

From the Editors of **Bottom Line Health**

No More Foot Pain

**Surprising Fixes and
Natural Cures for All
Your Foot Problems**



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No More Foot Pain

Surprising Fixes and Natural Cures for
All Your Foot Problems

From the Editors of *Bottom Line Health*

Part 1: Foot Wellness

“Listen” to Your Feet

Think about the last medical exam you received from your primary care doctor—did he/she look at your feet? Probably not.

What you may not realize: The feet often are the first place that signs of emerging cardiovascular and neurological conditions can be seen—or even melanoma. A good podiatrist (a physician who specializes in care and treatment of the feet) can not only spot problems with your feet, but also detect other medical conditions.

When to See a Podiatrist

If you have any of the following problems with your feet, see a podiatrist immediately.* Otherwise, see a podiatrist annually for a foot exam if you're age 40 and older. *What to watch for...*

- **Foot pain that makes walking difficult or changes your gait.** Foot pain rarely gets better on its own, since it's so difficult to avoid using both your feet. *Common causes of foot pain include...*
- **Arthritis of the feet or toes (chronic, achy pain).**
- **Inflamed connective tissue.** Burning pain on the bottom of the foot where the arch of your foot meets the heel may indicate inflammation of the plantar fascia ligament (a tough, fibrous band of tissue). Burning pain or tenderness along the top of the foot may indicate tendinitis.
- **Infected cut, sore or blister.** A corn (a hard layer of skin that can become painful over time), bunion (potentially painful

*To find a podiatrist, go to the website of the American Podiatric Medical Association (www.apma.org).

swollen joint at the base of the big toe) or toenail all can become infected. Signs of infection include redness, swelling and pain.

- **Bone spurs (excess bone growth that can form on any bone,** including those in the joints). Bone spurs themselves are not painful, but they can irritate nearby nerves or bones.

Treatment for conditions that cause foot pain typically involves resting the injured foot (by using crutches, if necessary)... applying ice to the injured area...and using appropriate medication. This may include topical disinfectants and possibly oral antibiotics if an infection is present and/or anti-inflammatory drugs—typically two *ibuprofen* (Advil) two to three times a day.

Also helpful: Most pain-related foot problems can be helped by off-the-shelf foot supports (orthotics) that cushion the injured area and promote a proper “heel strike” while walking and running.

Good foot supports (available online and at sporting-goods stores)—Superfeet’s Easy-Fit (an orthotic for dress shoes—cost: \$20)...Powerstep Original (a support that’s good for heel pain—cost: \$34)...and Anti-Shox Conform Orthotics (a soft, gel-based support—cost: \$18.50).

- **Redness or an itchy or painful rash.** The feet are a prime breeding ground for athlete’s foot (a fungal infection), especially if you spend time in a public pool or health club.

Best treatment: Prescription antifungal creams recommended by a podiatrist.

- **Black and blue foot or toe.** Injury to the foot often involves the “little toe,” which frequently results in a broken toe. Contrary to popular belief, broken toes don’t necessarily heal on their own. If the toe isn’t X-rayed and properly taped by a podiatrist, this can result in the subsequent tearing of the attached ligament, causing ongoing pain or affecting your balance.

What Your Feet Tell About the Rest of Your Body

During a foot exam, your podiatrist also will look for signs of medical conditions affecting other parts of your body, and if any of the following are present, perhaps refer you to a specialist (such as a neurologist or oncologist)...

- **Circulatory problems.** Your podiatrist may squeeze one of your toes until it turns white to see how quickly the toe regains its normal color, indicating that blood has flowed back into the capillaries. If the color doesn't return within a few seconds, you may have impaired blood flow, which could signal arterial blockages in other parts of the body.
- **Neurological disorders.** If you pull your feet away because you're oversensitive to your podiatrist's touch (such as when he/she cuts your toenails), this may be a sign of hyperreflexia. This condition can be an early indicator of Parkinson's disease or multiple sclerosis.
- **Diabetes.** If your feet are insensitive to the podiatrist's touch, this may signal neuropathy—damage to the nerves in the feet that often is an early sign of diabetes.
- **Melanoma.** Your podiatrist should check your soles and between your toes for abnormal moles that could indicate melanoma. These often-overlooked areas get very little sun exposure, yet they can hide a melanoma tumor.

Expert Source: Johanna S. Youner, DPM, a board-certified podiatrist in private practice, www.healthyfeetny.net, and an attending podiatric surgeon at New York University Downtown Hospital, both in New York City. She serves as a spokesperson for the American Podiatric Medical Association. HealthyFeetNY.com

No More Foot Pain!

Many people downplay the significance of foot problems. But that's a mistake.

What a foot problem may really mean: You could have an undetected medical condition. For example, numb or painful feet can be a red flag for the damaged blood vessels and nerves that can occur with diabetes or peripheral arterial disease (a circulatory problem that causes reduced blood flow to the limbs). Foot problems also may be associated with seemingly unrelated ailments, such as hip or back pain.

An effective way to identify the root cause of foot pain is to take a whole-body (holistic) approach that often can replace conventional treatments.* *Holistic approaches to everyday foot problems...*

- **Go barefoot.** After spending day after day confined in tight or ill-fitting shoes, the muscles of the foot can weaken—the same way an arm loses muscle tone when encased in a cast. Going barefoot in your home allows your feet to stretch, strengthen and find their natural alignment.

Caution: People with diabetes should never go barefoot—this medical condition commonly causes nerve damage in the feet, which makes it difficult to feel cuts or other injuries. Also, do not walk barefoot on marble or other potentially slippery floors or if you have balance or vision problems. In all of these cases, wear sturdy slippers or similar footwear that protect your feet and provide good traction.

- **“Open” your toes.** This gentle form of stretching can improve flexibility of the tendons, release tension and stimulate blood flow to the feet and the rest of the body.

*To find a holistic podiatrist near you, consult *TheHolisticOption*.

It can help prevent foot ailments, such as hammertoe (in which the end of a toe curls downward) and Morton's neuroma (inflammation of a nerve between the toes that causes pain in the ball of the foot), and is useful for people suffering from painful foot conditions such as plantar fasciitis (described below).

What to do: Lace your fingers between each toe (imagine holding hands with your foot)...or use physical separators, such as pedicure toe dividers (available at drugstores) or gel-filled YogaToes (available at YogaPro). Open your toes for five to 30 minutes at least five days per week.

Caution: People with rigid bunions should not use YogaToes—they may strain the ligaments and cause additional pain.

For Common Foot Problems

If you suffer from frequent foot pain, you may have one of these common foot problems...

- **Bunion.** No one knows exactly what causes this swollen, painful outgrowth of bone at the base of the big toe. Heredity plays a role, but podiatrists also suspect excess body weight and ill-fitting shoes.

Conventional treatment: Store-bought or custom-fitted orthotic shoe inserts to help reduce pressure on the bunion...and/or surgery to correct the position of the toe.

Holistic therapy: To relieve inflammation, massage the foot with peppermint, lemongrass, wintergreen or lavender oil. To make your own massage oil, start with a half teaspoon of a “carrier,” such as almond oil or vitamin E oil, and add two to three drops of the healing oil. Warm the oil mixture in the palm of your hand before massaging your feet for five to 10 minutes daily.

- **Plantar fasciitis.** This condition is inflammation of the thick band of tissue that connects the heel to the base of the toes. The pain—often excruciating—is most pronounced under the heel.

Anything that stresses the bottom of the foot can cause plantar fasciitis, including being overweight, suddenly increasing the amount of exercise you do or wearing shoes without arch support.

Conventional treatment: Cortisone injections to relieve inflammation...and/or custom-fitted orthotic shoe inserts to more evenly distribute pressure on the foot.

Holistic therapy: Massage the arch of the foot by rolling a squash ball (a tennis ball is too large) on the floor from heel to toes. Use pressure that is firm enough to move the tissues without causing pain.

This massage reduces inflammation by moving accumulated acids out of tissues. Perform it daily until symptoms resolve. For plantar fasciitis, also perform this stretch twice daily on a regular basis...

What to do: Take one large step forward and bend your forward knee. Press the heel of the back leg onto the floor. Hold for 10 to 30 seconds, then switch leg positions. For added stretch, bend the back knee, as well.

Important: If your foot problems affect your ability to walk or don't heal or improve after two weeks of home care, see a podiatrist.

Expert Source: Sherri Greene, DPM (doctor of podiatric medicine). She has practiced conventional and holistic podiatric medicine in New York City for the past 12 years. Her treatment modalities include reflexology, herbal medicine and essential oils.

Common Foot Problem Can Lead to a Deadly Infection

Did you know that calluses, corns, ingrown toenails and other common foot problems can lead to MRSA, the aggressive and methicillin-resistant Staph. bacterium? According to the American College of Foot and Ankle Surgeons, MRSA infection is a threat among people with foot problems—problems that seem only annoying rather than dangerous. Other common foot conditions that can lead to MRSA infection include dry, cracked skin on the heels (especially in cold winter months), eczema, psoriasis and athlete's foot.

Block That Bacteria

As you may already know, MRSA is common and exists on the skin of about one-third of the population. It becomes harmful only when a break in the skin provides an opportunity for it to enter the bloodstream. But then it can be very harmful, leading to blood-borne infections, multiple organ failure and even death. Therefore, if you have any foot injury or irritation, act immediately to prevent bacteria from entering via a break in the skin.

I advise treating any problems affecting the skin on your feet by washing with soap and water or, at least, rinsing the area thoroughly with running water as soon as you can, using whatever is most accessible—for instance, if you're hiking and get a blister, pour bottled drinking water on it if nothing else is available. This will remove any MRSA-infested debris that might have entered the area. For further protection, use Bacitracin and cover with a bandage for several days until the skin closes over.

What's even more challenging about the feet is that an infection also can begin in a place where you aren't aware of a skin break, such as in a callus or corn. It's crucial, therefore, to be vigilant

about any symptoms of infection. *Be alert to these signs that may indicate an infected foot...*

- **Redness in the area**
- **Swelling**
- **Skin that feels warm to the touch**
- **Pain**
- **Pus**
- **Fever**
- **Difficulty moving, such as a toe that won't wiggle as usual.**

Any of these symptoms may indicate that treatment is needed right away, since MRSA and many other infections can move very fast. Call your doctor, and if you cannot get in that day, go to an urgent-care center or, if no other option is available, the ER. The area will be drained by a health-care professional who may also give you a prescription for antibiotics. Tread carefully...MRSA is a serious matter.

Expert Source: Yi Hung Chan, DPM, podiatrist in private practice, West Orange, New Jersey, and lead acupuncturist at Memorial Sloan Kettering Cancer Hospital, New York City.

Strengthen Feet to Reduce Pain and Stiffness

Our poor feet just don't get what they need to be healthy and happy—and you know who pays the price, don't you? Modern life is hard on our feet. An astonishing 25% of the body's bones are in the feet, and every one of them has a job to do.

We actually weaken our feet by wearing shoes—encasing them this way diminishes their natural strength and abilities. Walking on artificially flat surfaces does further damage, since the foot is deprived of the natural workout it is supposed to get from varying natural terrain. The result of all this is that we're no longer really using our feet. By midlife, most of us have lost not only muscle strength but also the fine motor skills that our feet need to properly support us. We end up using the ankle muscles instead and, in a vicious cycle, this further weakens foot muscles.

Test Your Feet

Here is an easy way to test your foot muscle strength: Try to raise your big toe, by itself, and then the second toe with it. It sounds easier than it is—few are able to do more than lift the big toe slightly off the floor. When the foot is being used properly, however, all toes should retain their ability to move independently from the other four.

Walk This Way

Foot problems start in your feet—your posture and style of walking play a role, too. You may never have noticed it but, if you are like many folks, you're likely walking with your feet slightly turned out, duck-fashion. This interferes with how the muscles and ligaments in the feet, knees and hips are supposed to work. Your feet should point straight ahead in the direction you are walking.

Try this: Find straight lines on the floor (a tile joint or wood slat works well), and line up the outside edges of both feet. Keeping that alignment, walk forward. As you try to adapt to this new gait, you may initially feel like you've become pigeon-toed and knock-kneed, but if you stay with it you'll soon notice how your hips are engaged and rotating smoothly—it all feels quite facile and natural.

Straighten Up

When standing and walking, many people tuck their pelvises under, creating weak abdominal muscles—wearing elevated heels (men’s shoes, too) further amplifies this effect. Coupled with the turned-out duck-walking style, this posture puts too much weight on the front of the feet, which is what creates bunions. Instead, the weight should be back over the heels and spread among four contact points.

Try this: Picture your foot as a rectangle with four corners. Now consciously distribute your weight equally to the inside of the heel...the outside of the heel...the ball of the foot...and just below the pinkie toe.

And here’s an exercise that can help you identify a forward-thrusting pelvis and poor weight placement: Stand barefoot and move your hips back until they are over your ankles—when you do this correctly, you should be able to lift all 10 toes off the floor. Do this near a chair or wall in case you need support. Once you learn what this centered position feels like, try to achieve it regularly.

What to Wear?

I advise walking shoeless often. When footwear is required, select heels that are as flat as possible. An elevation of even an inch or so puts too much weight on the ball of the foot—it’s like walking downhill. In fact, I recommend shoes that draw your weight back, onto the heels, such as those made by Earth, Inc. (www.earthfootwear.com). Arch supports may be helpful for people with very high or very low arches, but regular use weakens foot muscles.

I am ardently against flip-flops—they force the wearer to scrunch the toes, which can cause hammer toes and also makes proper weight distribution (those four proper contact points)

impossible. Neither do I favor the new types of workout shoes that rock the foot and purposely throw off the body's balance to make leg muscles work harder—including “FitFlops” and MBTs. The shape of the sole creates an unnatural gait pattern that can harm the feet, knees, hips and spine.

You can probably imagine how I feel about high heels. For dress-up occasions, I suggest women bring heels to put on at the last minute. If you wear them regularly, visit the chiropractor or a naturopathic physician to get some special attention for your feet and sacroiliac joints, which will help to minimize the damage.

Easy Steps to Feel-Good Feet

The real path to pain-free feet, however, involves giving them tender, loving care in the form of regular exercises that stretch, balance and strengthen their muscles, tendons and ligaments. Start by simply spreading and lifting your toes as often as possible. *Other easy exercises...*

- **Toe lifts.** While standing, lift your big toe alone, followed in succession by each of the remaining toes...repeat in the opposite direction, big toe last.
- **Toe tucks.** Stand with one foot flat on the floor and the other pointed slightly behind you, toes tucked under so that the tops of your toes are resting on the floor. This stretches your upper foot. (This won't be easy or comfortable at first.)
- **Arch support.** Stand erect, shift your weight to the outside of one of your soles, and lift that foot's ball and toes...slowly lower the ball of the foot without letting your arch collapse, and then relax your toes back to the ground.
- **Toe spacers.** Available at nail-care salons, online and in many stores, they fit between your toes and spread them. They may

feel odd at first, but then are soothing. If you use them fairly often, such as while reading or watching TV, your toes will eventually relearn their normal spreading motion.

- **Barefoot walking.** Do this as often as you can.

And here are some fast fixes for feet that hurt:

- **For instant relief of aching feet, run your foot repeatedly over a tennis ball**—start while you are in a seated position and then slowly stand, increasing the weight on your foot.
- **Elevating tired, sore feet feels great**, as does wrapping them in a warm, wet towel.
- **A gentle foot massage** or a session with a well-trained reflexologist does wonders for the heart and sole.

Expert Source: Katy Bowman, MS, director, Restorative Exercise Institute, Ventura, California, www.restorativeexercise.com.

The Most Fun You Can Have with Your Feet

Our feet and ankles endure a lot of stress and strain, so here's a fun exercise to build them up. Get a dozen marbles and a plastic cup. Put them all on the floor. Sit down in a chair that lets you move around, and then pick up each marble with the toes of your right foot—one by one, drop them in the cup.

Then dump the marbles and do the same with the toes of your left foot. You may want to add to the fun by timing yourself and trying to set speed records. Whatever you do, try not to “lose your marbles.”

Expert Source: Lydia Wilen and Joan Wilen are sisters who are folk-remedy experts based in New York City. The sisters are coauthors of many books, including *Bottom Line's Household Magic* (Bottom Line Books, 800-678-5835), <http://www.householdmagicdailytips.com/>

Strengthen Your Ankles

It's best to keep your ankles strong and flexible so you can avoid problems such as ankle arthritis and sprains in the long run.

Try doing “alphabet” exercises at least three times a week: Pretend you are holding a pen between your first and second toe. Using only your foot, not the entire leg, draw the letters of the alphabet in the air, making exaggerated motions. This takes only a few minutes, you can do it at your desk or while watching TV, and you can have fun with it, writing in script, in print, with great flourish, and other ways you can think of to change your “handwriting” while also strengthening your ankle joints.

Expert Source: David I. Zaret, MD, an orthopedic surgeon in Long Island, New York.

Sore Feet? Four Feel-Better Yoga Poses

Our poor feet pay the price—in the form of pain, inflammation and misalignments—for our habit of wearing high-heeled, pointy-toed, stylish-but-not-sensible shoes. But surprise—certain yoga postures can help feet feel and function better. The greatest thing yoga can do for foot health is to help restore normal “foot posture.” That means equal weight on the inner and outer foot...arches lifted...toes spread apart evenly...and

usually feet pointing straight ahead. The four poses below can help you achieve this correct foot posture.

Why “foot yoga” works: The following three standing poses challenge your ability to keep weight equally distributed on the “four corners” of the foot—the ball of the big toe, ball of the little toe, inner heel and outer heel. Each pose makes the weight distribution uneven in one way or another, so the act of bringing the feet back to neutral strengthens certain muscles and stretches others, while also training your nervous system to “find center” with your feet. The fourth pose is a kneeling posture. It stretches the top of the foot while temporarily taking tension off the inflammation-prone plantar fascia (a band of tissue that runs the length of the sole).

Check with your doctor before beginning, as not all yoga poses are appropriate for all people. Start by holding the standing poses for five to 15 seconds per side, working your way up to 30 seconds per side...start by holding the kneeling pose for 10 to 30 seconds, gradually increasing to one minute. For best results, practice daily.

The basic instructions below will get you started. For more detailed instructions and photos of each pose, click the demo links—they take you to the website of one of my favorite yoga resources, www.YogaJournal.com. *Poses to try...*

- **Vrksasana (Tree pose).** Stand on right foot, right knee straight. Bend left knee and place sole of left foot on inner right thigh, so toes point down and left knee points out to side. Raise arms straight overhead and hold pose. Repeat on other side.

Foot focus: Concentrate on keeping weight evenly distributed among all four corners of the supporting foot. This strengthens the calf and shin muscles that balance the foot and stretches the plantar fascia.

Demo: www.YogaJournal.com/poses/496.

- **Utthita Parsvakonasana (Extended side angle pose).** Stand with feet spread about three-and-a-half feet apart, right toes turned a little to the left and left toes facing sideways at a 90-degree angle. Bend left knee until knee is directly above ankle. Lean to left side by bending at left hip, placing left forearm on thigh or placing left hand on floor. Extend right arm diagonally overhead. Keeping torso facing forward (not turned toward floor), hold pose. Repeat on other side.

Foot focus: Press outer edge of back foot down into floor before you start going into the pose...keep it there throughout. Also, as you bend front leg, do not allow weight to shift to inner edge of that foot—keep knee aligned over ankle.

Demo: www.YogaJournal.com/poses/749.

- **Virabhadrasana 1 (Warrior 1 pose).** Stand with left foot about three-and-a-half feet in front of right foot, toes facing forward. Now turn right foot outward so toes are on a 30-degree angle. Bend left knee, bit by bit, directly toward left foot. Keep hips facing forward. Raise arms straight overhead and hold pose. Repeat on other side.

Foot focus: Before bending front knee, press outer corner of back heel firmly into floor. Keeping that part of heel down, slowly begin to bend front knee. When outer corner of back heel begins to lift, press it firmly back into floor and don't bend front knee any further—you have gone as far as you should. This pose strengthens key muscles that lift the arch of the foot, while also stretching some of the muscles whose tightness can flatten the arch.

Demo: www.YogaJournal.com/poses/1708.

- **Virasana (Hero pose).** Kneel with tops of feet on floor. Keep

knees close to each another but not touching...spread feet apart slightly wider than hip width. Place a prop (such as a yoga block or thick book) on floor between ankles, then lower pelvis so hips are supported by the prop.

Foot focus: Keep thighs parallel and feet pointing backward in line with shins. If the stretch at the top of the ankles is too intense, support the ankles by draping them over a rolled blanket.

Demo: www.YogaJournal.com/poses/490.

Expert Source: Roger Cole, PhD, is an internationally recognized, certified Iyengar yoga teacher who trained at the Iyengar Yoga Institutes in San Francisco and Pune, India. He also is a psychobiologist educated at Stanford University and the University of California, with specialties in the science of relaxation, sleep and circadian rhythms. Based in Del Mar, California, Dr. Cole has trained thousands of yoga teachers and taught yoga as a healing art to physicians, physical therapists, medical students and patients. www.RogerColeYoga.com

How to Choose the Right Athletic Shoes

When you work out or play a sport, your shoes affect your performance—and your risk for injury.

Key: Choose sport-specific footwear.

Examples: Tennis shoes have side support and flexible soles for fast changes in direction...running shoes give maximum shock absorption...walking shoes need low heels that bevel inward so feet roll easily through the stride. *Also...*

- **Learn your foot type.** Ask a podiatrist or athletic trainer...or visit a shoe store that offers computerized foot-type analysis.

Wide feet: A too-narrow shoe leads to shin splints, so if even wide-size women's shoes feel tight, try men's shoes.

High arches: Look for a shoe with a thick, shock-absorbent heel, such as a gel heel or air bladder.

For feet that roll inward: You need a deep heel cup and wide mid-foot base.

For feet that roll outward: Choose a somewhat rigid shoe.

- **Check a shoe's flexibility by bending and twisting it.** It's too flexible (and thus can lead to ankle sprains) if it bends at mid-sole instead of the ball...flattens at the heel cup...or wraps like a towel when twisted. A shoe that's hard to bend or twist is too rigid (except for cycling) and may cause shin splints.

- **Know when to purchase a new pair.** Wear and tear affect a shoe's ability to support and protect. Replace sports shoes after they've taken about 500 miles' worth of steps. If you're a walker or runner, that's easy to calculate. Otherwise, replace shoes when treads and heels are visibly worn.

Expert Source: Vahan Agabian, clinical instructor and rehabilitation specialist, MedSport sports medicine program, University of Michigan Health System, Ann Arbor.

High-Priced and Cushiony Best for Your Feet? Think Again

A study in *The American Journal of Sports Medicine* found that, on average, expensive, high-tech footwear caused twice the injuries as shoes costing half as much.

Some high-priced, cushiony shoes can make you feel as if you're walking on a foam mattress, but they have an inherent "wobble"

that can cause your foot to move side to side, leading to potential foot, ankle, knee and hip injuries.

Better: Thin-soled shoes with minimal support. They force the muscles in the legs and feet to work harder, which improves strength and balance and helps prevent injuries.

When transitioning to thinner-soled shoes, make the switch gradually, breaking them in on shorter walks. They can feel awkward at first, so give your feet time to adjust.

Of course the right shoe is a very individual choice, but I like Karhu shoes, which promote forward momentum.

Cost: About \$55 to \$140, depending on the model. Other people like the so-called “barefoot” shoes, such as Vibram FiveFingers.

Helpful: Avoid cotton socks, which can lose their support and shape after a few washings. Try socks made from blends that include acrylic fibers, Coolmax and/or spandex/elastic. Soft wool socks also can work.

Tip: Powder your feet with cornstarch before a long walk to reduce friction, heat buildup and blisters.

Expert Source: Robert Sweetgall, president of Creative Walking, a Kirkwood, Missouri, company that designs walking and fitness programs for schools, corporations and other clients. He is the only person to have walked through all 50 states in 365 days, and he has walked/run across the US seven times. Sweetgall is coauthor, with Barry Franklin, PhD, of *One Heart, Two Feet: Enhancing Heart Health One Step at a Time* (Creative Walking, Inc.). www.creativewalking.com

How to Wear Heels Without Hurting Your Feet

High heels have glamour—but it comes at a steep price. Such footwear is a primary reason why women suffer nearly four times more foot problems than men and undergo 90% of the common foot surgeries performed each year. *To protect your feet when selecting a dress shoe...*

- **Limit heel height to two inches or less.** Anything higher can vastly increase the pressure on the ball of your foot and throw off your body alignment—and it gets worse the higher you go. A wide heel offers more stability than a stiletto but does not decrease the pressure.

- **Give toes wiggle room.** Look for shoes with a rounded or square toe box. Narrow or pointy-toed shoes can aggravate tendons and also damage toenails, making them more vulnerable to fungal infections.

- **Choose materials and styles wisely.** Look for shoes with cork soles—cork is a natural shock absorber. Wedges, which distribute the pressure of your body weight more evenly, give the look and height of a heel without injuring feet.

- **Limit standing time to 45 minutes.** If your child is getting married, for example, wear heels for the photographs—then switch to lower-heeled shoes for dancing and mingling.

- **Toss worn-out shoes.** It is fine to replace plastic “taps” on heels—but if the main heel itself is worn, the shoes no longer offer adequate support.

- **Have your shoe size remeasured yearly.** Pregnancy (during which hormones loosen ligaments), gaining and losing weight, and normal aging can affect the size and shape of your feet.

Smart idea: Try Insolia—an insert designed by a podiatrist that helps to redistribute weight from the ball of the foot to the heel.

Cost: About \$20 at drugstores (877-426-7654, www.insolia.com).

Expert Source: Crystal Holmes, DPM, assistant professor of podiatry at the University of Michigan in Ann Arbor and spokesperson for the American Podiatric Medical Association (www.apma.org).

Part 2: Foot Pain Cures

Achilles Tendonitis: Home Cures

The average person walks the equivalent of four times around the world in his/her lifetime. No wonder foot problems plague more than three-quarters of US adults! The good news is that we can take steps on our own to relieve the pain of many foot problems, such as achilles tendonitis.

Even though the tendon in the back of the heel is the strongest and largest in the body, it's still among the most vulnerable—and when it hurts, it can hurt a lot. Symptoms include pain above the heel or in the back of the leg.

Inflammation of the tendon, known as Achilles tendonitis, usually is due to overuse. The tendon gets weaker and susceptible to injuries with age. If you overwork the tendon—say, by spending a few hours on the dance floor or the basketball court—the fibers can develop small tears and get inflamed. It typically takes at least three months for it to heal completely. In the meantime, don't engage in high-impact exercises such as running, and switch to low-impact activities such as biking or swimming. *Also...*

- **Start with ice.** Ice is one of the best ways to reduce inflammation and help the tendon heal. When you first feel pain at the back of the heel, apply an ice pack for up to 20 minutes. Keep applying ice throughout the day—and keep the heel elevated as much as possible for a few days. You can further reduce inflammation by taking aspirin or ibuprofen.
- **Try heel lifts.** These are thin wedges that slip into your shoes. Raising the heel as little as one-eighth of an inch reduces stress

and helps the tendon heal quicker. Use lifts in both shoes so that your body is balanced. I like Spenco Rx Heel Cushions and AliMed Heel Lifts. Both are available online and in pharmacies and some stores.

Important: If you can't stand up on your toes even for a second, there's a good chance that the tendon has ruptured (completely torn). Surgery is the only treatment for a ruptured Achilles tendon.

Expert Source: Johanna S. Youner, DPM, a podiatrist and cosmetic foot surgeon in New York City. She is a spokesperson for the American Podiatric Medical Association and a delegate of the New York State Podiatric Medical Association. HealthyFeetNY.net

Achy Feet Cures

Were you on your feet all day and now your dogs are barking? Or maybe there's some weird ache around your ankles or shin area, and you need a little natural soothing.

Garden cure: Boil or roast a large turnip until it's soft. Then mash it and spread half of it on a white cotton handkerchief. Spread the other half on another handkerchief. Apply the turnip mush to the bottoms of your bare feet, bandage them in place, and sit with your feet elevated for about half an hour. This "sole food" should draw out the pain and tiredness.

Soothing foot massage: When your feet hurt and you're tired, soak them in hot water for 10 to 15 minutes. Then (and this is the unusual part) massage your feet with about one-quarter cup of lemon juice, which is a natural anti-inflammatory that helps detoxify overworked muscles. Take your time and, while massaging, thank your feet for all they've done for you. After a thorough job of massaging your feet, rinse them with cool

water. Dry them completely, then take five deep breaths. You and your pain-free feet should be able to settle down for a good night's sleep.

Vinegar soak: To dissolve foot pain after shopping all day, add one cup of apple cider vinegar to a basin (or two plastic shoe boxes) filled halfway with lukewarm water. Then soak your feet for at least 15 minutes. The aches and pains of store-hopping should melt away.

Expert Source: Lydia Wilen and Joan Wilen are sisters who are folk-remedy experts based in New York City. The sisters are coauthors of many books, including *Bottom Line's Household Magic* (Bottom Line Books, 800-678-5835), <http://www.householdmagicdailytips.com/>

Blister Prevention and Cure

You just bought the cutest pair of sling-back pumps and it's summer, which means no panty hose and a big chance of blisters. Before setting out in your brand-new footwear, swipe the inside of the shoes with clear underarm antiperspirant/deodorant. The waxy silicone-based ingredients in the deodorant reduce blister-causing friction. This not only keeps away the blisters, but also keeps your feet odor-free!

When painful blisters vex you, here is what to do...

Resist the urge to pop a blister (yuck!) because you run the risk of infection. An intact blister is still painful, so soak your blister in regular cold milk (whole milk works best) for a half hour or so to reduce the pain and swelling. You can also apply a cold compress (for 10 minutes at a time) to relieve the inflammation.

If the blister is open and not infected, cover it with an adhesive bandage during the day and take off the bandage when you go

to bed to let the wound dry out. If the blister is open and oozing (double yuck!), apply antibiotic ointment and cover with a bandage. Get professional help if it gets worse—that means it’s probably infected.

Expert Source: Lydia Wilen and Joan Wilen are sisters who are folk-remedy experts based in New York City. The sisters are coauthors of many books, including *Bottom Line’s Household Magic* (Bottom Line Books, 800-678-5835),

<http://www.householdmagicdailytips.com/>

Broken Toe: What to Do

Most people think that there’s nothing that can be done about a broken toe but grimace. Not true. The majority of broken toes heal without treatment, but even minor fractures can shed bone fragments that cause persistent irritation. A greater risk is that the toe will heal in a “malaligned” position, causing arthritis or balance problems later in life.

Important: Toe fractures should always be seen by a podiatrist or orthopedic specialist. Fast treatment helps ensure that the bone heals quickly and in the normal position.

Types of Breaks

Assume that a toe is broken when an injury causes bruising. The toes have less circulation than other parts of the body. If the toe is black and blue, it’s almost certainly broken.

Three types of breaks...

- **Hairline (stress) fracture**, a small crack in the bone, is the least serious. It usually heals well on its own.
- **Spiral fracture** is caused by twisting injuries, such as catching

a toe on a nightstand or a piece of luggage. This type of break typically is complicated by bone fragments.

- **Compound fracture** means that the bone has broken completely. It's the most serious fracture.

Treatment

Compound fractures require surgery, both to stabilize the bone and clean the area to prevent infection. Other fractures, which may or may not be visible on X-rays, usually can be treated nonsurgically.

Right after the injury, take these steps (abbreviated as RICE): Rest to protect the damaged tissue...ice (wrapped in a thin towel to protect the skin) to reduce pain and swelling—10 minutes on, 20 minutes off...compression with an elastic bandage to stabilize the area...and elevation, raising the foot above the level of the heart to reduce swelling.

Over-the-counter pain relievers often are sufficient to relieve pain. Take one that also reduces inflammation, such as aspirin or ibuprofen. *You also may need...*

- **Reduction.** When X-rays show that the two ends of the fracture aren't likely to knit together, the doctor may need to manipulate the bones. This procedure, known as reduction, usually can be done externally. It's painful, so you'll probably be given an injection of anesthetic.

- **Buddy splint.** To keep the area stable, I use a buddy splint, in which the injured toe is loosely taped to an adjoining toe to keep it from moving. Gauze is put under the tape, between the toes, to prevent chafing.

Helpful: If both toes move together when you wiggle the uninjured toe, the splint is working properly.

You also should wear a stiff-bottomed shoe (known as a postoperative shoe) to keep the toe from flexing. They're available in most pharmacies.

Cost: About \$20.

In young adults, a broken toe typically heals in four to six weeks. For those in their 60s and older, the usual healing time is eight to 10 weeks.

Important: See a doctor right away if you develop subungual hematoma, a collection of blood under a toenail that looks like a purplish bruise. Pressure from the trapped blood forces the nail upward and increases the risk for infection. It also can cause the toe to be permanently malformed. The doctor will open a hole in the nail with a needle or cautery device to drain the blood.

Expert Source: Johanna S. Youner, DPM, a podiatric surgeon in private practice and attending physician at New York Downtown Hospital, both in New York City. Dr. Youner is a board-certified foot surgeon and a Fellow of the American College of Foot and Ankle Surgeons. www.HealthyFeetNY.com

Bunions: Surprising Fixes

A bunion is a bony bump that develops over the joint at the base of your big toe. Too-tight shoes are commonly the culprit, but bunions may also be inherited or can occur if you have arthritis.

Besides causing pain, bunions can create tingling from nerve compression. Orthotics and ice can help alleviate pain, and steroid injections can ease joint inflammation. But these treatments won't get rid of the bunion. If you do opt for surgery, a

bunionectomy (a small incision is made so that the bunion can be removed and the big toe straightened) can be effective. Most individuals are back on their feet within three days, but full recovery can take up to eight weeks. Swelling may last for six months.

Surprising fix: Before resorting to surgery, start by loosening your shoelaces and/or buying slightly larger shoes. Your bunion may be taking up space in your shoes and compressing the nerves.

To ease pain in the big-toe joint, bunion sufferers should wear rigid shoes that provide extra support to the painful joint. (When shopping for a shoe, try to twist the sole...if you can twist it, put it back.)

Good brands for men: Rockport Dressports, Ecco and Allen Edmonds.

Good brands for women: Munro, Ariat and BeautiFeel. Avoid flip-flops—they provide no support, which worsens bunions.

In addition, consider wearing a night splint (available at drugstores and online), which can help stretch and straighten the joint.

Good product: The PediFix Nighttime Bunion Regulator, about \$24.

Exercise will not change the bony overgrowth on the bunion but may help ease the pain.

What to do: While slightly lifting your foot off the ground, point it straight ahead and hold for five seconds. Then curl your toes under for five seconds. Repeat 10 times daily.

Expert Source: Johanna S. Youner, DPM, a podiatric surgeon in private practice and attending physician at New York Downtown Hospital, both in New York City. Dr. Youner is a board-certified foot surgeon and a Fellow of the American College of Foot and Ankle Surgeons. www.HealthyFeetNY.com

Calluses: Overnight Cure

Everyone is going dancing tomorrow night and you would go, too, except that you've got these calluses (patches of thick skin that form on the soles of feet) that throb at just the thought of fancy footwork.

Here's how to get rid of them overnight: Cut an onion crosswise into two big slices—use an onion large enough to cover the callused area. Let the two onion slices soak in wine vinegar (red or white) for four hours, then take the onion (one slice for each foot or wherever needed) and apply them to the calluses. Bind them in place with plastic wrap, put on socks and leave them on overnight. The next morning, you should be able to gently scrape away the calluses (the edge of a metal nail file should do the trick). Be sure to wash and rinse your feet thoroughly to get rid of the onion/vinegar smell.

Expert Source: Lydia Wilen and Joan Wilen are sisters who are folk-remedy experts based in New York City. The sisters are coauthors of many books, including *Bottom Line's Household Magic* (Bottom Line Books, 800-678-5835), <http://www.householdmagicdailytips.com/>

Corn Remedies

The difference between an oak tree and a tight shoe is that one makes acorns, the other makes corns ache. Corny jokes aside, corns are not a terribly serious condition, but you'll be more comfortable if you stop wearing those shoes that made the corn.

After you do that, try this remedy: Rub castor oil on the corn twice a day and it will gradually peel off, leaving you with soft, smooth skin. Or, every night, put one small piece of fresh lemon peel on the corn (the inside of the peel on your skin). Wrap a bandage around it to keep it in place until morning. In a few days, the corn should be gone.

Expert Source: Lydia Wilen and Joan Wilen are sisters who are folk-remedy experts based in New York City. The sisters are coauthors of many books, including *Bottom Line's Household Magic* (Bottom Line Books, 800-678-5835), <http://www.householdmagicdailytips.com/>

Cramp Relief

One minute you're fine—and the next, yelp! You have a cramp in your foot that's so painful you don't know what to do with yourself. (If you're like me, you start hopping up and down on it in hopes of making it stop!) Sometimes foot cramps can wake you when you're asleep...or even strike in the middle of a workout. They can also occur when you're just sitting—for instance, when driving or simply relaxing on the couch. No matter when they happen, they disrupt whatever you're doing.

Fortunately, there are several things you can do to ease a foot cramp when it's happening—and a few natural solutions can help to prevent them, too (if you get them regularly).

A foot cramp is a sudden contraction of a muscle or muscles. This sudden contraction or spasm causes the pain. Several things can cause your feet to cramp up, including dehydration or a dietary imbalance. Even a bad case of anxiety, which leads to shallow breathing and a reduction in oxygen going to the muscles, can cause cramping.

What to Do in the Middle of a Cramp

- **Give your foot a massage.** For many people, the first reaction to a foot cramp is to massage the area of the foot that is cramping. This is smart!

You can use a hard or soft touch, whatever works best for you. You also might want to try doing acupressure—namely, pressing with your fingers on one of three points that correspond to your feet. These acupressure points include the spot between your upper lip and nose...the base of your calf muscle (on the leg where you have the cramp)...and the top of the foot between the big toe and second toe (on the foot where you have the cramp). Press firmly on any of these spots and hold for one minute, then release. If the first point doesn't provide relief, try the others.

- **Stretch and flex.** When a foot cramp strikes, try doing a stretching exercise. With your leg extended in front of you (either in a sitting or standing position), point the toes up to the sky and then straight ahead. Do this movement for about a minute. It helps to get blood flowing to ease the cramp.

- **Apply a heating pad.** Put a heating pad on your foot where the cramp is. Make it comfortably warm, but never so hot that you might burn yourself. In most cases, the pain will disappear in a few minutes, although it's best to hold the pad on the foot for 10 minutes to be sure it's gone. If the pain doesn't subside after 10 minutes, remove the heating pad and wait 20 minutes, then apply it again.

- **Drink apple cider vinegar or pickle juice or eat mustard.** These foods contain vinegar, which consists of acetic acid. This acid helps the body make acetylcholine, which is a neurotransmitter that helps our muscles work. The more acetylcholine you have, the better your muscles function. Try dissolving two teaspoons of apple cider vinegar in honey, or consume about three teaspoons of pickle juice or mustard (any type). These

vinegar remedies work so well that athletes are known to pick up mustard packets from fast-food restaurants in order to get fast relief from cramps.

- **Sip some tea.** If stress and anxiety are causing your foot to cramp, drinking a cup of chamomile tea, which relaxes the body, can help. Another option is cramp bark tea, which is available at health-food stores. It contains valerianic acid, a muscle relaxant, and is known to relieve cramps of all kinds.
- **Take Magnesia phosphorica.** This homeopathic remedy contains magnesium, a mineral that helps relax muscles. Have the remedy on hand so that you can take it when the cramp occurs. Follow label instructions.

How to Prevent Cramps (If You Get Them Regularly)

- **Drink tonic water.** This common carbonated beverage contains quinine, which is known to be a muscle relaxant. People who are prone to foot cramps can drink one 12-ounce can or bottle of tonic water daily to prevent cramping. Tonic water contains only small amounts of quinine, but quinine can interact with medications. Check with your doctor first before using tonic water regularly.
- **Eat bananas.** An imbalance of electrolytes, either because of excessive sweating or a dietary imbalance, can affect your muscle function. Getting too little potassium or too much sodium can make you vulnerable to cramps. To help bring electrolytes into balance, try eating a banana every day. Bananas contain potassium, which can help offset excess sodium.
- **Drink up.** Dehydration is a common cause of cramps of any kind. You can become dehydrated if you consume too much sodium or sweat a lot. Increase the amount of water you drink daily—aim for eight eight-ounce glasses. If you have trouble

downing that much plain water, increase your intake by jazzing up your water with slices of fruit...or drink herbal tea—that counts too!

Expert Source: Johanna S. Youner, DPM, a podiatric surgeon in private practice and attending physician at New York Downtown Hospital, both in New York City. Dr. Youner is a board-certified foot surgeon and a Fellow of the American College of Foot and Ankle Surgeons. www.HealthyFeetNY.com

Gout: Natural Remedies

Gout sounds like an old person's or an old-fashioned disease. But it is neither. This painful form of arthritis is very much with us today—and it affects adults of every age.

An attack of gout comes on quickly—it commonly affects the joint at the base of the big toe or other joints, such as the ankle, thumb, wrist, elbow or knee. Inflammation leaves the joint red, swollen and so tender that it hurts to have clothes or bedsheets touch it.

Good news: Gout can be treated very effectively with a natural approach that features detoxification...nutritional supplements...and diet changes. *Here's what you need to know...*

Why It Occurs

Gout results from elevated blood levels of uric acid, a waste by-product created when your body breaks down purines, compounds found in foods such as organ meats, anchovies, asparagus, mushrooms and beer. Gout traditionally was associated with the consumption of fatty foods and alcohol, which is why it was once known as a rich man's disease. Today, we know that gout is not always related to diet. With this condition, the kidneys are unable to filter high levels of uric acid out of the

blood. Over time, excess uric acid forms crystals that accumulate in joint tissue, leading to attacks of joint pain. Men are more likely than women to get gout. Women are more susceptible after menopause.

Insulin resistance, obesity, fungal overgrowth and hypothyroidism all have been linked to gout. Taking niacin for heart disease can exacerbate gout. Regular use of aspirin (any dose) and some blood pressure medications (thiazide diuretics) can cause gout.

Gout medications lower blood levels of uric acid, but these medications all have side effects, ranging from nausea and skin rash to disruptions in liver enzymes and blood-cell production. Fortunately, gout can be treated very effectively without these harsh drugs.

Treating an Acute Gout Attack

I recommend starting the following regimen at the first sign of joint pain caused by gout.

Do first: The first two on the list below, then the others. These remedies, which all are available at health-food stores, are safe to take together. There are no side effects except as noted.

- **Juice detoxification.** In an acute gout attack, it's essential to quickly eliminate uric acid from your body. You can do this with a three-day juice fast, which flushes excess purines from the body. I usually recommend drinking eight to 10 cups of juice daily, mainly from vegetables.

Good choices: Green drinks, such as those made from wheatgrass, chlorella and spirulina...pure water...and herbal teas.

Another good choice: Unsweetened cherry juice. Just a few tablespoons give you the beneficial anthocyanins that can decrease

blood uric acid levels. Dilute the juice with as much water as you like. Don't fast for more than three days. Prolonged periods without food can raise uric acid levels. (Most middle-aged people with gout have no trouble going without solid food for a few days, but it is wise to consult your doctor before fasting.)

- **Celery seed extract.** This anti-inflammatory herb (not to be confused with the spice celery seed, which is much less concentrated) can ease joint pain. Celery seed extract contains compounds that inhibit the enzymes that produce uric acid. The extract comes in tablet and capsule form.

Dose: 400 mg to 500 mg three times daily during an acute attack. Do not use this herb if you have kidney disease (because of its diuretic effect) or if you are pregnant.

Other helpful remedies to take during an attack of gout...

- **Homeopathic colchicum.** This remedy can relieve acute gout attacks in which pain worsens with movement.

Dose: During waking hours, take a 30C-potency pellet every two hours for no more than two days.

- **Nettle root (also known as stinging nettle root).** This herb, available in liquid or capsules, neutralizes uric acid.

Dose: 250 mg of concentrated root extract three times daily during an attack.

Long-Term Gout Protection

When gout symptoms have eased, I have my patients implement the following preventive regimen...

Supplements...

- **Celery seed extract.** I recommend taking this important antigout supplement at a reduced dose of 400 mg to 500 mg only once daily.

- **Fish oil.** Omega-3 fatty acids can help prevent gout-related joint inflammation.

Dose: 2,000 mg of combined EPA and DHA daily.

- **Vitamin C.** Studies have shown that vitamin C can reduce the risk for gout.

Dose: 500 mg daily.

- **Antigout diet.** You will want to avoid foods that increase uric acid production, including those with refined flour or sugar, and those containing saturated, hydrogenated and partially hydrogenated fats. Concentrate on consuming moderate amounts of protein (such as cold-water fish and soy products) and plenty of plant foods. And high-fiber foods, such as whole grains and nuts, can help your body eliminate uric acid. Drink eight to 10 eight-ounce glasses of water throughout the day to keep uric acid flushed from your body.

- **Antifungal diet.** Fungal overgrowth in the digestive tract may increase uric acid. You may want to try an antifungal diet, which involves eliminating sugar, grains and yeast products and taking antifungal herbs.

Expert Source: Mark A. Stengler, NMD, a naturopathic medical doctor and leading authority on the practice of alternative and integrated medicine. Dr. Stengler is author of the *Health Revelations* newsletter, author of *The Natural Physician's Healing Therapies* (Bottom Line Books), founder and medical director of the Stengler Center for Integrative Medicine in Encinitas, California, and adjunct associate clinical professor at the National College of Natural Medicine in Portland, Oregon. <http://MarkStengler.com>

Gout Fighter: Cherries

Even if your home-remedy-loving grandma swore that cherries were good for fighting gout, your doctor may have expressed skepticism due to a lack of scientific data. In fact, the FDA issued warning letters to producers of cherry products, cautioning them against making claims of disease-related benefits.

Now, though, there is some evidence lending support to Gran-nie's stance. But before we talk about that new study, let's go over some background.

No-good gout: An excruciating form of arthritis, gout most often affects the joint at the base of the big toe, though it also can affect other parts of the foot or leg. It flares up at unpredictable intervals, causing pain that can linger for days. Men are at higher risk for gout, but women develop this potentially disabling condition, too, especially after menopause.

Gout tends to be a recurrent problem, with attacks occurring when a chemical called uric acid crystallizes within the joint, causing inflammation. Uric acid forms when the body breaks down purines, substances found in some foods and beverages, including dried beans, peas, liver, anchovies and beer.

Since certain foods can trigger flare-ups, researchers set out to determine whether certain other foods could help prevent gout attacks. Among the foods they focused on were cherries, because previous small studies had had encouraging results.

Sweet study: Participants included 633 gout sufferers who, for one year, provided information about their flare-ups, diets and other gout risk factors. Then the researchers, noting the dates of each participant's gout attacks, did an analysis of what the person had eaten in the two days prior to the flare-up...and compared that dietary info with various two-day "control peri-

ods” that had not preceded a gout attack.

When patients consumed cherries, their risk of suffering a gout attack in the two days that followed was 35% lower than when they did not eat cherries. Generally speaking, the more cherries they ate, the greater the protective effect, with benefits peaking when people ate three servings over a two-day period (one serving equaled 10 to 12 cherries). Consumption of cherry extract produced similar benefits.

Among patients who took the uric acid–lowering medication allopurinol (Lopurin, Zyloprim), use of the drug reduced the odds of a gout attack by 53%—but when these patients also consumed cherries, their flare-up risk was reduced by 75%. It is worth noting, however, that the drug can cause stomach upset, diarrhea, painful or bloody urination, eye irritation, vision changes and other potentially serious side effects.

Why cherries work: Cherries are thought to help prevent gout attacks by lowering uric acid levels in the blood and reducing inflammation.

This observational study did not separate out the data on different types of cherries or cherry products—fresh or dried, tart or sweet, juice or extract. So until randomized controlled trials can provide more information, researchers cautioned patients against abandoning their standard gout treatment. In the meantime, though, if you suffer from this toe-torturing ailment, it may be worthwhile to ask your doctor whether cherries should play a part in your gout prevention plan.

Expert Source: Yuqing Zhang, DSc, is professor of medicine and epidemiology at Boston University School of Medicine and lead author of a study on cherry consumption and gout published in *Arthritis & Rheumatism*.

Gout Trigger: High-Fat Diet

Gout is characterized by sudden, severe attacks of pain, redness and tenderness typically affecting the big toe, but potentially other joints, such as the ankles, knees, fingers, wrists and elbows as well. Gout incidence is more common in men, although women are increasingly susceptible after menopause. The reason behind the resurgence of gout is obesity and certain western lifestyle factors. Eating the kinds of foods that lead to being overweight, including red meat, particularly in combination with sugary soda, is the key factor behind this trend. Sixty percent of those with gout also have metabolic syndrome. It's not just about having gout, it is also about associated serious medical conditions in the future.

All About Gout

Gout develops from a buildup of uric acid, a chemical in the blood formed by the breakdown of purines, which are found in meat, seafood and in some beers. Consuming lots of these means that your body has more purines to break down—and more purines lead to higher levels of uric acid. This can cause the formation of uric acid crystals (a solid form of uric acid), which accumulate in the joints, causing inflammation, swelling and pain.

The good news is that changing your ways usually reduces symptoms and also can prevent recurrence of gout altogether. Step one, of course, is to lose weight. Being overweight is the most important of all the risk factors. Increased fat cell mass increases uric acid production, decreases uric acid excretion and increases risk for metabolic syndrome. In addition to maintaining a healthy weight, gout sufferers should limit alcohol and sugary drinks and reduce consumption of purine-rich foods, such as animal proteins.

In addition to altering your diet, natural remedies include...

- **If you're a coffee drinker, keep at it.** Both regular and decaffeinated coffees have been found helpful in lowering uric acid levels and reducing risk for gout. Experts believe an antioxidant in coffee decreases insulin sensitivity, and insulin resistance is strongly linked to elevated uric acid levels. Drinking coffee black is best.
- **Take vitamin C.** Supplements of 500 mg to 1,500 mg increase the excretion of uric acid. Research reported in *Archives of Internal Medicine* found that people who took vitamin C supplements reduced their risk of developing gout by up to 45%.
- **Choose low-fat dairy products.** Research has suggested that choosing low-fat dairy products, such as skim milk and low-fat yogurt, over the higher-fat products increases uric acid secretion.
- **Eat cherries or drink cherry juice concentrate**, both of which seem to help reduce symptoms for some people.
- **Soothe sore joints with a comfrey poultice** application, which has been used since 400 BC. (Grind comfrey leaves and mix with distilled water to apply as a paste, then wrap the afflicted area in gauze or an ace bandage.)

Pharmaceutical Treatments

Though lifestyle changes are always helpful, they may not be able to control severe cases of gout. So, predictably enough, drug manufacturers have seen opportunity in the rising numbers, leading to the first new drug for the condition in 40 years. Until now, the medication most commonly used to ease discomfort and prevent future gout attacks has been *zyloprim* (Allopurinol), taken orally, which works by reducing the uric acid level in the blood. It is prescribed by many doctors but only about

half of patients get “satisfactory relief” from the drug.

Recently, the Food and Drug Administration approved another oral drug treatment, called *febuxostat* (Uloric), which works similarly to Allopurinol but seems to be more effective in lowering uric acid levels. Uloric is also a viable alternative for the 2% of patients who are allergic to Allopurinol.

Another new drug, Krystexxa, also recently approved by the FDA, also lowers the level of uric acid but is administered by intravenous infusion every few weeks. It seems to work faster than Allopurinol and Uloric, but it is much more expensive.

Finally, there is some promising new research coming out of Johns Hopkins Medical Institutions that indicates a gene variant may be a factor for about 10% of gout patients. Researchers believe the mutated gene can cause insufficient excretion of uric acid. They hope to target the gene with a drug that makes excretion faster and more efficient, though that will be years away.

Expert Source: Hyon Choi, MD, DrPh, professor of medicine, Boston University.

Hammertoes: Surprising Fixes

With this condition, one of your toes becomes permanently bent at the middle joint due to pressure on the toes’ muscles and ligaments.

Hammertoes are mainly caused by shoes with a low toe box in which the toe joint presses into the top of the shoe. Arthritis, toe injuries and a family history of hammertoes also increase risk. Traditional treatments include padding the hammertoe with a silicone or gel pad.

Stretching exercises also may be useful.

What to do: Take hold of the tip of the toe and gently pull it out straight. Hold for five seconds. Repeat the exercise three times a day.

If these measures are not effective, a surgeon can make a small incision to straighten the tendon associated with the hammer-toe and/or remove some of the affected bone.

Surprising fix: It sounds obvious, but the best solution is to look for a shoe with a roomy toe box and a heel of an inch to an inch-and-a-half—the range that supports your foot’s natural curve. Contrary to what many people think, flats and very low heels do not give the most natural foot position.

If wearing different shoes doesn’t give you adequate relief, an injection of a hyaluronic acid gel filler commonly used to help smooth wrinkles, such as Juvéderm Ultra 4 or Restylane, works well for reducing the pain of a hammertoe.

What happens: This 10-minute office procedure begins with an injection of lidocaine to numb the affected area. An injection of hyaluronic acid is then administered at the bony top of the bent toe. Hyaluronic acid for hammertoes is not covered by insurance—treatment for one hammertoe usually requires one syringe, which costs \$700 to \$1,000. The effect generally lasts for six to nine months.

Expert Source: Johanna S. Youner, DPM, a podiatric surgeon in private practice and attending physician at New York Downtown Hospital, both in New York City. Dr. Youner is a board-certified foot surgeon and a Fellow of the American College of Foot and Ankle Surgeons. www.HealthyFeetNY.com

Infection: Beware of “Sneaker Foot”

When I first spotted Marco, a muscular, middle-aged man who came to the emergency department one recent Sunday morning, he was seated in a chair by the nurses’ station as his vital signs were being taken. He looked extremely healthy until he stood up and tried to walk in a pair of fluffy bedroom slippers he was wearing. It was obvious that every step he took caused severe pain.

Marco, I soon learned, ran a construction business. A few days earlier, he had gone to inspect a construction site clad in a sweat-shirt, jeans and sneakers. That is when he stepped on a nail that protruded from a small piece of lumber. The nail punctured the bottom of his sneaker and went deep into the ball of his right foot.

Rather expectedly, his foot was sore that night. But because he had been given a tetanus shot earlier in the year, he assumed that he’d be fine. The following day, Marco’s right foot was swollen and tender, but he squeezed his foot into a construction boot and went about his business. Hour by hour, the foot became more painful. On Sunday morning, Marco could no longer bear the pain nor stand normally on his right foot.

When I examined Marco’s foot, it was extremely tender. The area was also very swollen and warm to touch. An X-ray showed that a tiny bone fragment had broken off within the foot, presumably caused by the nail. With all of Marco’s symptoms pointing toward an infection, I started him on broad-spectrum IV antibiotics. I then consulted the on-call orthopedist, who took Marco to the operating room that afternoon to “clean out” the infection, which had become quite serious. After two weeks of antibiotics, Marco recovered.

Like Marco, the majority of people who develop an infection after stepping on a nail, a screw or another sharp object while

wearing sneakers contract “Sneaker Foot.” This type of infection is caused mainly by *Pseudomonas* bacteria, which are not usually found on a healthy person’s skin but are extremely common in the warm, moist and dark environment of an old sneaker. These bugs thrive on the materials used in sneaker soles.

That’s right—the infection comes from your shoe, not from whatever punctured your foot! *Pseudomonas* is extremely hard to treat with oral antibiotics alone. When the infection is as advanced as it was in this case, the patient often needs surgery to ensure a reasonable recovery. This germ can destroy a bone and even deform the foot.

Lesson learned: If you suffer a puncture wound to the foot—especially if you’re wearing a sneaker—and develop swelling, increasing pain and tenderness, redness or oozing, get to a hospital emergency department!

Although most people immediately think of tetanus (lockjaw) when this type of wound occurs, only about 29 cases of tetanus are reported in the US annually—most of them in people who never had or did not stay current with tetanus immunizations (the recommendation is every 10 years). However, as many as one in 10 patients who requires care for a significant puncture wound to the foot will develop a serious infection.

Expert Source: Richard O’Brien, MD, is an associate professor of emergency medicine at The Commonwealth Medical College of Pennsylvania in Scranton. He is also a spokesperson for the American College of Emergency Physicians, www.ACEP.org, and a recipient of the group’s Communications Lifetime Achievement Award.

Ingrown Toenail: Citrusy Fix

An ingrown toenail can happen when the nail is pushed down into the skin of the toe, usually from poorly fitting shoes or lack

of a proper trimming. This can cause redness, swelling and a lot of pain!

Here's how to fix it: At bedtime, put a slim wedge of lemon on the problem toenail, keeping it in place with a Band-Aid and covering it with a sock. Sleep that way, and by morning the acid in the lemon should have softened the nail enough so that you can ease it away from the skin and trim it. The right way to trim the nail is to cut it straight across, not down at the sides, and not shorter than the toe (which promotes growing into the skin).

Expert Source: Lydia Wilen and Joan Wilen are sisters who are folk-remedy experts based in New York City. The sisters are coauthors of many books, including *Bottom Line's Household Magic* (Bottom Line Books, 800-678-5835), <http://www.householdmagicdailytips.com/>

Morton's Neuroma: Surprising Fixes

A neuroma is a benign tumor on a nerve. Morton's neuroma is a thickened area of nerve tissue that causes pain in the ball of the foot. It feels as if a pebble is in your shoe. Tight, pointy and/or high-heeled shoes can squeeze the toes together, causing the nerve leading to the toes to swell and thicken. Sometimes age alone causes this condition. People with flat feet or high arches are at increased risk—the nerve is more likely to get irritated.

Roomier footwear (which gives the toes more room to move, reducing pressure to help the neuroma to shrink back to normal, possibly within a month or two), orthotics (custom shoe inserts and pads), ice packs, anti-inflammatory drugs and cortisone injections are the standard recommendations. In people who opt for surgery, a small piece of the affected nerve is removed to release the pressure.

Stretch your toes: The nerve may be trapped under a ligament in the foot. Stretches will lengthen the ligament and open up space over the nerve. A few times a day, use your fingers to bend your toes up and down. Stretch them as far as you comfortably can, and repeat the stretches about a dozen times.

Surprising fix: Radiofrequency treatment, which is often used to treat back pain, can help. In a 2012 analysis of 29 patients who received this treatment for Morton's neuroma, 83% experienced complete relief of pain.

What happens: The foot is first numbed, then a thin needle attached to a small radiofrequency device is inserted into the neuroma, delivering a computer-generated signal that stuns and shrinks the nerve. The procedure is generally performed in a hospital operating room because the radiofrequency equipment is usually not available in podiatrists' offices.

Radiofrequency treatment of neuromas is still considered experimental, so check with your insurer to confirm coverage.

Expert Source: Johanna S. Youner, DPM, a podiatric surgeon in private practice and attending physician at New York Downtown Hospital, both in New York City. Dr. Youner is a board-certified foot surgeon and a Fellow of the American College of Foot and Ankle Surgeons. www.HealthyFeetNY.com

Morton's Toe: The Simple 25¢ Remedy

Millions of Americans live with chronic pain in their backs, hips, legs and feet. Many self-medicate with ibuprofen or other analgesics...or they undergo batteries of expensive tests to identify the underlying problem.

Do this first: Take off your socks and look at your toes. If the second toe is even slightly longer than the big toe, you might have Morton's toe, a condition that disrupts normal alignment and can cause pain throughout the body, particularly in the back, legs and feet.

The condition is named after Dudley J. Morton, MD, of Yale Medical School, who first wrote about it causing foot problems. Janet Travell, MD—White House physician to former presidents Kennedy and Johnson—took the concept further by explaining that Morton's toe could cause pain all over the body.

It's estimated that up to 15% of Americans have Morton's toe. Among those with chronic musculoskeletal pain, the prevalence might be as high as 80%. People are born with Morton's toe, but it usually takes decades of accumulated stress and the age-related loss of tissue elasticity to start producing symptoms that can develop into chronic pain.

Why It Hurts

When we walk and our feet push off from the ground, the big toe typically touches before the other toes. For a fraction of a second, it absorbs virtually all of the body's weight. Then as the foot rolls forward, some of the pressure is shifted to the adjoining, weaker toes.

In patients with Morton's toe, the first metatarsal bone (in the big toe) is abnormally short and the longer second metatarsal bone typically touches the ground first and absorbs most of the body's weight. The second metatarsal bone isn't strong enough for this much pressure. To compensate, the foot overpronates—it rolls in the direction of the big toe to support the excess weight.

Overpronation makes the foot unstable. It also prevents the big

toe from pushing your weight upward. This means that other muscles and joints have to compensate.

The result: Decades of abnormal stress that can disrupt your posture and potentially damage joints throughout the body, causing pain.

The 25¢ Fix

The simple, inexpensive remedy for Morton's toe is a toe pad. It will act like a shim under the first metatarsal bone and cause the big toe to meet the ground a fraction of a second sooner. This will prevent overpronation and help keep the foot stable. It often relieves symptoms within a few weeks—and sometimes right away.

Exception: Because a toe pad changes the body's alignment, some people experience a temporary increase in pain. This usually diminishes within a few days.

Once the pain goes away, you still will need to wear a toe pad every day, just as someone with sight problems needs to wear glasses or contact lenses every day.

To make a toe pad...

- **Buy a package of inexpensive foam shoe inserts.** I have found that Dr. Scholl's Molefoam is a good product for making a toe pad (one pack provides six to eight toe pads). Just about any product will work—even no-name brands available at most pharmacies and discount stores, usually for less than \$2.
- **Cut out a rectangle about one-inch wide and two-and-a-half inches long.** That's about the size of a stick of chewing gum or a Band-Aid. Put it over the first metatarsal head, the bulge on the bottom of the foot that is below the point where the big toe joins

the foot. Position the pad so that the longer dimension runs lengthwise with the foot. If the insole doesn't have an adhesive backing, tape it to the foot with duct tape, electrical tape or even Scotch tape. It does not have to look pretty.

You can take the toe pad off at night and put it back on the foot in the morning. One toe pad usually lasts two to four days.

Helpful: If you don't have a foam insert, a quarter can work. Anything that adds thickness to the first metatarsal head will help restore proper alignment.

Apply Heat

If a toe pad doesn't eliminate the pain right away, you might want to apply heat. Rest your feet on a heating pad or soak them in warm water for about 15 minutes, once or twice a day.

If after two to three weeks you still have pain, see your physician.

Expert Source: Burton S. Schuler, DPM, podiatrist and director of the Ambulatory Foot Clinic at the Podiatric Pain Management Center in Panama City, Florida. He is author of *Why You Really Hurt* (La Luz). www.whyyoureallyhurt.com.

Plantar Fasciitis Takes Time and Care to Heal

As usual you get out of bed in the morning...and then something very unusual happens—a knife-like pain stabs the bottom of your heel. This is not normal, you think, and it hurts. The cause may be plantar fasciitis (pronounced fashee-EYE-tiss). While the condition sometimes comes on gradually, it can also

start suddenly, for no apparent reason. But whether chronic or acute, plantar fasciitis can cause excruciating pain.

Getting to the Bottom of Plantar Fasciitis

The plantar fascia is a thick band of tissue that runs from the heel to the toes, covering the bones making up the bottom of the foot. Normally the fascia helps absorb shocks to the foot and also supports the arch, but if something causes it to tighten up, small tears can develop causing inflammation and irritation. Stretching may ease the pain but prolonged stillness, as in sleep, causes the fascia to constrict again—this is why it hurts when you take your first few steps each day. Some principal causes of plantar fasciitis are physical exertion such as long-distance running, having a job that keeps you on your feet, being overweight, having flat feet or an unusually high arch, and just getting older, if you're one of those in whom the fascia begins to shorten or tighten, thereby putting pressure on the fascia. Plantar fasciitis can also develop from an incorrect gait, in particular a pronated one (turning in), but an injury might also alter a previously good gait and end up overstressing the bottom of the foot.

Unfortunately, once it develops, plantar fasciitis can last as long as nine months to a year. Pain in your heel or elsewhere on the bottom of the foot, including at the center, should alert you to possible plantar fasciitis—especially if it goes on a month or longer and continues to worsen. Don't put off seeking treatment, as the sooner you get started, the faster your heel will heal.

Treatment Options

If plantar fasciitis is diagnosed, the first step will likely be taping the foot for several days to partially immobilize the muscles and lessen the cycle of tightening and loosening. Patients should avoid stretching at first, and then once told to do so, begin stretching the arch, toes and Achilles tendon, a regimen they'll

need to follow faithfully for many months, even after symptoms subside. Keep weight off the foot by limiting how much you walk, and eliminating all high-impact activity including running. And most will also need some kind of support in both their shoes. The inexpensive inserts available at drugstores can work if they are arch-supportive and rigid, unless your problem is caused by an incorrect gait. Gait issues must be corrected with special customized orthotic inserts, available through podiatrists. Another treatment approach sometimes used is a special foot/ankle splint, to be worn at night to stretch out the fascia and Achilles tendon. Although simple versions of these are available from foot-specialty retailers, it is best to seek professional evaluation and fitting through a licensed provider since optimal timing for their use varies from patient to patient.

For pain relief, use NSAIDs and apply heat on the affected area. I disagree with conventional advice to use ice—doing so further tightens the fascia. While doctors will sometimes recommend a cortisone shot to alleviate severe pain, it's best as part of an overall treatment plan, since this might serve to weaken the fascia. Though surgery can be an option, it's seldom necessary, unless there are special issues, such as bone spurs. Some doctors are experimenting with new and different treatments, including shock wave therapies and endoscopic surgery. Naturopathic physicians also have expertise in treating this problem naturally, with a wide range of alternatives including hot/cold treatments, anti-inflammatory botanicals, supplements, phonophoresis (a way of delivering treatment via ultrasound) and more. Physical therapy can be helpful too.

Prevention

While about 15% of people will have an ongoing problem with plantar fasciitis, these strategies help avoid recurrence—and, better yet, to help avoid the problem in the first place.

- **Wear proper shoes.** They should not be too thin (the ever-popular flip-flops are not a good choice, nor are lightweight ballet slippers) but rather should provide good arch support and shock absorbency. Heels can actually be helpful (women, take heed) though should be no higher than three inches. It's also a good idea to vary the height of your heels daily.

- **Replace athletic shoes often.** Be aware that wear first appears on the inside of the shoe, so know that you can be losing important support even if your sole looks fine. Buy supportive shoes. Use the “fold test,” meaning if a shoe folds or bends more than just a little, look for a different pair.

- **Stretch your feet regularly.** Walk around on your tip-toes for five minutes, three times a week—or walk around your bed on your toes several times each night before you go to sleep. Also stretch your calf muscles and Achilles tendons before you get out of bed in the morning.

- **Maintain a normal weight.** There has been a rapid increase in cases of plantar fasciitis, which correlates neatly with increasing obesity rates in this country.

- **Put your feet up.** Moments of relaxation throughout the day go far for both your feet and state of mind. Elevate both, whenever you can.

Expert Source: Arnold S. Ravick, DPM, spokesperson for the American Podiatric Medical Association and in private practice in Washington, DC.

Plantar Fasciitis: Do-It-Yourself Cures

A thick band of tissue (the plantar fascia) runs across the bottom of the foot. It connects the heel bone to the toes and creates

the arch. Small tears in the tissue can cause burning/stabbing pain, particularly in the morning. Symptoms include stabbing pain in the heel of the foot.

Important: Get a second opinion if your doctor recommends surgery. About 90% of cases heal with conservative care within a year.

- **Apply ice.** Hold an ice pack over the painful area for 15 or 20 minutes, three or four times a day.
- **Replace your shoe insoles.** The Powerstep brand of insoles support and cushion the plantar fascia and help it heal more quickly. You can buy insoles at pharmacies, sporting-goods stores and online for \$15 to \$60. In many cases, they work as well as prescription products (which can cost \$550).
- **Use a tennis ball or rolling pin to gently roll along the bottom of your foot (while sitting).**
- **Take aspirin or ibuprofen to reduce pain and inflammation.**
- **Replace worn-out athletic shoes.** They stop cushioning your feet after about 500 miles of use.

See your doctor if the pain isn't gone within three months. He/she might recommend a steroid injection. Used judiciously, steroid injections can help heal a chronically inflamed area quickly. Three steroid injections per area are the maximum for one year—more than that in a year can weaken tissue.

Expert Source: Johanna S. Youner, DPM, a podiatric surgeon in private practice and attending physician at New York Downtown Hospital, both in New York City. Dr. Youner is a board-certified foot surgeon and a Fellow of the American College of Foot and Ankle Surgeons. www.HealthyFeetNY.com

Plantar Fasciitis Drugstore Cures: Do They Work?

Plantar fasciitis is the most common reason people visit podiatrists and affects one in 10 people at some point in their lives, usually in middle age or later. If you are overweight, a runner, have arches that are too high or too low or just spend a lot of time on your feet (especially on hard surfaces), you are at higher risk for this very painful condition.

My research team recently evaluated various treatments for plantar fasciitis and got a bit of a surprise when we learned what works best—it's simple, easy to use and can be bought for just \$10 or so at your local drugstore. But first, if you're dealing with your first bout of plantar fasciitis, it's wise to see your doctor to make sure that this is, in fact, the right diagnosis. He/she will also be able to provide advice about the various options for treating your condition.

How Therapies Compare

To identify the best treatments, my colleagues and I examined more than 50 published studies of plantar fasciitis and came to some unexpected conclusions about what does and doesn't work. *Grading the results, they found that...*

- **Orthotics = Grade A.** Orthotics were the surprise winner, with the most consistent evidence supporting their efficacy for plantar fasciitis patients. Orthotic shoe inserts support the arch, distribute pressure more evenly and act as a shock absorber to lessen the impact of walking on the soles of your feet. It's not all that clear why orthotics work, but they do—the researchers are sure about that part. In fact, the research indicates that many people get the same result from off-the-rack orthotic inserts that cost \$10 as from custom-made ones that start at about 30 times

that price. It doesn't seem to matter whether you choose insoles made of foam or plastic (which have varying degrees of rigidity) or opt for a felt arch insert, a rubber heel cup or a gel heel pad—studies consistently demonstrate that orthotics relieve pain and improve function.

To buy: Off-the-shelf orthotic inserts range in price from \$10 to \$95. There are different types for different problems—including those designed to help support arches or correct overpronation, supination, etc.—so if you have one of those issues it might affect your choice. Custom orthotics, fabricated to fit your foot exactly, might be necessary if you also have bunions, hammer-toes or various ankle problems, but these are expensive, ranging from \$300 to \$500 or so from a doctor, and health insurance may cover only part of the cost (or sometimes none of it).

Whatever type you choose, count on using orthotics for at least three months—longer if you find them more comfortable. Don't wear them just for walking or running—he says you'll get the best results with continuous wear...by wearing them in both shoes even if you experience symptoms just on one side...and by getting new ones when you see signs of wear. If you've tried the drugstore variety and they're not helpful, ask your physical therapist or doctor if another type might be better for you or if you should try a different form of treatment.

- **Night splints = Grade B.** For those who suffer from plantar fasciitis for longer than six months, there's "moderate evidence" suggesting that wearing a night splint will help. This device prevents arch and calf muscles from tightening up at night, which is what causes the debilitating heel pain that most plantar fasciitis sufferers experience first thing every morning. Expect to wear the splint nightly for one to three months, longer if necessary.

Buying information: While older, rigid night splints were

uncomfortable, now there's a softer, sock-type splint that has mostly solved that problem and seems equally effective. You need only one unless you have symptoms on both sides—they're available online from the Hammacher Schlemmer catalogue (www.Hammacher.com), Footsmart (www.FootSmart.com) or Amazon (www.Amazon.com) for \$30 to \$70.

- **Stretching = Grade B.** Stretching your plantar fascia and calf muscles can bring short-term pain relief and greater flexibility.

Here's how to do it: Sit on the floor with one leg extended and the other bent, with that knee in the air. Grasp the toes of the bent leg and gently pull up and toward you, straightening your leg slowly. You'll feel resistance that gradually increases—go as far as (but not beyond) where it begins to hurt. Hold for 20 seconds for five repetitions or for three minutes continuously, whichever you prefer. Repeat three times a day.

Note: Use stretching in addition to orthotics, not instead of them. In a comparison study, patients achieved better results with stretching combined with orthotics than with stretching alone.

- **Other Treatments = Grade C.** Though massage, taping and/or ultrasound treatments help some people, there's little research supporting the use of any of these approaches. That's why researchers gave these therapies a grade of "C"—they might work...they might not. If one works for you, it passes the true test.

Expert Source: James J. Irrgang, PT, PhD, ATC (Athletic Trainer-Certified), FAPTA, researcher, department of orthopedic surgery, University of Pittsburgh, Pennsylvania. Dr. Irrgang is president of the orthopedic section of the American Physical Therapy Association and was part of the APTA team that assessed treatments for plantar fasciitis.

Toenail Fungus: Laundry Room Cure

When is the last time you took a good look at your toenails? If it has been a while, you may be in for an unpleasant surprise—in fungal form. Toenail fungus, also called onychomycosis, is a common condition that turns nails a yellow or brown color. In some cases, the nail thickens or splits and may fall off. Sufferers may experience pain around the nail and notice a foul smell. The infection is typically caused by any one of several types of fungi that feed on keratin, the protein surface of the nail. Occasionally, different yeasts and molds may cause the infection.

By age 70, almost half of Americans have had at least one affected toe. While the infection can occur in fingernails, it most often affects toenails—because feet are confined to the dark, warm environment of shoes, where fungi can thrive. The nails of the big toe and little toe are particularly susceptible, because friction from the sides of shoes can cause trauma to the nail surface, making it easier for fungi to penetrate. Nail fungus is not the same as athlete's foot—because athlete's foot affects the skin rather than the nail itself—but the two conditions may coexist and can be caused by the same type of fungus.

I find that athletes and others who commonly use gym locker rooms and showers are more likely to develop toenail fungus due to the damp floors and shared environment. Women who wear toenail polish are at increased risk because moisture can get trapped beneath the polish. Tight-fitting shoes and hosiery that rub the toenails also contribute to the problem. People with diabetes and other circulation problems that prevent infection-fighting white blood cells from adequately reaching the toes are particularly susceptible to the fungus, as are people with compromised immune systems, such as those with cancer or HIV.

Toenail fungus doesn't usually clear up on its own. In fact, it tends to get more severe over time—affecting a larger portion of the nail and spreading to adjacent toes and to the other foot. Therefore, I recommend starting treatment as early as possible.

Conventional Treatments

Medical doctors generally turn to topical and oral antifungal treatments. For mild cases that involve a small area of the nail, a medicated nail polish containing an antifungal agent, such as ciclopirox (Loprox), is often prescribed. For toenail fungus that covers a large portion of a nail or affects several nails, the typical medical approach is to prescribe oral antifungal medications, such as itraconazole (Sporanox) or terbinafine (Lamisil). These are quite powerful medications and may need to be taken for up to 12 weeks until the infection clears up. In 10% to 20% of cases, the fungus returns within several months.

The most worrisome side effect of oral antifungals is liver damage. To monitor the effect of these medications, liver enzyme tests should be performed before beginning treatment and every four to six weeks during treatment. An elevation in liver enzymes means that the drugs are irritating the liver and need to be discontinued. Several patients who were being treated by other doctors have come to see me after elevated liver enzymes forced them to stop this pharmaceutical treatment. As a last resort, the nail can be surgically removed—at which point the infection will clear up, and the nail will slowly grow back.

An Unusual Cure

The typical natural treatment for toenail fungus is to apply tea tree oil or oregano oil. Using a cotton swab, apply nightly to the affected area, continuing treatment for eight to 12 weeks. These oils work well to clear up mild toenail fungus, but they often are not strong enough for moderate to severe cases. So I was

delighted when, 13 years ago, I learned about an unusual, yet effective, therapy for severe toenail fungus from Mark Cooper, ND, an innovative naturopathic doctor. Years ago, Dr. Cooper treated an HIV-positive patient who commented on an article he had read stating that bleach killed HIV on surfaces (not in the body). Knowing that hospital bedsheets and floor surfaces are washed with bleach to kill all types of fungi, viruses and bacteria, Dr. Cooper theorized that bleach might also kill toenail fungus and clear up persistent cases of infection.

I spoke with Dr. Cooper, who practices at Alpine Naturopathic Clinic in Colorado Springs. Over the years, hundreds of his patients have used this topical bleach treatment successfully. My patients have responded very well to it, too.

How it works: Mix one cup of household bleach with 10 cups of warm water. Soak the toes of the affected foot for three minutes, then thoroughly rinse off the bleach solution with water and dry the feet completely. Do this twice weekly, with three days between treatments. Most cases resolve in two to three months. Severe cases may take longer.

Boosting the strength of the bleach-and-water mixture beyond the one-to-10 ratio will not increase the effectiveness of the treatment—and it could irritate the skin. Nor is it wise to increase the frequency or duration of treatments. Dr. Cooper told me about a 74-year-old man who misunderstood the directions—instead of soaking his toes for three minutes, he tried to soak them for 30 minutes. The burning pain was so intense that he had to stop the soaking after 20 minutes. Obviously this treatment needs to be used with caution and should not be used when there is an open wound near the infection site.

Interesting: Bleach is composed of sodium hypochlorite (NaOCl). Household bleach usually contains 3% to 6% NaOCl , while

industrial-strength bleach contains 10% to 12%. Near the end of the 19th century, after Louis Pasteur discovered its powerful effectiveness against disease-causing bacteria, bleach became popular as a disinfectant. It is still used today for household cleaning, removing laundry stains, treating waste water, sterilizing medical equipment and disinfecting hospital linens and surfaces.

Fungus-Fighting Foods and Supplements

Dr. Cooper explains that the topical bleach treatment is even more effective when combined with an antifungal diet. Avoid simple sugars (white breads, pastas, cookies and soda) and alcohol—they suppress immune function and contribute to fungal growth. Eat raw or cooked onions, shallots and leeks, plus garlic (as a food or an extract) as often as possible for their antifungal action.

I also have found that severe cases of toenail fungus, especially in people with diabetes, clear up more quickly when natural antifungal supplements are taken orally. The most potent is oregano oil. It contains plant compounds, such as carvacrol and thymol, that have strong antifungal properties. I recommend taking three doses daily for four to eight weeks. Each dose equals one 500-mg capsule...or five to 15 drops of the liquid form mixed with two to four ounces of water. Some people may experience heartburn from oregano oil, so if you are prone to heartburn, you may need to reduce the dosage. Oregano oil should not be ingested by people with active stomach ulcers (since it can irritate the stomach lining) or by pregnant or nursing women (as a general precaution). It should be given to children only under the guidance of a doctor.

How will you know when the fungal infection is gone? When the discolored nail returns to its normal hue or when the damaged nail grows out and a new nail grows in normally.

Fungus Prevention Strategies

Wash your feet every day using calendula soap. Made from the marigold plant, it is gentle yet antiseptic. Find it in health-food stores.

- **Always dry feet thoroughly with a clean towel.** Do not share towels with other people.
- **Keep toenails clipped short to reduce the protein surface on which fungi feed.**
- **Avoid going barefoot in public places.** Wear plastic sandals in community showers and locker rooms and at poolside.
- **Choose socks made of breathable fabrics, such as cotton.** Change socks immediately after exercising and whenever feet perspire.
- **Be sure your shoes are not too tight.** If shoes get damp, change them promptly

Expert Source: Mark A. Stengler, NMD, a naturopathic medical doctor and leading authority on the practice of alternative and integrated medicine. Dr. Stengler is author of the *Health Revelations* newsletter, author of *The Natural Physician's Healing Therapies* (Bottom Line Books), founder and medical director of the Stengler Center for Integrative Medicine in Encinitas, California, and adjunct associate clinical professor at the National College of Natural Medicine in Portland, Oregon. <http://MarkStengler.com>

Toenail Fungus-Free for Sandal Weather

Here's some help for those unsightly yellowing toenails (Yuk!) infected by fungus. Puncture a vitamin E capsule, and squeeze out the oil onto the nail, lightly smoothing it over and under the

front of the nail. Keep the toenail uncovered as much as possible and reapply the oil often—several times a day is best. You can also fight toenail fungus by soaking infected toes for 15 minutes a day in a mixture of one cup white vinegar and two cups water.

Expert Source: Lydia Wilen and Joan Wilen are sisters who are folk-remedy experts based in New York City. The sisters are coauthors of many books, including *Bottom Line's Household Magic* (Bottom Line Books, 800-678-5835),

<http://www.householdmagicdailytips.com/>

Twisted Ankle: Simple Regimen

Estimates show that every day 25,000 Americans sprain an ankle.

Problem: Patients and even some doctors don't take this injury seriously enough, so it is among the most undertreated.

For this reason, one-third to one-half of all ankle sprains don't completely heal, research shows. This can result in ankle instability and/or weakness that could lead to a lifetime of higher risk for falls...lingering pain...and recurrent sprains.

Solution: A simple regimen that focuses on the underlying inflammation caused by an ankle sprain can permanently heal this surprisingly dangerous problem.

What Goes Wrong

An ankle sprain occurs when ligaments (fibrous bands of tissue that connect one bone to another) are stretched beyond their normal limits. With more severe sprains, the ligaments partly or completely tear. The area of bone where ligaments attach also can be damaged.

Most sprains can be treated at home. You need to see a doctor only if the pain increases significantly when you try to bear weight on the affected foot...there's bruising and/or swelling involving an area larger than your fist...and/or the symptoms don't start to improve within two or three days.

Important: If you have any type of chronic joint or bone condition, see your doctor promptly.

Healing With “Rice”

Many people are familiar with the “RICE” technique for treating sprains—it's short for rest, ice, compression and elevation. It's an important part of treating sprains, but few people do it correctly.

Mistake 1: Not resting the ankle—you should not put any weight on the ankle until it starts to improve. Use crutches—or, ideally, spend a day or two seated or in bed.

Mistake 2: While icing will reduce swelling and inflammation, which is critical for healing, many make the mistake of icing for too long. This increases tissue damage and inhibits circulation.

Better approach: Apply ice (wrapped in a washcloth) or an ice pack for 10 minutes starting as soon as possible after the sprain occurs. Remove the ice, and allow the tissue to return to your body's normal temperature, about five minutes. Then ice it again for 10 minutes. Repeat this cycle for 20 to 40 minutes, three to four times the day of the injury.

This is the most effective way to reduce swelling and also promote the flow of blood and healing nutrients to the site of the injury.

Mistake 3: Not compressing the ankle sufficiently. Fixing the bones and ligaments in place helps a sprain heal more quickly.

An elastic bandage works, but it is not perfect.

Better: An Aircast Air-Stirrup ankle brace with overlapping pre-inflated shells that immobilize the ankle and still allow enough movement to promote circulation. Wear at all times for four to seven days.

Typical cost: \$35 to \$50 at a medical-supply store. Insurance may cover the cost if your doctor prescribes the ankle brace.

Mistake 4: Not elevating the foot high enough. Your ankle should be elevated above the level of your heart to promote the drainage of excess fluid.

Rest, compress and elevate your ankle for as long as you feel tenderness, typically one to three days.

Extra Steps Few People Take

Even if you do the RICE technique appropriately, you also need to eliminate any traces of inflammatory substances that were produced by your body in response to the injury and rebuild the strength of your ankle. *Next steps...*

- **Contrast therapy.** Dissolve about one-half cup of Epsom salts in a basin with a gallon of hot (102°F to 105°F) water. Soak a washcloth in the water, wring out excess water, and wrap the damp cloth around the ankle. Keep it in place for about five minutes. Then remove it and apply a washcloth that's been soaking in ice-cold water. Keep it in place for about one minute. Repeat this cycle half a dozen times, every few hours throughout the day until your ankle feels better.

The heat causes protein and other nutrients to flow into the tissues. The cold causes the tissues to contract, which facilitates

the removal of waste products, such as remnants of cellular damage.

Important: After 48 to 72 hours, press your fingers on the ankle, the heel and the side of the foot. If there's still tenderness in these spots, see your doctor. Continued pain could mean that a sprained ligament has pulled away part of the bone, an injury known as an avulsion fracture. It usually heals on its own within a month or two, but sometimes surgery is needed.

- **Fish oil.** Omega-3 fatty acids in fish oil reduce inflammation and help joint injuries heal more quickly—without the gastrointestinal upset and other side effects of *naproxen* (Aleve), *ibuprofen* (Motrin) and other anti-inflammatories.

Typical daily dose: Fish oil capsules totaling about 800 mg of eicosapentaenoic acid (EPA) and about 500 mg of docosahexaenoic acid (DHA). Take until healing is complete.

- **Comfrey.** This herbal remedy converts uric acid, an inflammatory substance that is produced after a sprain, into urea, a water-soluble substance that's excreted in the urine.

How to use: Apply comfrey-containing creams and ointments according to label instructions for up to 10 days.

- **Eggs.** The yolks contain sulfur compounds that improve the elasticity of ligaments and help sprains heal more quickly. Eggs are also high in protein, which is needed to repair tissue damage.

Recommended amount: Eat about two soft-boiled or poached eggs every other morning or enough eggs so that there's a slight odor of sulfur when you have a bowel movement. It's fine to continue eating two eggs every other morning indefinitely.

- **Arnica (for swelling) and/or hypericum (for pain).** Homeo-

pathic doses of these herbs seem to help some patients with sprains recover more quickly.

Dose: Two to three tablets with a 3X or 6X potency, taken three times daily until the ankle recovers.

- **Exercise.** When the pain from a sprain is almost entirely gone, begin exercises to strengthen the muscles and ligaments and prevent future weakness...

- **Passive range-of-motion exercises are recommended initially.** Cross one leg over the other, with the injured ankle on top. Reach down with your hand and move the foot in every direction up and down and in circles to exercise the ankle. Repeat this for at least five minutes, three times a day, until any lingering discomfort is gone.

- **Active range-of-motion exercises further strengthen the ankle.** Use the muscles themselves to fully rotate and bend the ankle without assistance from your hand. Do these exercises as often as you can. You can also do slow walking with gradually lengthened strides.

Important: Also exercise your uninjured ankle with both types of exercises. This will give you a basis of comparison to determine when the sprained side is fully recovered. See your doctor if the sprained ankle continues to feel weaker or less stable than the other side after a few weeks of exercise.

Expert Source: Andrew L. Rubman, ND, director of the Southbury Clinic for Traditional Medicines in Southbury, Connecticut.

Sprained Toe: Common Problem, Simple Solution

Derrick Rose, the Chicago Bulls All-Star guard, missed three straight games one season because of pain in his big toe. It's hard to imagine that a simple toe injury could sideline a strapping, world-class athlete. But anyone who has had "turf toe" knows how debilitating it can be. And it doesn't just sideline athletes. Anyone can get it.

Excruciating Pain

Turf toe, as the name suggests, tends to occur in athletes who play on artificial grass. The turf grips the bottoms of their flexible athletic shoes. This is good for traction, but it also can "trap" the foot when players move at high speeds and sharp angles, forcing the big toe to bend sharply upward.

Off the playing field, this type of injury is simply called a sprain. Anything that forces the toe joint to hyperextend, or bend too far upward, can stretch or tear ligaments and sometimes damage the joint itself.

Among nonathletes, this usually occurs in the first or second joints of the big toe. It's often due to footwear. Shoes that are very soft don't provide enough support to prevent excessive joint movement.

Age plays a role, too. After about age 50, the ligaments have stretched, and there is less fat padding the bottom of the feet.

What Goes Wrong

When you're walking or running, the big toe is the last part of the foot to leave the ground. On "push-off," up to eight times your weight is transferred to the first joint of the big toe, and the toe easily can be forced beyond its normal range of motion.

Result: The ligaments stretch and may tear slightly or—if the sprain is severe—completely rupture.

Faster Healing

You don't have to see a doctor right away if you think you have a mild or moderate sprain. Take care of it yourself (see below) for a week to 10 days. If it seems to be getting better—there's a daily decrease in pain and swelling—it probably will heal on its own.

Your doctor usually can diagnose a sprain just by asking about the history of the injury and seeing where and when it hurts. Imaging tests such as X-rays or MRIs are needed only if your doctor thinks the sprain is severe and that there might be bone damage.

For faster healing...

- **Take an anti-inflammatory**, such as *ibuprofen* (Advil) or *naproxen sodium* (Aleve), following the directions on the label. It will decrease inflammation, helping to heal the injury. It also will reduce pain.
- **Rest.** Sprains heal slowly because the connective tissues have a limited blood supply. It can take weeks or even months for the damaged tissues to repair. Resting the joint is critical—keep your weight off the foot as much as possible. You may want to use crutches or at least elevate the foot on a pillow whenever you're sitting down. Elevating the foot decreases swelling and thus promotes healing.

Also important: Frequently ice the area on the first day after the injury. This reduces inflammation. You can use a cold pack, available in pharmacies, or wrap ice cubes in a small towel and hold them on the joint for 15 to 20 minutes at a time. Ice as frequently as you want as long as the area warms in between and there is normal sensation.

- **Splint the toe with a buddy splint.** Loosely tape the big toe to the toe next to it. This will keep it more stable and accelerate

healing. Put a strip of gauze under the tape to prevent chafing.

Helpful: You can buy a stiff-bottomed shoe, known as a postoperative shoe, in a pharmacy. It will keep the toe from flexing.

Cost: About \$20.

- **Exercise the toe.** When the pain and swelling are gone, exercise the toe to strengthen muscles and restore its normal range of motion.

Examples: While sitting, use the toe to trace an imaginary alphabet...or put a towel on the floor, and repeatedly pick it up with your toes.

Shoes for Prevention

Nonathletes who injure the big toe usually can blame their shoes. In New York City, I often see women rushing around in ballet flats. They're comfortable and lightweight but offer no support—and no protection from concrete sidewalks and curbs.

Similarly, women who wear high heels are putting a lot of unnecessary pressure on the big toe—they're forcing it to hyperextend. It's fine to wear heels on special occasions but risky when you're doing a lot of walking.

In general, women should wear firm shoes with relatively low heels. Men do better with firm but lightweight shoes, such as those made by Rockport, rather than with stiff dress shoes.

Also helpful: You can add protection to any shoe by using an over-the-counter neoprene insert. They're inexpensive and add support and cushioning.

Expert Source: Johanna S. Youner, DPM, a podiatrist, cosmetic foot surgeon and attending podiatric physician at New York Downtown Hospital in New York City. www.HealthyFeetNY.net

Swollen Feet: How to Treat

Are your feet swollen? Your ankles puffy? When it's normal... when it's not...and what to do about it...

What happens: Your body usually maintains a precise fluid balance. It holds on to fluids when you need them, and it excretes fluids when you have too much. Anything that disrupts this balance can cause fluids to accumulate.

The fluids usually go downhill. Fluid in the feet or lower legs has to push its way upward, against gravity. If your veins aren't as robust as they should be or if you're sedentary and your leg muscles aren't flexing against the veins, the fluid tends to pool and cause swelling. This is called peripheral edema.

Self-test: Press a finger on your foot/ankle. If the area stays indented for more than a few seconds, you probably have some degree of peripheral edema.

A dangerous sign: Mild swelling that comes and goes usually is harmless. But see your doctor if you have swelling much of the time, especially if you also have shortness of breath or high blood pressure. Swelling can be caused by heart or kidney damage, liver problems or damage to the veins.

Red flag: Painful swelling that occurs in one leg, foot or ankle. It's a classic sign of a blood clot. A clot that forms in one of the deep veins in the legs, a condition known as deep-vein thrombosis, is potentially deadly. Get to an emergency room immediately.

Common causes of swelling...

- **Too much salt.** Your body has a natural defense against excessive salt—it retains fluids to dilute it. People who are sensitive to salt or whose kidneys are unable to excrete it efficiently may notice foot or leg swelling after eating a single high-salt meal.
- **Medications.** Swelling is a side effect of many drugs. These include the hormones in oral contraceptives, some antidepressants and blood pressure medications and even the common painkiller naproxen (brand names Aleve and Naprosyn, among others).
- **Overweight.** Pressure from extra weight can make it harder for blood to move uphill. Also, people who are overweight tend to develop other health problems, including diabetes and heart disease, that interfere with circulation.
- **Prolonged standing or sitting.** Fluid tends to pool.

To reduce swelling: Lose weight, limit salt and...

- **Keep your feet moving,** particularly during plane flights or car trips. Flexing the feet and ankles causes muscles to press against veins, which prevents blood from pooling. And don't cross your legs. It puts pressure on the veins, making it harder for fluids to circulate.
- **Raise your legs.** Once or twice a day, lie down and prop your legs against a wall or on a chair or a stack of pillows. It's makes it easier for blood to exit the legs and return to the heart. For sleeping, raise the bottom of your bed by putting each bottom bed leg on a brick or book.
- **Wear compression stockings.** The over-the-counter stockings sold at pharmacies exert enough pressure to "firm up" the veins and improve blood flow. I recommend them for waitresses, po-

lice officers and other people who are on their feet all day.

- **Drink more water.** It flushes excess sodium from the body.

Expert Source: Johanna Youner, DPM, a podiatrist, podiatric surgeon and founder of HealthyFeetNY, a private practice in New York City. She also is a certified laser specialist (for tattoo removal) and a member of the American Society for Laser Medicine and Surgery. HealthyFeetNY.net

Warts: Surprising Fixes

Plantar warts are noncancerous skin growths on the soles of the feet. The warts are caused by an infection with the human papillomavirus. You can catch the virus if you have a cut or scrape on your foot and walk barefoot in a public shower or gym locker room.

Some people try various over-the-counter products, such as salicylic acid. Others cover the wart with duct tape (with or without Aldara, a genital wart cream), and sometimes it falls off. However, these therapies aren't always successful, so some sufferers opt for surgical removal. Unfortunately, this can cause scarring that may lead to lifelong pain and discomfort.

Surprising fix: An injection of the chemotherapy drug *bleomycin sulfate*. Multiple studies have shown cure rates of 87% to 96% for plantar warts. Bleomycin sulfate is believed to kill the wart virus by stimulating the immune system to fight off the virus. The FDA has not approved the drug for plantar warts, but it can be used off-label for this purpose. When used in the small dose needed to treat plantar warts, common side effects of chemotherapy (such as hair loss and fatigue) do not occur.

Many insurance companies will cover this technique if it is preauthorized. Ask your podiatrist to inquire on your behalf. Be sure your podiatrist is experienced—permanent pain at the injection site can result if the drug is administered improperly.

Expert Source: Johanna Youner, DPM, a podiatrist, podiatric surgeon and founder of HealthyfeetNY, a private practice in New York City. She also is a certified laser specialist (for tattoo removal) and a member of the American Society for Laser Medicine and Surgery. HealthyfeetNY.net

Warts: The Listerine Cure

Are you tired of walking on painful plantar warts?

Here's something to try: Every night, soak your foot in a basin of hot water for five minutes. Then soak a cotton ball with Listerine mouthwash (the brown stuff), apply it directly to the plantar warts (it shouldn't sting) and tape it in place. (Listerine? Who discovered this? Maybe it was someone who put his foot in his mouth.) Keep the mouthwash-soaked cotton ball on your foot overnight. After one or two weeks, the warts should be gone, leaving your foot smooth and wart-free

Expert Source: Lydia Wilen and Joan Wilen are sisters who are folk-remedy experts based in New York City. The sisters are coauthors of many books, including *Bottom Line's Household Magic* (Bottom Line Books, 800-678-5835), <http://www.householdmagicdailytips.com/>