Smartphone, iPad, computer, television, Kindle, iPod... the numerous benefits of these devices cannot be ignored but neither can the potential harms—especially in terms of our health. Gazing into the alluring glow of a computer for hours each day might be part of daily life, but what effect is the increase in “screen time” having on our vision?

For years, many have speculated that computer monitors and lighted screens can cause permanent vision damage. This thought is founded on the two-third increase in the prevalence of myopia (nearsightedness) since the 1970’s, which corresponds to the time when computers became mainstays in modern society. Numerous studies have found no compelling evidence that computer work aggravates myopia more than other tasks that require your eyes to converge and focus. While the cause for the increase in myopia is still unknown, studies indicate that genetics is a driving factor, not computers.

Screens have increased visual demand when compared to printed materials in terms of smaller text size, closer working distances, and tedious gaze angles. The demand combined with prolonged use can cause transient trouble focusing, headaches, dry eyes, blurred vision and ocular pain. American Optometric Association defines this symptom cluster as “computer vision syndrome” (CVS).

A review on CVS found that up to 90% of computer users might experience one or more of these symptoms during computer work and the prevalence increases significantly when 4 hours are spent in front of the screen. Patients complaining of these symptoms should be advised to see an eye care specialist to assess for uncorrected refractive errors, or small ocularmotor anomalies that may be contributing factors.

Primary care physicians hold an important role in the prevention of CVS by educating and counseling patients on limiting screen time to less than 4 hours a day.


Balance, the Key Ingredient for the Path to Success

What will you risk in order to achieve success and how many sacrifices will you endure along the path? Sometimes in the pursuit of success, individuals can become so focused on a single goal that they lose sight of everything else. This is most likely to occur in situations where the stakes are high and extreme stress is common. Without a life of balance to keep things in check, the normal drive and ambition for success can develop into an obsessive and debilitating mode of behavior.

The events leading up to a disastrous situation all begin very gradually. Small changes progressively accumulate over an extended period of time and create the effect of an unnoticeable transition. Supposedly temporary sacrifices made for the sake of future gains become permanent. Occasional lapses in judgment grow into destructive habits.

These changes accumulate and when they persist long enough without reversal, self-judgment can become skewed. It is at this point that a tolerance for previously intolerable situations develops. Herein lies the genuine hazard to health and risk for loss of self-control.

Consider this process to be similar to the complex and evolving nature of an obscure cancer which has been inadvertently ordained by the mind.

With an indolent course, it often arises from a pre-determined career ambition and the aspiration to achieve nothing short of preeminence. As stress levels rise and workload demands increase, the poor coping strategies begin to develop.

Eventually a sense of seclusion can take root, as a result of continually working in a confined milieu with others preoccupied by similar beliefs. This only serves to intensify the progression. Meanwhile a simultaneous regression develops in diet, physical exercise and personal interactions. Ultimately, this course will only lead to further destruction.

Due to its unsustainable character, this maladaptation cannot be overlooked at any stage. The question thus remains: what can remedy this elusive threat to individual well-being?

Decisive balance is the key.

This should not be interpreted simply to mean abandoning goals and discarding academic curiosity in exchange for more sleep and exercise. Rather, it is a challenge to complement rigorous study with purposeful awareness through use of the intellect. While still aiming to achieve success, recognize imbalance and direct a strategy to restore equilibrium when necessary. This publication can help in that regard. It contains articles and artwork created by fellow schoolmates in support of the multiple dimensions of health. Use it to find guides and avenues for reaching a balance. Consider it a tool to be applied in conjunction with many others already available.

Importantly, this newsletter is meant to be a collaborative effort and submissions are encouraged. Contributions will elevate the dialogue by proposing further options or insights which others may not have realized. Support of this initiative will prevent others from falling into destructive cycles and help everyone to find their balance.

We will continue to print issues on a quarterly basis and encourage graduate, nursing and medical students to make contributions in all of the sections. All submissions for publication, including letters to the editor, should be directed to one of the email addresses listed above. Suggested length is 350 words, but articles of any length will be considered. We reserve the right to edit all submissions for brevity, content and clarity.
Heartbreak and Commitment

By Nicole Sagen
Medical Student, ’15

Picking a medical school is like starting a relationship. First, you spot the perfect med school in the pages of the Medical School Admission Requirements book. There it is, the one. The exact school practically tailored to you; the location is ideal, the MCAT score not too high, and the class size is just right. And the fact that the school is very good looking doesn’t hurt, but we aren’t shallow. Now, will they notice you? Send your application in and hope for the best (maybe med school is more like The Bachelor at first). Several months pass. No news. Maybe it’s time to move on, find a new dream school. But wait, could it be, an interview invite, a first date if you will!!

The interview is excellent, the facilities amazing, the faculty and students are wonderful. This dream school really is a dream. You get in, you accept, you start going steady.

The next logical step is to fall in love and live happily ever after, duh. But what if you don’t fall in love and happily ever after doesn’t come. You start to get a little disillusioned. Is the school really that wonderful?

Maybe your first classes weren’t what you expected. And you really haven’t met a group of friends. In a class size of 150 you wouldn’t think it would be that difficult. The white coat ceremony (Could we call it the promise ring of med school relationships? I think so) rolls around and everyone has their group. Welcome Mom and Dad, here are the friends I don’t have and the school I still get lost in. I don’t have a research project and I’m not sure what kind of doctor I want to be. Do I even want to be a doctor anymore? And how could the facilities be that awesome if there is no heat?

Maybe this dream school is too good for me? Maybe I made a mistake. Loyola isn’t right for me, but it seems like it’s right for everyone else. All of my classmates are happy. Every speech and email starts off with how incredible Loyola is. They’re doing 8 research projects and setting up a student group to volunteer to cure cancer and save the whales (shouldn’t be a big time commitment though). Man, I thought I was doing well just getting into med school and joining an interest group. I’m not the only person who has felt this way: intimidated and lost. I’m not the first and I won’t be the last. I wasn’t willing to admit I was unhappy because I felt that I shouldn’t be. Then I finally heard a classmate say she felt the same way. It was a revolution of sorts. The cosmos shifted and sunshine poured out! Wait what?? It’s okay, and maybe even a little normal, to be unhappy, to question your choice.

It just takes time. I finally figured my way around (kind of). I made friends (at least they tell me we are friends), and I have a list of specialties I might maybe possibly want to do (that changes weekly). I can’t remember the time or exactly the moment I fell in love. It could be the really cliché small moments that did it. It could be the way the sun sparkles in the atrium, or the way the microphone screeches in lecture, or the how majestic the nursing building is when I’m studying late at night.

I guess I’m not a love at first sight kind of girl. Not everyone is and it’s totally okay. Med school is tough, moving across the country is hard and it takes time to adjust. Remember though, there are people who you can talk to like psychiatrist Dr. Bruce Roberts. Don’t hesitate to reach out. Just learning that your not alone in your feelings can be a tremendous help.

And I would like to announce that Loyola and I have set a tentative wedding date of May 2015. We are so in love! Everyone is invited!
**Love after Love**

_The time will come when, with elation, you will greet yourself arriving at your own door, in your own mirror, and each will smile at the other's welcome, and say, sit here. Eat. You will love again the stranger who was your self._

_You will love again the stranger who was your self._

_Give wine. Give bread. Give back your heart to itself, to the stranger who has loved you all your life, whom you ignored for another, who knows you by heart. Take down the love letters from the bookshelf, the photographs, the desperate notes, peel your own image from the mirror. Sit. Feast on your life._

_- Derek Walcott_
In a large, deep pan, heat the olive oil and then add the onion. Cook over medium heat, stirring occasionally, until the onion begins to sweat. Cover with a lid and keep cooking over medium-low heat for another 5 minutes, add the minced garlic, and cook for another few minutes. Add all the spices and toss to coat. Add the tomatoes, the cocoa, and chipotle.

Put the beans in the crock-pot, pour the tomato/spice/onion mixture over top & stir. Add enough water to cover. Cook on high for about 6 hours, until the beans are soft. Add the corn in 30min before you want to eat. Serve topped with chopped Italian parsley and white cheddar cheese.

By Lisa Moore
Medical Student, '14

Skip the trip to the grocery store and head straight to the kitchen to prepare a fresh and exciting dish that will keep you satisfied for days.

All of the ingredients for this recipe can be kept in the pantry so that they’re always on hand for a last minute decision. The extra chili can feed you through the week or be frozen for another day. And if you’re wondering where the meat is, don’t worry! The beans are super-filling, protein-dense, and make up a complete protein in conjunction with the corn ... or if you absolutely crave it, just throw in some ground meat.

The recipe calls for several hours of cooking in a crock-pot. If you don’t have a crock-pot, or don’t have all day you can experiment with cooking it on the stove, just adjust the time for the way you would usually cook beans. You can really speed it up by using canned beans, but increase the amount compared to dried.

Finally, if you don’t want to cook the onion in the olive oil, you can just throw it all into the pot in the morning and go. I have done this before and it is still very good, but loses a bit of sweetness that plays really nicely with the other flavors.

Black and pinto beans give this chili plenty of protein - 14 grams in just 1 cup of beans.
Dynamic Training With Resistance Bands

By David Surprenant
Medical Student, ’16

Looking for a new way to spice up your workout routine or just simply looking for a quick, easy, and med-student friendly way to start working out?

Look no further than resistance bands. Although often underused in the gym, resistance bands provide a great workout and have numerous benefits over standard weightlifting or even simple cardio. With a resistance band (which is extremely portable, too!), some simple workouts, and a little bit of motivation, you can quickly and easily crank out a super-efficient routine that will improve your cardio fitness, muscle tone, and overall physical fitness.

You can pick up your very own resistance band at sites such as PerformBetter.com or even Amazon.com (for only $10-$20!) and start living healthier with the quick and easy workout at the end of this article.

Personally, I recommend purchasing a “Superband” from PerformBetter.com. If you search for this product on their website, they will have information on how you can select a Superband with the appropriate resistance level for you. If you don’t feel like buying a band right away, the fitness center has some bands that you can use.

For more information on resistance band training, check out Dave “The Band Man” Schmitz at: resistancebandtraining.com

This website has different workout descriptions, information, and videos about resistance band training. Shoot them an email if you want (they actually respond!).

The Ultimate Band Routine

In the following order, perform 10 reps of one exercise before moving onto the next. After completing the entire 5 step circuit once, try and go through 3 more times.

1 Standing Row
Stand with a resistance band looped underneath your feet. While standing straight up, pull the band vertically upwards while keeping your elbows out to the side. Return to starting position.

2 Bicep Curl
Again, stand with a resistance band looped underneath your feet. While standing straight up, grab the top of the band with an underhand grip. Bend at the elbows as if you are doing bicep curls. Return to starting position.

3 Pull Down
Loop one end of the resistance band around a poll or banister above your head. While kneeling on the ground, grab the band and pull towards your chest will pinching your shoulders back. Return to starting position.

4 Standing Oblique
Loop one end of the resistance band around a poll or banister and make sure the band is level with the center of your chest. Stand to the side of the poll, with the band off to your right shoulder. Holding the band taught, push your arms directly out in front of you and hold your arms out for three seconds. The band will try and rotate your torso, but resist that rotation and remain stationary for the three seconds. After counting to three, bring your arms back to your chest.

5 Squat
Stand with your feet shoulder-width apart with a resistance band looped underneath your feet. Grab the upper part of the loop with your hands and put your hands over your head, as if you were doing the “Y” in the “YMCA” dance. While keeping your arms over your head, squat so that your thighs become parallel to the ground. Return to starting position.
Still not convinced
Here are just a few of the numerous benefits resistance bands afford

Variety
Avoid plateauing with your workout routine by adding in new motions and exercises. This creates muscle confusion, which leads to better results.

Range of motion
Weight machines dictate where a motion starts and stops, and dumbbell workouts are typically either push or pull exercises. With resistance bands, there are no limits to the range of motion achievable.

Resistance
Seems pretty obvious… however, with a standard exercise, the work of a motion is increased when opposing gravity and conversely easier when moving with gravity. Resistance bands instead provide constant resistance throughout the entire range of motion, improving the efficiency of an exercise at training muscle groups.

Convenience
Resistance band workouts can be done anywhere and anytime. They are very compact and require no set-up. On the down side, you won’t have any excuses to not workout!

Lengthen and Tone...
Afraid you are going to bulk up by using resistance bands? Don’t be. (looking to put on mass—read on!) Focus on full range of motion and lots of reps. You will be toning and lengthening muscle and improving your fitness.

… OR add bulk
Looking to add muscle mass? Integrating resistance bands into your standard workout will continue to confuse your muscles and make your ‘heavy lifting’ workouts more effective. You can also integrate them into some of your standard exercises. Try looping a band around each end of a barbell and under the bench and you will add resistance to your barbell bench press.

Flexibility
Exercises that utilize a full range of motion actually improves flexibility. Working out with resistance bands will improve your flexibility and may even allow you to recoup some range of motion you may have lost from sitting and studying for too long.

Speed Date Special
Getting Acquainted with the Center for Fitness

By Matthew Hoscheit
Medical Student, ‘16

Let’s face it, we gave up on our New Year’s Resolutions back in January, but with summer right around the corner, we all have fitness goals we want to achieve, and the sooner we achieve them, the better.

Allow me to show you the door.

The Center for Fitness offers a variety of free classes that allow beginners to find their baseline of fitness and experts to push beyond a plateau to work on areas of weakness. The best part is that it doesn’t matter whether you’re a morning person or a night owl — these classes are offered seven days a week, running from 5:45am-7pm on weekdays and 8am-11am on weekends.

Each class focuses on a different area of fitness. Not very flexible? Gentle or Vinyasa Yoga is offered twice a week.

Spend one hour in the fitness center and you’re going to hear how much the Spinning class (offered multiple times daily) has improved the cardio of its participants.

As a huge fan of the Insanity home workouts that focus on interval endurance training, I would recommend Loyola’s R.I.P.P.E.D. work out to anyone interested in plyometrics – one of the most challenging areas of fitness.

Swing by the front desk or go online at www.loyolafitness.org to view a complete monthly schedule.

Whether you’re a fitness beginner or marathon-running veteran, the Loyola Center for Fitness has the avenues to give you the chance to elevate your workout and achieve the goals you dreamed about back on New Year’s Day.
Alarm rings. Begrudgingly, I roll out of bed into the harsh cold winter air, grab coffee, run out the door. Four lectures and one small group later, I now have a pile of things to learn to top the pile I didn’t finish learning yesterday. Pass the gym on the way out- who has time for the gym? Plus I’m exhausted. Plus I ran to my car this morning- that counts. Should I call my family tonight? No time. One diet soda later and I’m almost awake enough to study. Succumb to my learning capacity for the day and retreat to bed. Lather, rinse, repeat. One year later, the alarm has only changed to a much more ungodly hour, and the quizzes have become oral and public. More weary and with even more to read, I pass the gym again- hello, I stood all day in surgery and retracted a uterus- Larry’s ab blast has nothing on that. I don’t really feel like myself, but it will probably pass.

As medical students, not only are we susceptible to blood borne pathogens or the contagions in our peds patients’ sneezes, but to mental illness as well. Though we are surrounded by health care professionals, at times it seems difficult to seek treatment, and difficult to find a treatment that suits us. After spending hours of our lives memorizing the side effects of fluoxetine, perhaps the prospect of taking it is daunting. One alternative therapy that has been suggested for depression treatment is exercise. Being the scientists we are, we appreciate cold, hard facts. Therefore we ask: Is there evidence stating that taking the time for a workout is an effective treatment for depression?

In a study from the Journal of Preventive Medicine published in 2005, researchers included adults ages 20-45 with mild to moderate depression as measured by HRSD scores. They found that both the “low dose” and the “public health dose” of exercise over 12 weeks lowered depression scores more than the scores of a control group (Dunn et al, 2005). This study illustrates some of the difficulties of evaluating exercise as depression therapy, however, as it necessitated stringent exclusion criteria, and resulted in low precision of measures of percent response to treatment. In addition, these subjects exercised in isolation while being monitored by a researcher, removing the possibly important social aspect of exercise. A Cochrane review of exercise as depression therapy published in 2012 had to exclude many trials due to lack of randomized, controlled designs. When only these 5 well-designed trials were included, the effect of exercise on depressive symptoms was positive, but small (Rimer et al, 2012). Importantly, the trials reviewed had very few adverse events or side effects associated with treatment and cost of therapy was low.

Low risk, low cost, and some proven benefit. Is the student in this anecdote wrong to pass by the gym? You have the evidence. Make the call yourself, future doc.

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stritch.luc.edu/wellness

“For when you need to go to student health but weren’t paying attention during orientation”

The brand new page includes ...

- Student health services appointment scheduling information
- Student health insurance plan benefits
- Options for personal counseling

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