

"Yoga sessions eased my back pain."
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"I lost weight to lower my risk for heart disease."
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"Now that I'm taking magnesium, I rarely have headaches."
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"I quit smoking by changing my routine."
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"Allergy shots let me play with my pooch."
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"Sticking to a set bedtime helped me sleep."
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Thanks
to **SELF**, I'm...

healthier than ever!

We found six women struggling with some of the most common health issues. (We know they'll sound familiar.) Next, we got them appointments with six of the country's best doctors. The result? They're all now living their life without anything holding them back. Their inspiring stories can help you feel fantastic, too. By Ericka Souter

[Allergies] Sniffle-free at last

Her story From March through November, Isabel Braganza was the woman no one wanted to sit next to on the subway. “My nose was bright red, and my eyes looked as if I were about to cry,” Braganza says. “I would go through a box of tissues a day. My boss would ask if I was OK because I basically seemed sick all year long.” She reassured everyone she met that she wasn’t contagious; it was “only” allergies, which she was trying to treat herself with over-the-counter antihistamines such as Claritin. The meds helped Braganza deal with the symptoms (coughing, runny nose, watery eyes and itchy throat), and she thought she was controlling her allergies fairly well. But then last year, Braganza, who has always loved dogs, got Norm, an English bulldog puppy. Right away, her symptoms worsened to the point that she realized OTC drugs weren’t enough. If she wanted to keep the pooch, she would need to get help from an allergist. “I wasn’t going to give him up!” she says. To make sure she didn’t have to, SELF arranged a consultation with Marjorie Slankard, M.D.

The Rx After doing a skin test for a host of triggers, including mold, grass and dust mites, Dr. Slankard ID’d Braganza’s biggest foes: pollen and pet dander. Because of the severity of the symptoms, Dr. Slankard prescribed a year of weekly allergy shots administered at the doctor’s office, followed by monthly maintenance injections for

three more years. The shots, typically prescribed when medication isn’t sufficient to control symptoms or the number of symptoms increases, contain small amounts of the substances causing the allergic reaction. Over time, they build up the immune system’s tolerance to key allergens. It’s a serious commitment, but after this treatment, which most insurance plans cover, reactions become less severe or disappear completely for some, Dr. Slankard says.

Braganza also needed to change her environment. To alleviate her pollen allergies, Braganza started wiping down Norm after walks because his fur and paws were trapping allergens. To cut down on dog hair, she began using a lint brush daily to remove stray hairs from furniture. “I also recommended that Isabel avoid running when pollen levels are at their highest, between 6 A.M. and 10 A.M., until she was feeling well,” Dr. Slankard says.

The results “I was worried that keeping Norm meant I would be stuck with terrible allergies forever,” Braganza says. “But about a month after starting the shots and changing my habits, I stopped feeling sick.” And happily, her coworkers have stopped looking at her as though she were a walking petri dish. “This isn’t just a temporary fix,” says Braganza, who has now moved on to monthly maintenance shots. “I finally found something that is helping me get better, for good.”

THE PATIENT

Isabel Braganza, 30, manager, Bronx, New York

THE DOCTOR

Marjorie Slankard, M.D., clinical professor of medicine at Columbia University College of Physicians and Surgeons

Braganza can't let Norm sleep on her bed (ah-choo!), but he still gets lots of love.



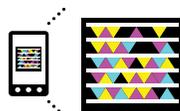
Sneeze no more

Got a nose that won't stop running? One of these allergens (the three most common) could be the culprit.

DUST MITES These microscopic creatures are the number-one allergen worldwide, says Jackie Eghrari-Sabet, M.D., an allergist in Gaithersburg, Maryland. They feed off our dead skin cells (shudder), so they make homes in mattresses and other soft furnishings. Purchase dust mite-proof covers for your mattress, pillows and box spring, and wash bedding weekly in hot water.

MOLD Check your houseplants: Moist dirt and decaying leaves are big sources of mold spores. You don't have to give up your greenery, though. Choose plants that thrive in drier soil, such as aloe and jade. Then prune them regularly, and keep them out of the areas you are in the most, like the kitchen, bedroom and living room.

COCKROACHES These insects are “a huge cause of allergies,” says Megan Taylor, M.D., an allergist and immunologist in Meadowbrook, Pennsylvania. “It’s not the live roaches, but the debris from decaying ones that adds to the dust in your home and causes problems.” Frequent vacuuming (use a model with a high-quality filter such as a HEPA filter) and dusting are your best defense. —Elizabeth Anne Shaw



IT'S YOUR TURN! Ask questions of the doctors featured here, and share your own stories during our Facebook Women's Health event beginning July 25. Snap this icon with your smartphone to get the schedule of who's posting when.

Get the free app for your phone at <http://gettag.mobi>.

[Insomnia] You snooze, you win!

Her story In college, it was easy for Rebecca Bienstock to write off the occasional sleepless night. She often stayed up late to study or hang out with friends, so she chalked up her random insomnia to an erratic schedule. But in her mid-20s, those sporadic bouts of ceiling staring had become a real problem. “Sometimes I’d toss and turn practically all night, only sleeping an hour,” says Bienstock, who tried eye masks, earplugs and over-the-counter sleep aids with little success. It didn’t matter what time she got to bed (and with her late nights as an entertainment reporter, that usually wasn’t until the wee hours of the morning), she couldn’t fall asleep. “I would wake up feeling sluggish and irritable, and struggle to stay awake at work,” Bienstock says. “I was afraid that my insomnia would never go away.” She visited a doctor who prescribed the sleep drugs Ambien and Lorazepam, but Bienstock wanted to fall asleep naturally. For that she needed a long-term solution—and the help of sleep specialist Shelby Harris, Psy.D.

The Rx At Bienstock’s first appointment, Harris, after ruling out any underlying health problems that could be causing her insomnia (see box at right), asked her to keep a sleep diary for two weeks. Bienstock tracked how much energy she had during the day, her bedtime, any meds she took and how many times she woke during the night. After reviewing the journal, Harris saw that one of the biggest problems was Bienstock’s constantly shifting bedtime. “Changing bedtimes every few days is almost like traveling to another time zone. Essentially, you’re creating jet lag,” she says. Harris set a goal of a 12 A.M. bedtime, so her night owl patient would get seven to eight hours of rest most nights. She also needed to give herself 30 minutes before that to decompress: no TV, no laptop and no iPhone. “Sleep doesn’t have an on-off switch. It’s on a dimmer,” Harris explains. “You need time to start winding down.” If Bienstock woke in the night and couldn’t fall back asleep within 15 minutes, she was to get up and read a book in another room until she felt sleepy.

The results Bienstock was surprised at how quickly small changes added up. She was sleeping soundly through the night after two weeks. Her work schedule still makes it a struggle to get to bed at the same time every night, but she has a strategy: “Dr. Harris said that if I go to bed later than midnight, I should still get up by 8:30 A.M. to keep up the routine, so I make sure to do that.” And it’s been worth the effort. “I feel like myself again,” she says. “Most nights it doesn’t take me more than five minutes to fall asleep. I feel rested for the first time in years.”

THE PATIENT
Rebecca Bienstock,
31, editor,
New York City

THE DOCTOR
Shelby Harris,
Psy.D., director,
Behavioral Sleep
Medicine Program
at Montefiore
Medical Center’s
Sleep-Wake
Disorders Center



Due partly to fluctuating hormone levels, women are more likely than men to suffer from insomnia.

Rest easy

For 80 percent of people with insomnia, an underlying health issue is at play. Three questions your M.D. may ask to see what’s keeping you awake:

1 DO YOU FEEL OK? One of the most common causes of insomnia is acid reflux, a backflow of acid from the stomach into the esophagus after eating, which creates a burning sensation in your chest or throat, says Amy J. Aronsky, D.O., medical director of The Center for Sleep Disorders in Longview, Washington. Other possibilities: asthma, which often worsens at night due to the release of inflammatory chemicals; diabetes, which can lead to nerve damage that makes legs numb and painful at night; and heart disease, which can cause abnormal breathing patterns during sleep.

2 ARE YOU ON ANY NEW MEDS? Cough and cold medicines containing pseudoephedrine or phenylephrine may cause restlessness, which can make it hard to fall asleep. Steroids, often prescribed for asthma or sinus infections, may affect the production of hormones that are necessary for a good night’s sleep.

3 ARE YOU DEPRESSED? Up to 60 percent of people with depression suffer from sleep problems, says Meir Kryger, M.D., director of research at the Gaylord Sleep Medicine Center in Wallingford, Connecticut. Insomnia can be a side effect of depression itself, or it can be caused by some antidepressants, which reduce the amount of deep sleep you get. Treating your depression or switching meds will mean happier days and nights. —Allison Baker

[Migraines]
*A surprising cure
for constant pain*

Her story For years, Gabrielle Cohen woke up every day with a sense of dread. Cohen had had occasional bad headaches since childhood. But after she graduated from college, they got worse: Typically centered above one eye, the headaches were so intensely painful that she could barely function. By her late 20s, Cohen was suffering five or six migraines a month; with each one, she also experienced nausea and sensitivity to light and sound. Alcohol, caffeine, hunger, exercise and the start of her menstrual cycle could all spark a migraine. The headaches forced her to give up a long list of migraine-inducing foods, including peanut butter, stinky cheeses and deli meats. The pain came if she slept less than seven hours—but also if she slept more than eight. “I lived in fear,” Cohen says. “When I felt a headache coming on, I’d have to lie down in a dark room and cover my eyes. With medicine, the pain would last a couple of hours; but if I’d run out, I could lie in my bed for a full day not moving.” Cohen was frustrated. “It felt as if the migraines were taking over my life. I wanted to prevent them from happening, not just treat the pain,” she recalls.

The Rx To home in on what was triggering Cohen’s migraines, SELF made an appointment for her to see Brian Grosberg, M.D. He asked her to keep a headache diary, tracking what she ate, how much she slept, her stress level and the frequency and duration of her attacks. Because the diary showed that Cohen had an unusually large number of triggers, Dr. Grosberg felt it was going to be extremely difficult for her to avoid them all. He knew Cohen didn’t want more prescription medication, so he asked

Coffee used to be off-limits. Now? Cohen happily enjoys a cup or two.



THE PATIENT
Gabrielle Cohen, 31,
publicist, NYC
THE DOCTOR
Brian Grosberg, M.D.,
director, Inpatient
Headache Program,
Montefiore
Headache Center

her to try taking 400 milligrams of magnesium daily for three months, as research suggests that migraine sufferers have lower-than-normal levels of the mineral. “Magnesium is responsible for shepherding calcium in and around your cells,” Dr. Grosberg says. “When levels of magnesium are low, the mineral can’t do its job properly—which allows too much calcium to enter your nerve cells. That irritates the cells and creates abnormal electrical activity that can spark a migraine.”

The results Cohen was doubtful that a simple supplement could quell her headaches, especially when medicine had failed to make a difference. Yet a month after starting the magnesium, she was free of pain. “I have my life back,” says Cohen, who continues to take 400 mg every day and rarely has a headache. “I can have a drink, go out for dinner, ski, run. Nothing’s better than feeling good and having fun!”

Decode your aching head Roughly 22 percent of women get migraines, but not every bad headache is one. Identify and treat other sources of pain using this handy chart. —E.A.S.

DIAGNOSIS	SYMPTOMS	TRIGGERS	RELIEF
Tension headache	Pain is mild and usually affects both sides of your head. It is the most common type of headache.	Low blood sugar, dehydration, stress, lack of sleep or fatigue. A diary can help you track triggers if you have frequent throbbing.	An OTC pain reliever— <i>aspirin</i> , <i>ibuprofen</i> (Advil, Motrin IB) or <i>naproxen sodium</i> (Aleve)—is all that’s needed, says Stephen Silberstein, M.D., director of the Headache Center at Thomas Jefferson University.
Rebound headache	A headache caused by overuse of pain medications	Certain types of pain medications, including those used for migraines, can essentially give you a 24/7 headache if you use them more than two days per week.	Work with your doctor to identify and slowly wean yourself off the medication causing the problem. Your M.D. will probably try a different drug to treat (and in some cases prevent) your pain, Dr. Silberstein says.
Sinus headache	Constant pain around your eyes, cheeks and forehead, accompanied by a runny or stuffy nose and often a fever	A bacterial or viral infection, or bad allergies. If you don’t feel sick, it’s not a sinus headache. See your doc for a diagnosis.	Doctors often prescribe antibiotics for bacterial infections and recommend OTC pain relievers for viral infections. They usually opt for steroid pills or nasal sprays if allergies are the culprit.

[Back pain] Poses fight aches

Her story Growing up, Shirley Chow spent several hours a day hunched over the piano, perfecting her technique. So when she started experiencing back pain as a teen, she assumed it was because of her poor posture while she practiced. But after college, a fast-paced, high-stress public relations job caused the occasional tightness to become a regular complaint. “When I got overwhelmed, I could feel the muscles in my back, shoulders and chest tightening up,” says Chow, who was putting in 10 to 12 hours at her desk. To make things worse, she had started to loathe the pressure-packed environment at her office. “I felt stressed all the time and I was in near-constant pain.”

Chow finally went to a doctor after one particularly bad spasm left her

in bed unable to move for an entire weekend. The M.D. prescribed muscle relaxants and steroids. “The drugs helped, but I wanted permanent relief,” Chow says.

THE PATIENT

Shirley Chow, 31,
public relations
manager, NYC

THE DOCTOR

Jack Stern, M.D.,
board-certified
neurological surgeon
and cofounder
of Spine Options,
in White Plains,
New York

The Rx SELF matched Chow with Jack Stern, M.D. His first step: a medical assessment to rule out problems that would require surgery, such as degenerative disk disease. The exam didn’t turn up any medical issues, leading Dr. Stern to believe that even though Chow’s poor posture played a role in her pain, her high stress level was the true culprit. “The mind-body connection is very strong,” Dr. Stern says. “For Shirley, stress was manifesting itself as back pain.” So instead of prescribing medicine, Dr. Stern and his colleague Brad Cash, M.D., a physiatrist, recommended exercise, which would reduce stress and stretch and strengthen her muscles. Chow committed to a steady routine of yoga.

The results YogaWorks instructor Maya Ray, of NYC, worked with Chow on basic yoga moves like Child pose. “The moves helped strengthen her back and open up her chest, so she wouldn’t hunch at her desk,” Ray says. Chow says she feels lighter and calmer after each session. But the biggest change came when Chow ditched her demanding job. Her new PR gig “is less hectic, with better hours,” she says. “I’m so much happier now.”



click!

YOUR TURN
Find good-for-your-back yoga moves at Self.com/health.

Stress less! Yoga more!

Try these back-bolstering yoga poses from Maya Ray of YogaWorks.

Back-it-up bridge

Strengthens back, butt, legs. Lie faceup with knees bent and feet on floor hip-distance apart and close to butt, arms at sides, palms down, to start. Press hands and feet into floor as you lift hips as high as you can. Hold for 8 counts, then slowly return to start.

Super stretcher

Releases back, hips, legs. Face a wall, 3 feet away, with feet hip-width apart. Place hands on wall shoulder-width apart and bend forward, pressing hips back until arms are straight and torso is parallel to floor. Hold for 8 counts.

Happy baby

Releases lower back, hips. Lie faceup with knees pulled into chest. Grab outer edges of feet and pull feet up and back until ankles are directly over knees. Rock gently from side to side for 8 counts. —E.A.S.

[High cholesterol] Slimmer body, healthier heart

Her story Termeh Mazhari was 25 years old—and potentially on the road to a heart attack. A blood test had revealed troubling news: Her total cholesterol was 248 milligrams per deciliter (anything above 240 is high), and her doctor worried that Mazhari had the beginnings of heart disease. She was stunned. She had no family history of high cholesterol, and prior checkups hadn't turned up anything unusual. "In the space of one visit, I'd gone from being healthy to being at high risk for heart disease," Mazhari says.

Her doctor said she may need to start taking a drug to lower her cholesterol. "I wasn't comfortable using medication to treat something I suspected was caused by some not-so-healthy habits," Mazhari says. A self-professed sweets freak who never exercised, Mazhari knew her lifestyle needed an overhaul. "I wanted to see if I could lower my cholesterol through diet and exercise," she says. SELF sent her to Dennis Goodman, M.D., for a second opinion.

The Rx Mazhari's first doctor was most concerned with her high cholesterol, but when Dr. Goodman took a closer look at her test results, he felt differently. Her cholesterol numbers were actually a strength: Her total cholesterol was so high because her HDL, or "good" cholesterol, was 99 mg/dL. "The higher the HDL, the better," Dr. Goodman says. Her LDL, or "bad" cholesterol, was 117; less than 129 is near optimal. "Both her HDL and LDL were where they should be, so the last piece of the puzzle was her triglyceride level," he explains. Triglycerides are a type of blood fat that can accumulate in and around organs, possibly increasing your risk for coronary heart disease and diabetes. Mazhari's triglyceride level was 156 mg/dL; Dr. Goodman likes his patients to be below 100. "Termeh's risk of developing diabetes was well above 50 percent. She needed to lose weight and fix her diet."



THE PATIENT
Termeh Mazhari, 27,
publicist, Paris

THE DOCTOR
Dennis Goodman,
M.D., clinical
associate professor
of medicine in the
division of cardiology
at New York University
and director of
integrative medicine
at New York Medical
Associates

"I still have pastries and chocolate—I just watch my portions," Mazhari says.

Dr. Goodman suggested Mazhari work with Elisa Zied, R.D., of NYC, to overhaul her eating habits. Zied created an 1,800-calorie-a-day weight loss plan that traded fatty favorites such as pasta with cream sauce for lean protein like fish and chicken, fiber-rich vegetables and whole grains, and limited sweets to 200 calories per day. Zied also recommended Mazhari exercise regularly. "I bought a pedometer to track my steps and made it a goal to hit 10,000 steps a day," Mazhari says.

The results "Sticking to Elisa's recommendations has been tough," Mazhari says, especially since she moved to Paris last year. "But the results have been amazing, and that keeps me going." Now 20 pounds lighter and three dress sizes smaller, Mazhari has lowered her triglycerides to 63 mg/dL. Adds Dr. Goodman, "She did it without drugs, which is a huge success."

Know your numbers The results from your cholesterol and triglyceride screenings are a report card on the health of your heart. Get tested, then check our chart to see how you score. —E.A.S.

CHOLESTEROL	WHAT IT IS	HEALTHY RANGE	KEEP IT THERE
LDL	Low-density lipoprotein is the bad guy. It can stick to artery walls, decreasing blood flow to your heart.	Optimal: 99 mg/dL or less. Near optimal: 100 to 129. Borderline high: 130 to 159. High: 160 or above.	Eating 30 grams of fiber daily can help lower LDL levels by as much as 20 percent, according to a recent study. To get your daily dose, fill your plate with whole grains, beans, legumes, fruit and vegetables.
HDL	High-density lipoprotein sweeps up excess LDL and ferries it to the liver, which processes it into waste.	With HDL, the higher your level, the better. Anything below 50 mg/dL is considered low for women.	Sweat it out. Exercise is good for your heart in general, but it's especially helpful for raising HDL. Only two hours a week of aerobic exercise can lift your level, according to a review of 25 studies on the topic.
Triglycerides	These are a type of blood fat that can surround organs with fat and clog arteries.	Normal: 149 mg/dL or less. Borderline high: 150 to 199. High: 200 to 499. Very high: 500 and above.	Added sugars put triglyceride production into overdrive. The USDA recommends that your intake of sweeteners and solid fats like butter (another source of empty calories) not exceed 15 percent of your daily calories.

[Smoking]

Six weeks to kick the habit

Her story While working as an educator at a children's museum, Kira Manso Brown did everything she could to hide her smoking habit. "I had perfumes, gum, hand sanitizer—a whole system to conceal it," she says of her pack-a-day addiction. But there was one thing that always gave her away: her cigarette breaks. "One afternoon, I was outside smoking, and in the distance I saw a kid who was a regular visitor to the museum," recalls Manso Brown, who took her first puff at age 16. "I threw my cigarette away. Children are impressionable, and I didn't want him to be under the impression I thought it was a good idea to smoke."

Still, as harmful as she knew smoking was—climbing stairs left her winded—she found it impossible to stop. "When I was stressed or nervous, smoking is what calmed me," Manso Brown says. She made several half-hearted attempts to quit cold turkey, but each time, she found herself lighting up again after a few days. "The cravings just got too intense, and it was easier to give in," she says. "Mentally, I wasn't ready; the willpower wasn't there." But eventually, she got tired of being breathless and out of shape. "It wasn't one moment that clarified my motivation to quit; it was more a feeling of wanting to be healthier and finally being ready to do something about it," she says.

THE PATIENT

Kira Manso Brown, 25, college student, Brooklyn, New York

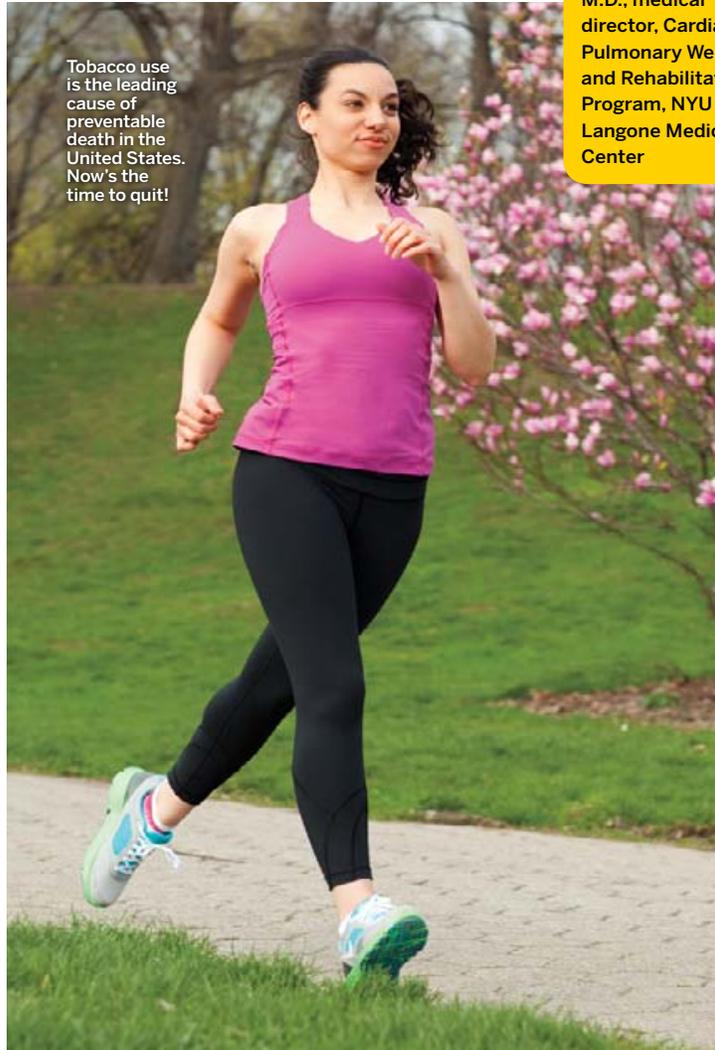
THE DOCTOR

Jonathan Whiteson, M.D., medical director, Cardiac and Pulmonary Wellness and Rehabilitation Program, NYU Langone Medical Center

The Rx SELF paired Manso Brown with Jonathan Whiteson, M.D. He allowed time to tackle her physical dependence on nicotine by setting a quit date: six weeks from their first appointment. To deal with cravings from nicotine withdrawal, Manso Brown used nicotine patches and lozenges. The biggest hurdle was changing her smoking behaviors. "Kira's morning routine revolved around smoking," Dr. Whiteson says. "She had a cigarette within an hour of waking up at 7 A.M. and another one while driving to work. Then she would grab a coffee and smoke outside her office before heading in to start her day." To get Manso Brown to stop, Dr. Whiteson took away her triggers. He had her wear gloves while driving, so it wouldn't be as easy to pick up and light a cigarette; instead of grabbing coffee, she switched to tea. "These were reminders of what triggered me to smoke," Manso Brown says, "so I was always conscious of choosing *not* to reach for a cigarette." Dr. Whiteson also helped his patient find new ways to deal with stress. "When I feel anxious, I tell myself that smoking won't fix the problem," she says. "Instead, I find an activity, like heading out for a run or calling my mom, that will take my mind off the craving and remind me why I quit in the first place."

The results "The first month was really tough," says Manso Brown, who hasn't smoked in more than a year. "I missed smoking and struggled with cravings." Now, feeling healthier than ever, she works out regularly, which helped her lose the 25 pounds she'd gained after quitting. "I feel much more in control of my body," she says. And her sense of taste and smell improved. "Chocolate tastes so much better. What a great incentive not to smoke!"

Tobacco use is the leading cause of preventable death in the United States. Now's the time to quit!



REBECCA GREENFIELD: HAIR AND MAKEUP; BELINDA ZOLLO FOR DIOR BEAUTY.

Avoid the social-smoking trap

Having trouble staying smoke-free when out with pals? Use these tricks to snuff your cravings.

MAKE A PLEDGE Tell your friends that you are looking forward to hanging out but that you are not going to smoke—not even a puff—says Stephanie O'Malley, Ph.D., professor of psychiatry and director of substance abuse research at Yale School of Medicine. Being accountable to others will shore up your resolve, and they'll know to rally around you if you have a moment of weakness.

SNACK BEFORE YOU GO When you're hungry, it's extra hard to make difficult decisions, such as choosing not to light up, says Robert Leeman, Ph.D., author of a Yale study on the topic. Nosh on healthy nibbles like nuts or fruit.

OPT FOR DINNER OVER HAPPY HOUR For many, drinking and smoking go hand in hand. Sit down to a meal, however, and your focus is on the food rather than what you're sipping. Plus, it can be awkward to excuse yourself from the table to smoke, making you more likely to stay seated.

WATCH WHAT YOU DRINK If you down multiple cocktails, your resolve melts, undermining your self-control. "We recommend people stick to a one-drink maximum—or better yet, avoid alcohol completely—for the first several weeks after quitting," O'Malley says. Before long, you'll be toasting to your newly healthy self! —E.A.S.