes and mess-ups help you decide what to skip and what to keep in your life.

David W. Schell, author of *Forgiveness Therapy*, adds further insight to the concept of forgiveness

✂ You have the right to feel sad, betrayed, angry, and resentful when you’ve been injured. Understand, accept, and express your feelings. Pushing them below the surface only means they will erupt in another place, at another time.

✂ Confront those who have hurt you; tell them how you feel. When that’s impossible or when that could harm you or someone else, speak to them in your imagination.

✂ Forgiveness does not mean accepting further abuse or continuing destructive relationships. Establish boundaries for what is acceptable to you and make those boundaries clear to others. Hold them accountable for their actions.

✂ Justice may right the wrongs, but forgiveness heals the hurt. Seek forgiveness beyond justice.

✂ Sometimes people hurt you because, like you, they are learning and growing. Forgive their incompleteness and their humanness.

✂ Forgiveness is the only real prescription for the pain you feel over someone else’s behavior. The healing choice is yours to make.

✂ No loving relationship is free of hurts. Bind up the wounds of love with forgiveness.

✂ No one can make you feel bad. You have the power to choose between getting bitter and getting better. Take responsibility for your feelings; claim your power.

✂ Don’t put conditions on your forgiveness, or your inner peace will depend on the decision of the person who hurt you. Make your choice.

✂ Forgive even when there has been no apology or restitution. If you withhold forgiveness until a wrong is made right, you risk condemning yourself to a life sentence of unresolved bitterness; you risk letting your life be shaped by someone else’s actions.

**FORGIVENESS IS NOT SOMETHING YOU DO FOR SOMEONE ELSE; IT IS SOMETHING YOU DO FOR YOURSELF. GIVE YOURSELF THE GIFT OF FORGIVENESS.**

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