

Senior Sassy



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Does family really matter?



By Gretchen Hook

Little Elm Residential Care Home

Whether you're a close-knit family, estranged, or live far apart, family matters. As we age, our "circle" of friends and family tends to shrink. It's a natural part of life. Our children (if we have them) grow up, move away, start families, and find jobs. They become busy with their own lives. Hopefully, you maintain strong relationships with your children, grandchildren, nieces, and nephews. But what if you don't? What then? Who do you rely on in times of need? Or who will take care of you when you're unable to?

As the owner and operator of a residential care home in Temple, I've seen my share of these situations. I've cared for residents with strong family ties, supportive relationships, and solid backing. Their main concerns are what they'll eat, what they'll watch on TV, and when their family will visit. These residents are truly fortunate, and honestly, it makes my job more rewarding. When a resident has a supportive family, I feel like I have a great family to work with. Their

questions are usually answered, the resident tends to be happier, and there's generally more support for them. These residents are allowed to age in peace.

But what happens when there is no family, the family unit is strained, or the resident comes from an abusive situation with their own family? This can make caring for this resident more difficult; however, it is not impossible. I am not only an owner/operator, but I am also an end-of-life doula. This means I can assist my residents with documentation, help with end-of-life planning, and assist with managing banking. The doula role allows me to assist with all non-medical aspects to make the transition to my care home smoother. It also helps me keep my resident safe from further abuse and neglect, free from toxic family drama, and gives my resident a sense of family and safety.

We are not all fortunate enough to have the Clever family model. Every family has that "one" person or persons who cannot help but be the chaotic ones. I am also a mental health therapist who can assist the resident, if they wish, with managing the mental health issues that



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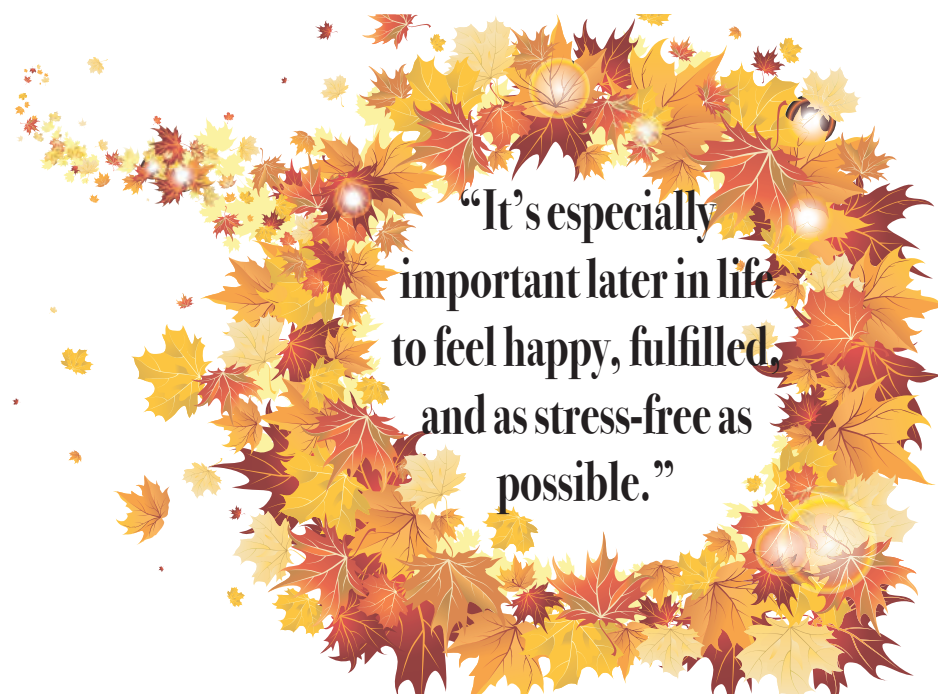
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stem from such chaos and toxicity. Living our later years in stress, knowing we lack support, prevents us from living in peace, having a dignified death, and often causes unresolved turmoil. So, how do we handle these situations when our family unit is weak or nonexistent?

If possible, find or have friends who can help guide us, listen to us, and support our well-being. Sometimes, friends are not available, so what then? We can look for a community center where others may lift our spirits or join support groups that remind us we're not alone. Another option is to seek help from a mental health therapist, social worker, or church organization. Often, shame is a heavy emotion we feel when coming from difficult backgrounds. Shame can stop us from seeking help because we don't want to admit or talk about our family issues. This is normal, but not healthy. Hiding and holding in these negative feelings can harm our overall health and well-being. If you haven't already, seek help. It's especially important later in life to feel happy, fulfilled, and as stress-free as possible. It will also make the transition from home to a care facility much smoother. My hope for you as you read this article is that you find hope in healing. My goal is not only to own a care home, be a mental health therapist, a Chaplain, and a Doula, but also to inspire, create, and offer a loving, caring environment where my residents feel a sense of belonging,

purpose, and can live out their later years with dignity and respect. I hope this article hits home for some of you. If you need assistance finding a great mental health therapist or care home environment, please reach out to Little Elm Residential Care Home for more information.



DYK?

Children's visual systems are still developing during the first 12 years

There is no definitive age when a child may need to get eyeglasses. However, the American Association for Pediatric Ophthalmology and Strabismus notes that children's visual systems are still developing during the first 12 years of their life, and during this period wearing glasses can be important for normal vision development. Glasses can help straighten crossed or misaligned eyes, bolster weak vision caused by differences in vision between a child's eyes, and even protect the stronger eye. The American Academy of Pediatrics recommends children begin vision screening around age 3 and receive annual screenings each year at ages 4, 5 and 6. After that, screening is recommended when children turn 8, 10, 12, and 15. Of course, parents who begin to suspect their children are having trouble with their vision are urged to take the child to an ophthalmologist once such suspicions arise. Some notable signs include inexplicable declines in academic performance, children sitting closer to the television than they once did and children's own remarks regarding their vision if they say anything at all.



BSW doctor: Lifestyle changes can prevent high blood pressure

By David Stone

The Belton Journal

New high-blood pressure guidelines released this summer by the American Heart Association emphasize prevention and early treatment, measures that can reduce the risk of heart attack, stroke, kidney disease and dementia.

According to Dr. Jennifer Flory — a Baylor Scott & White family medicine physician who practices at Westfield Clinic on Temple's west side — nearly half of all adults in the US have elevated blood pressure.

"It's important to monitor your blood pressure," Flory said. "Early treatment that includes lifestyle modifications such as eating a nutritious diet, being physically active and maintaining or achieving a healthy weight, along with medications, can help prevent cardiovascular disease."

"Lifestyle changes can include limiting salt in your diet, avoiding or

limiting alcohol consumption," she said. "No amount of alcohol is safe or healthy. Men should not consume more than two drinks per day, and women should have no more than one alcoholic drink a day."

"Try to include whole grains, fruits and veggies and lean protein in your diet," she said. "And when it comes to exercise, try to get 150 minutes every week. That's easier than it sounds — 30 minutes a day five days a week."

Flory said elevated blood pressure can usually be controlled with medication. She also said senior citizens and diabetics are at greater risk of having high blood pressure.

"As we age, we see blood pressures elevate," she said. "Things get stiff, including blood vessels. Also, high blood pressure can lead to dementia and cognitive decline."

High blood pressure can damage small blood vessels in the brain, which is linked to memory problems and long-term cognitive decline. The guideline recommends early treatment for people diagnosed with high blood pressure with a goal of systolic blood pressure (top number) of <130 mm Hg for adults with high blood pressure to prevent cognitive impairment and dementia.

According to the new guidelines, blood pressure affects the brain — early treatment is recommended for people diagnosed with high blood pressure to maintain brain health. Also, high blood pressure before, during and after pregnancy is important to monitor and treat quickly to reduce the risk of short- and long-term serious complications, including preeclampsia.

High blood pressure is the leading cause of death in the US and around the world. The new guideline recommends that health care professionals use the PREVENT risk calculator to estimate a person's risk of a heart attack, stroke or heart failure.

Developed by the American Heart Association in 2023, PREVENT is a tool to estimate 10- and 30-year risk of cardiovascular disease in people ages 30-79 years. It includes variables such as age, sex, blood pressure, cholesterol levels and other health indicators, including zip code as a proxy for social drivers of health.

PREVENT is the first risk calculator that combines measures of cardiovascular, kidney and metabolic health to estimate risk for cardiovascular disease. More precise risk estimates can help guide treatment decisions personalized for each individual.

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Get into the spooky spirit this Halloween

Come October 31, there is extra mischief in the air, and who knows what might be lurking around those dim corners? Halloween is a time when the line between having fun and being scared is easily blurred.

While trick-or-treating and attending parties are ways to enjoy the final day of October, there are plenty of other ways to make Halloween more fun.

- **Read some scary stories.** There's something to be said about reading scary stories or poems on Halloween. Readers' imaginations take over on Halloween as they envision scary characters and scenarios. Edgar Allen Poe, author of many notably macabre works, is a popular read come Halloween.

- **Go pumpkin picking.** Most people already make pumpkin picking an annual treat. Don't overlook mishappen pumpkins

that can be carved into spooky jack-o'-lanterns. Also, enhance Halloween decor with pitted and warty gourds that lend that scary appeal.

- **Create a haunted house.** Instead of going elsewhere to get chills and thrills, transform your house or yard into a spooktacular vision and invite neighbors to explore.

- **Make creepy crafts.** Children can get a kick out of crafting Halloween decorations. Drape a piece of muslin over a beverage bottle and spray it with laundry starch. Let sit and the muslin will stiffen when it dries. Paint on black circles for eyes and hang your "ghost" from a string.

- **Whip up Halloween treats.** Candied apples, extra-rich brownies and mini hot dogs wrapped in crescent rolls to look like mummies are just some of the ways to

create a scary Halloween feast.

- **Have a costume theme.** Everyone in the household can get in on the fun by planning costumes to fit a theme. For example, everyone can dress like the Addams family.

- **Host a Halloween book club.** Those who love to read can ensure the October gathering of a book club is one that features a discussion of a scary book. Those looking for a scare can explore horror authors like Stephen King, Anne Rice, Dean Koontz, Clive Barker, Shirley Jackson, and Tananarive Due.

- **Host an outdoor movie.** Projectors can now be hooked up to smartphones and tablets, so it's

easier than ever to watch movies outside. Simply project a device onto a screen, white fence or even a bedsheet. Since it gets dark somewhat early in October, the movie doesn't have to start very late. Depending on the audience, choose a movie that is very scary or only mildly so if children will be viewing.

- **Organize a Halloween treat exchange.** Similar to a Christmas "Secret Santa," participants put together a wrapped gift of homemade or store-bought foods and exchange with others.

Halloween can be made even more entertaining with some extra activities that appeal to people of all ages.



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Salado physician: Prevent fractures before they occur

By David Stone
The Belton Journal

Brittle Bones in the elderly are often due to osteoporosis, a condition where bones become weak and fragile, leading to increased fracture risk, according to Dr. Cheryl Warren, a family medicine physician at Baylor Scott & White Clinic in Salado.

“Causes of osteoporosis include insufficient intake of protein, calcium and vitamin D; lack of physical activity; hormone changes such as dropping estrogen levels in women; genetics and certain medications,” Warren said this week.

“The best ways to prevent fractures are by keeping your

legs strong and maintaining your balance,” she added. “Strength training, walking and functional exercises.”

Morrow said that all people over 65 are at risk for falling, but Asian and white females are at a higher risk.

She also said bones often thin and become brittle as a person ages.

“There are several causes for bone thinning,” Morrow continued. “Too many steroids in medicines, being underweight and smoking and alcohol are at the top of the list.”

Morrow said those with a Body Mass Index (BMI) under 20 can cause bones to thin.

BMI’s between 20 and 25 are prime.

A bone density test known as a DXA scan is typically done to assess bone health.

“It’s similar to a regular

X-ray, but measures the strength and mineral content of your bones instead of just taking pictures of them,” Morrow stated. “Providers use DXA scans to

Continued on Page 19



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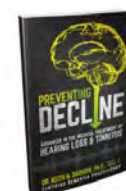
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Solve the code to discover words related to Halloween.
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(Hint: 15 = O)

A. 3 25 11 8 10 23

Clue: A scare

B. 21 15 22 23 17 16 14

Clue: Disguise

C. 21 9 20 26 7

Clue: Sweets

D. 26 15 15 25 1 14 6 6

Clue: House alert

Answers: A. fright B. costume C. candy D. doorbell



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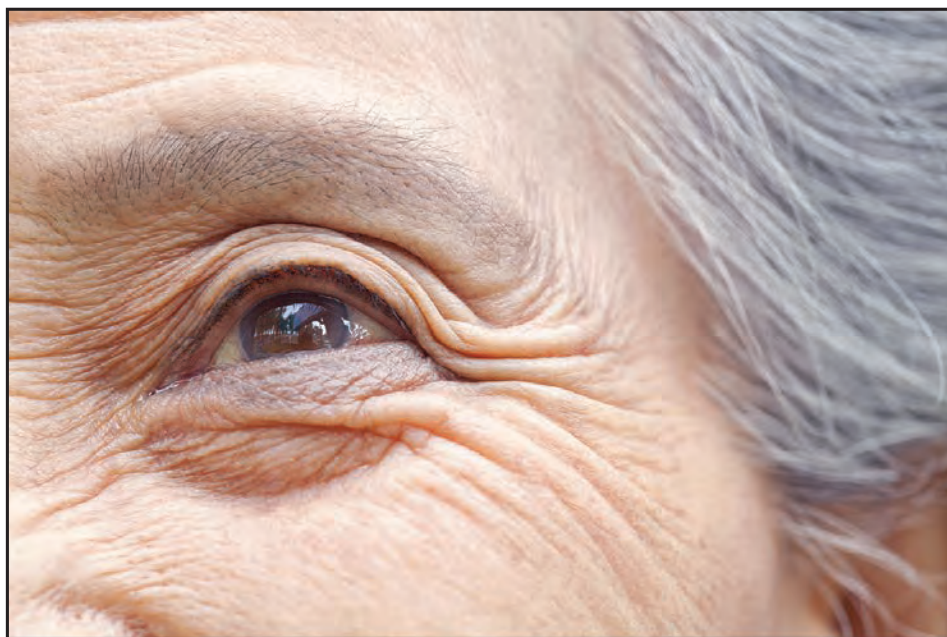
  



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Sight is a precious gift that enables a person to enjoy the world in a unique way. Yet many people are born with complete or partial vision loss, while others' vision slowly dissipates over time.

Macular conditions include age-related macular degeneration (AMD), which leads to a loss of both central vision and the ability to see fine details. The National Eye Institute says AMD happens when aging causes damage to the macula, or the part of the eye that controls sharp, straight-ahead vision. The macula is part of the retina, which is light-sensitive tissue at the back of the eye.

Johns Hopkins Medicine says people rarely go blind from AMD, but it can result in significant loss of central vision. Learning to cope

with these vision changes can take time, but there are certain products called low vision aids that can help offset vision loss.

- **Magnifiers:** Magnifiers use lenses or cameras to make objects appear bigger. They can help with detailed tasks, such as threading a needle or finding buttons on a remote control. There are even video magnifiers that have rechargeable batteries and can be taken to restaurants to read menus.

- **Low vision glasses:** These are not your typical eyeglasses. Low vision glasses are head-mounted, hands-free wearable technology that offers CCTV and text-to-speech capabilities in a product about the size of sunglasses. NuEyes is a popular brand. Glasses magnify anything a person looks at.

- **Large-print items:** There are a variety of products designed for those with low vision. These include wall clocks with large, bold numbers for easy viewing. Enlarged television remote controls and large-print books or digital reader settings help people with AMD maintain some normalcy.

- **Color-contrast aids:** Color or contrast can be used to make items easier to see and use. For example, the Keys U Can See Keyboard has black letters and numbers on a striking yellow keyboard to greatly improve visibility.

- **Talking products:** From watches to clocks to bathroom scales, voice-equipped products give users information via audio.

In addition to these aids, eye doctors can recommend other products and treatments to help mitigate the vision loss that occurs from AMD or other eye illnesses.



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A glimpse at American Indian and Alaska Native groups in the United States

Hundreds of American Indian and Alaska Native tribes live throughout the United States. As the nation prepares to celebrate Indigenous Peoples' Day this October, the month can serve as a great time for people from all walks of life to recognize the diverse range of groups who make up the American Indian and Alaska native populations.

The United States Census Bureau reports that more than half of the country's Native American population lives in five states. Oklahoma, which is home to 14.2 percent of all American Indians in the United States, has the largest such population of any state in the nation, followed by Arizona (12.9 percent), California (9.9), New Mexico (9.1), and Texas (4.8).

Data collection regarding all subsections of the U.S. population is ongoing, and that includes research into the American Indian and Alaska Native populations. But recent findings from the USCB illustrate some notable developments among the American Indian and Alaska Native populations between 2010 and 2020.

- The Alaska Native alone population grew by a significant percentage in the decade between 2010 and 2020. During that time, the Alaska Native alone population increased by nearly 11 percent, reaching 133,311 in

2020. The "alone" designation includes respondents who reported only one response when asked a question regarding their race on the 2020 census.

- The Alaska Native alone or in any combination population, which includes both those who gave just one response to the race question as well as those who reported multiple responses, increased by nearly 46 percent between 2010 and 2020.

- The American Indian alone population increased to just under 2.2 million in 2020, marking an increase of 11.6 percent since 2010.

- The American Indian alone or in any combination population nearly doubled in the decade-long time frame, increasing to more than 6.3 million in 2020.

- The largest Alaska Native alone group in 2020 was the Yup'ik (Yup'ik Eskimo), which accounted for nearly 7 percent of the total Alaska Native alone population. But the largest Alaska Native alone or in any combination population was larger. That distinction belongs to the Tlingit, who accounted for more than 9 percent of the Alaska Native alone or in any combination population in 2020.

- The Navajo Nation made up the largest share of the American Indian alone population in 2020. The Navajo Nation accounted for 14.6 percent of the American

Indian alone population in 2020, followed by the Cherokee (10 percent), Choctaw (3.2) and the Lumbee Tribe of North Carolina (2.5).

- The Cherokee (23.8 per-

cent) made up the largest share of the American Indian alone or in any combination population in 2020. The next greatest subsection in that category were the Navajo Nation (6.7), the Black-

feet Tribe of the Blackfeet Indian Reservation of Montana (4.7) and the Choctaw (4).

American Indian and Alaska Native populations make up a sizable percentage of the overall

U.S. population. Recognition of these figures can serve to remind U.S. residents from all walks of life of the significance of celebrating Indigenous Peoples' Day this October.

BSW experts say happy people manage stress better

By David Stone

The Belton Journal

Founding father Thomas Jefferson once said that without good health, there can be no happiness. Today's science shows the opposite is true as well: Happiness is an important part of maintaining physical and emotional health.

A troubled mind can contribute to myriad health problems, and according to the Centers for Disease Control & Prevention, up to 80 percent of visits to primary care doctors are due to conditions that are caused or exacerbated by unmanaged stress.

Being happy doesn't just make people feel better, it improves health. It helps folks eat healthier, be more active and sleep better. Because happiness leads to healthier behaviors, it helps stave off high blood pressure and excess body fat, resulting in lower risk of stroke and cardiovascular disease.

But, experts point out, maintaining happiness can be difficult in today's world.

"The percentage of US adults who received mental health treatment increased from 19.2 percent in 2019 to 21.6 percent last year," said Lisa George, a spokesperson for the Centers for Disease Control & Prevention. "Women were more likely than men to have received any treatment."

Drs. Jeethu Joseph and Alejandra Ferris, both postdoctoral fellows in clinical health psychology at Baylor Scott & White Medical

Center in Temple, said more people are getting help for disorders such as depression and anxiety, issues which can get in the way of happiness and good health.

"I think we are seeing a reduction in the mental health stigma and people are getting the help they need," Joseph said. "During the pandemic, we started seeing people via vid-



eo visits, and I think these virtual visits have made health care more accessible."

"It is important to be happy in life, but I caution against pursuing a stress-free lifestyle," Ferris said. "Stress is important — people strive for happiness, but not all of life's milestones come with happiness. These milestones make happiness more valued."

According to the Temple physicians, happy people face less anxiety and generally do better at coping with stressors.

"Behaviorally, lots of stress can cause sleep issues — sometimes it makes people sleep too much, other times it can deprive a person from getting quality sleep," Dr. Ferris said. "Stress also can affect how a person eats — they may overeat or hardly eat at all. It can

cause a person to gravitate toward unhealthy food. Too much stress can impact relationships, as well as emotional and physical well being."

People who are happy in life usually do a better job managing the stress of today's life where high prices, work issues and uncertainty can lead to depression and anxiety.

"Good stress management regulates the release of cortisol," said Dr. Ferris. Cortisol is an essential hormone that affects almost every organ and tissue in the human body and helps regulate a person's response to stress, regulates blood pressure and blood sugar, and controls a person's sleep cycle. Having higher or lower-than-normal cortisol levels can be harmful to health.

"Managing stress is key to better happiness and a healthier life," she said. "It helps you engage in the activities you love — activities that support being happy. Being healthy will likely make you more happy."

So how do you achieve a greater level of happiness? Dr. Joseph said happiness is a very personal thing — what makes one person happy may not work for someone else.

"A person must find a way to connect with themselves," Joseph said. "They must know what brings them joy — it could be religion or a hobby or anything else. They must pinpoint their source and they can lean into these."



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Debunking certain myths surrounding breast cancer

Events like National Breast Cancer Awareness Month and the Susan G. Komen® MORE THAN PINK Walk® have been integral to raising awareness about the most commonly diagnosed cancer in women across the globe. Though such campaigns and events have helped many women better understand breast cancer and their own risk for the disease, certain myths surrounding breast cancer persist. Such myths are not harmless and can, in fact, lead to unsafe outcomes that jeopardize women's health.

Questions about breast cancer should always be directed to a physician. Though physicians may not have all the answers, they remain useful allies in the fight against a disease that the World Cancer Research Fund International reports will be discovered in roughly three million women this year. As women seek more knowledge of breast cancer, it can be just as important to recognize some common myths surrounding the disease.

Myth: MRIs are more effective than mammograms.

The National Breast Cancer Coalition notes that no evidence exists to support the assertion that a magnetic resonance imaging exam is a more effective screening test for breast cancer than a mammogram. The NBCC acknowledges that an MRI can be an effective diagnostic tool when doctors suspect something is wrong. However, the NBCC advises against using MRI to screen for breast cancer since it is more likely to yield a false-positive result than a mammogram. Indeed, the National Breast Cancer Foundation identifies mammography as the gold standard for the early detection of breast cancer.

Myth: Breast size and breast cancer risk are connected.

This myth typically suggests breast cancer is more common in women with large breasts. The NBCF notes there is no connection between breast size and breast



cancer risk. Breast density, not size, may be associated with a greater risk for breast cancer. The Mayo Clinic notes dense breast tissue refers to the ways breast tissue appears on a mammogram. Women with dense breasts, which the National Cancer Institute notes affects roughly half of all women over age 40, are at higher risk for breast cancer because the dense tissue makes screening for the disease more difficult. But breast size and breast density are not one and the same.

Myth: Most breast cancer patients have a family history of the disease.

The NBCC notes that roughly 15 to 20 percent of women diagnosed with breast cancer report a family history of the disease. Assuming only those with a family history are vulnerable to breast cancer gives women with no such background a false sense of security, which may discourage them from taking measures to lower their risk.

Myth: All breast lumps are cancerous.

The NBCF indicates only a small percentage of breast lumps end up being cancerous. Lumps should never be ignored, and should be reported to a physician immediately. But it's important to avoid jumping to conclusions after finding a breast lump. A clinical breast exam can determine what's behind the lump, and women who discover a lump should remain calm until such an exam is conducted.



Did you know?

Thanks to early detection and improved therapies, many cases of breast cancer are successfully treated. However, the Susan G. Komen® organization reports breast cancer survival rates vary depending on the stage of the disease at the time of diagnosis. Those diagnosed as having stages 0, I and II tend to have better survival rates than those whose disease was discovered after the cancer had already advanced to stages III and IV. Although each situation is unique, the five-year survival rate among those diagnosed with breast cancer stage I or lower is between 98 and 100 percent. Stage II falls between 90 and 99 percent. The five-year survival rate for stage III patients is between 66 and 98 percent. While the organization does not provide survival data for stage IV, according to the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER), the five-year relative breast cancer survival rates for women with a SEER stage of Distant (the cancer cells have spread to other parts of the body) is 33 percent. If cancer cells have only spread beyond the breast but it is limited to nearby lymph nodes (Regional), the survival rate is 87 percent.



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What to know about celiac disease

Approximately one in 100 people worldwide have celiac disease, according to the Celiac Disease Foundation. But medical professionals believe many cases of celiac disease go undiagnosed, so the actual prevalence may be higher. Learning about celiac disease can help keep more people safe and healthy and increase the chances that everyone with the condition is successfully diagnosed.

What is celiac disease?

Celiac disease is an autoimmune condition that is triggered by the consumption of gluten. Beyond Celiac says when a person with celiac disease eats gluten, the immune system sees the gluten as a threat and mounts an attack. The attack damages the villi of the small intestines, which are responsible for helping to digest food. Without healthy villi, it is nearly impossible for the body to absorb nutrients. The good news is damaged villi can grow back over time.

What happens if celiac disease is not treated?

If left untreated, celiac disease can lead to malnourishment and many other issues, notably anemia, osteoporosis, increased risk of certain cancers, and even neurological problems. Celiac disease is a serious illness that should not be overlooked, and early diagnosis can help prevent cumulative damage.

Disease management comes down to avoiding all foods and beverages containing gluten.

avoiding all foods and beverages containing gluten. This means a lifelong adherence to a strict gluten-free diet, says the Celiac Disease Foundation®. Gluten can be found in wheat, rye and barley.

Are there unexpected sources of gluten?

People with celiac disease have to be diligent about reading labels. Gluten can be found in foods and beverages that traditionally are gluten-free. For example, processed meats may use gluten as a binder or filler. Sauces like barbecue sauce, mustards and gravies often contain gluten. Some medications may use gluten as a binding ingredient. French fries may be battered or seasoned with gluten-containing ingredients. Although oats are naturally gluten-free, they are often processed on the same equipment as wheat, leading to cross-contamination.

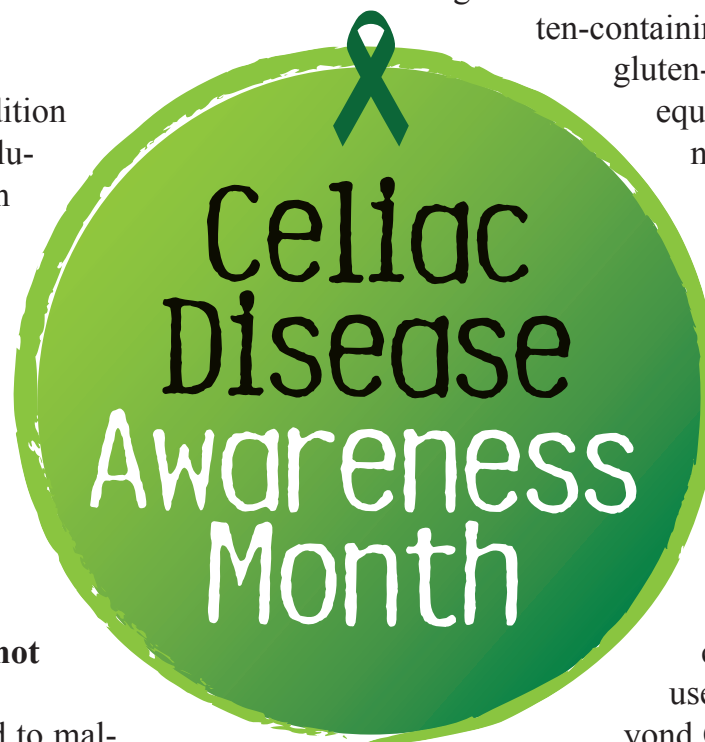
How much gluten is dangerous for those with celiac disease?

Though people's reactions to gluten may vary, even small amounts of it can cause irreversible damage. Someone with celiac disease can be affected by crumbs of gluten-containing bread left on a cutting board. Cross-contamination is a very real concern. Individuals may need to use separate cooking utensils to keep items completely gluten-free. It is recommended to use a separate toaster for gluten-free items. Beyond Celiac says gluten cannot be sanitized away, so any remaining gluten on sponges or dishrags (or other dinnerware) can be transferred to otherwise clean dishes. Gluten even can be transferred from the handle of the refrigerator. It's recommended to store gluten-free items on higher shelves to help avoid crumbs from foods from falling on them.

Can a person eat out with celiac disease?

Although many restaurants have made great strides in offering gluten-free items, cross-contamination remains a big concern for those with celiac disease. Unless the diner can confirm that food was cooked in a separate pan, on a separate grill, or away from all other foods, most individuals with celiac disease may need to avoid dining out or arrange to bring their own "safe" food.

Celiac disease is gaining wider recognition, but there are still some things the public must learn about this common condition.



Expert: Dog ownership comes with health perks

By David Stone
The Belton Journal

Dogs. They make us happier, healthier and, according to an American Kennel Club study, better looking than those who are pup-less. For many, a potentially longer and healthier life makes up for those chewed-up shoes, missing houseplants and hours operating a pooper scooper.

“There are actually many connections between owning a dog and better health,” said Dr. John Joseph II, a family medicine physician at the Baylor Scott & White Clinic in Killeen. “The American Heart Association says owning a dog may reduce the risk of cardiovascular diseases, and Harvard Medical School released a recent statement saying: ‘Get healthy, get a dog.’”

According to Dr. Joseph, dogs can be there for you even when people can’t, making people feel less alone. Canines offer unconditional love, emotional support and constant cuddles that reduce social isolation and loneliness.

“Studies show that dog owners have lower blood pressure levels, less cholesterol and improved responses to stress,” Joseph said.



“Ten minutes after petting a dog, a person’s blood pressure and cortisol drop. Dogs improve cardiovascular outcomes not only in adults, but in kids as well.”

Cortisol is a hormone activated by stress, and studies have found that being around animals can decrease levels. Because of this finding, many offices are allowing employees to bring dogs to work and some universities are letting students borrow dogs during stressful times of the year such as finals week.

Dog owners typically get more exercise because of playing with and walking the dog, he said. A 2019 British study backs up that claim.

According to the study, dog owners are four times more likely than non-dog owners to meet daily physical activity guidelines. On average dog owners spend nearly 300 minutes every week walking their dogs. That’s 200 more minutes of walking than people without a pup.

OK, here’s a fun stat: If you want help getting a date, get a dog. It just might make you more attractive and likable. In a series of studies by Pet Wingman, men on dating apps were more likely to get a woman’s phone number when they had a dog with them. Individuals on those apps said people look happier and more relaxed when they appear with a dog.

Dogs also make humans more sociable, Dr. Joseph said. They give people a conversation starter and are often used to break the ice during awkward silences. Two people with dogs give them a bond — they are both dog lovers — and a subject to discuss.



“Having a dog helps you meet people on walks or at the dog park,” Joseph said.

“Dogs can also help alleviate suffering for those with PTSD,” he added. “Dogs have been used in therapy for years for stroke and brain trauma, and the symptoms often decrease.”

“The list of health benefits goes on and on,” Dr. Joseph said. “Dementia patients undergoing dog therapy usually have fewer agitations — that’s why so many nursing homes bring in therapy dogs.”

Therapy dogs also have worked wonders with some children with autism, he said. The dogs increase communication skills in these kids because the children are more likely to try to talk to the dogs than to other people.

So should everyone get a dog for health reasons? Dr. Joseph said the answer to that question is “no.”

“I would recommend that having a dog would benefit most people, but there are exceptions,” he said. “Elderly people prone to falling could trip over the animal, its toys or its leash. I see people who have injured themselves by tripping over a dog quite often.”

“Also those who are immunocompromised may be advised to give up their pets to avoid getting diseases from the animals,” he said.

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screen for osteoporosis, osteopenia and other conditions that can silently weaken your bones. The scan tells how much bone you have lost since you were 20.”

Morrow said diet also plays a key role in bone health.

“Protein, calcium and vitamin D are needed to keep bones strong,” she said. “At least 1200 mg of calcium and about 800 mg of vitamin D are needed every day. Milk is a good source of both. A lot of people say sunshine provides enough vitamin D to keep bones strong, but that’s not really true. The majority of people need a supplement.”

She also said weight-bearing and strength-training exercises are needed to maintain and even build bone density.

“Be sure and get regular medical check-ups for bone mineral density

tests to monitor for osteoporosis,” Morrow said.

“Additionally, take safety measures to prevent falls, such as improving home lighting and removing trip hazards, and discuss potential fall-inducing medications with your doctor. Quitting smoking and limiting alcohol intake also contribute to stronger bones and reduced fracture risk.”

“Ensure your home is well lit, remove trip hazards such as loose cords and rugs, and consider installing grab bars in the bathroom,” she said. “Also, wear shoes with good traction and use a walker or cane if you have balance issues and need support.”

Morrow said people should ask their doctor if any medications — such as sedatives or blood pressure drugs — could increase the risk of falling.



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Email: activities@beltonseniorcenter.org; Activity Director, Judy Owens: 254-770-7958;

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Zumba Class on T/Th is from 6-7 \$5/class No class on 1st/3rd Thurs,			1 9 Exercise 10:30 Bible Study 12 Bingo 1 Arts & Crafts	2 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting 12 Canasta ** 6:30 Dance	3 9 Exercise 10 Improver Line D 12 Bridge 12 Dominos 42	4 **Dance Thurs., Oct. 2; 6:30 p.m. Featuring Fred Fuller Cost \$5
5	6 9 Exercise 9 Woodcarvers 10 Improver Line D 12 Dominos 42	7 8 Mex.Train Doms. 8/9 Beg. Line Dance 10 Improver Line D. 9Quilting/12 Canasta 6 Zumba Class	8 9 Exercise 10:30 Bible Study 12 Bingo 1 Art Painting	9 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting 12 Canasta 6 Zumba	10 9 Exercise 10 Improver Line D 12 Bridge 12 Dominos 42	11
12	13 Closed for Columbus Day!	14 8 Mex. Train Doms. 8/9 Beg. Line Dance 10 Improver Line D. 9Quilting/12 Canasta 6 Zumba Claas	15 9 Exercise 10:30 Bible Study 12 Bingo 1 Arts & Crafts	16 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting 12 Canasta ** 6:30 Dance	17 9 Exercise 10 Improver Line D 12 Bridge 12 Dominos 42	18 **Dance Thurs. Oct. 16, 6;30 p.m. Featuring Bobby Dean Cost \$5
19	20 9 Exercise 9 Woodcarvers 10 Improver Line D 12 Dominos 42	21 8 Mex. Train Doms. 8/9 Beg. Line Dance 10 Improver Line D. 9Quilting/12 Canasta 6 Zumba Claas	22 9 Exercise 10:30 Bible Study 12 Bingo 1 Art Painting	23 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting 12 Canasta	24 9 Exercise 10 Improver Line D 12 Bridge 12 Dominos 42	25
26 **Pot Luck is Mon., Oct. 27, 5:30 p.m. Line Dancers	27 9 Exercise 9 Woodcarvers 10 Improver Line D 12 Dominos 42 **5:30 Pot Luck	28 8 Mex. Train Doms. 8/9 Beg. Line Dance 10 Improver Line D. 9Quilting/12 Canasta 6 Zumba Class	29 9 Exercise 10:30 Bible Study 12 Bingo No Art today.	30 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting 12 Canasta	31 9 Exercise 10 Improver Line D 12 Bridge 12 Dominos 42 Happy Halloween!	1-Nov Annual Arts & Crafts Garage Sale 8 a.m.-2 p.m. Taco Plate \$10 for Meals on Wheels
			Upcoming Events: 1. The Center is partnering with the City of Belton on offering a Zumba class on Tues. and Thurs. from 6-7 p.m., except for 1st and 3rd Thursdays when we have our regular dances. Cost is \$5 per class. 2, Dances - Thurs., Oct. 2, with Fred Fuller; and Thurs, Oct. 16, Bobby Dean. 3. Pot Luck is Monday, Oct. 27, at 5:30 p.m. with our Line Dancers. 4. We are in need of quilters who would be availalbe on Tues. and Thurs. mornings 9-12, or work from home! Call Judy at 254-770-7958 if interested. 5. We would also like new bridge players if interested in playing or learning - Fridays from 12-3.			

Adoption gives dogs a new ‘leash’ on life

“Adopt don’t shop” is a mantra utilized by many organizations devoted to finding loving homes for shelter animals. With thousands of dogs, cats and other companion animals residing in shelters or being fostered until they can find their forever homes, rescue organizations urge the pet-loving public to adopt rather than purchase dogs from private breeders.

Individuals who choose to adopt a dog from a private rescue, humane society, animal shelter, or another welfare group would be wise to follow some guidelines that can help individuals and families find the best matches with their new pets.

“It’s important to be honest with the rescue group regarding, not only what you’re looking for in a dog, such as disposition, energy level, age, and size, but to describe the overall household dynamic,” advises Toni Diamond, founder of Diamond Dogs Rescue, Inc. (www.diamonddogsrescueinc.com), a foster-based rescue with resources in New Jersey and Massachusetts. “This way the rescue can match your needs with the dogs they have available to ensure the best opportunity the placed pet will remain in your home.”

Here are some other tips to consider if you’re thinking of adopting a pet.

- Think about fostering first. If you’re on the fence about whether to take in a dog right now, fostering offers a way to gauge how life can change with a dog in the household. Fostering a dog can free up resources and enable rescues to help other dogs. Many “foster fails” are dogs that foster families adopted themselves because they couldn’t bear to give the dogs up.

- Expect to be vetted. Rescue groups generally do some type of adopter check, which includes an application questionnaire, and may want to visit your home to be sure that it is safe and comfortable for the dog. Expect an adoption fee, as this helps defray the cost of sheltering animals.

- Don’t feel limited by geography. Rescues handle dogs from across the country. Some may even be willing to facilitate travel from one area to another. If you see a dog online that seems to be a perfect fit but is a good distance away, contact the rescue to see what can be done.

- Be patient and open-minded. Rescued animals often have been jostled around a bit, moving from place to place. Expect a transition period for the shell-shocked animal to settle down before judging his or her true personality. It’s possible for rescued dogs to have accidents in a home, act out or be hesitant around people while they learn to trust their new owners.

Adopting a dog can be a great way to add to the family and provide a loving animal with new beginnings.



Guide to adopting a shelter dog

Pet adoption rates soared during the COVID-19 pandemic. The desire to adopt was so significant that animal shelters around the country nearly emptied. According to Dr. Elizabeth Berliner, an associate clinical professor and the director of the Maddie’s Shelter Medicine Program at Cornell University, as many as one in five pet-owning homes adopted a new pet during the pandemic.

Animal shelters are once again reaching capacity. As with many industries, there simply isn’t enough staff to care for all the animals. Furthermore, animal adoption saturation over the past year may have contributed to fewer people seeking new pets. Those who still have room and love to share can put these tips to use as they look for a furry friend to call their own.

- Do your research. Ensuring your pup can seamlessly transition from the shelter to your home requires some pre-adoption legwork. This animal will be occupying a spot in your home and heart for 10 years or more if all goes well. The size of the dog, age, anticipated energy levels, exercise needs, shedding capacity, and overall personality can affect how well the dog fits in. Research breeds and try to find one that suits your household and lifestyle before visiting the shelter.

- Start local first. Don’t discount local groups when searching for pets. Many small rescues can’t afford the time or money to maintain a website or constant social media presence. But they make up for that by being hands-on when matching pets with people.

- Be sure everyone is on board. All members of the household need to share the same enthusiasm for the dog. Weigh everyone’s opinions, but expect that certain people will take on more responsibility for the pet than others.

- Consider your finances. Although adopting a dog is initially less expensive than buying, there’s still the adoption fee to consider and other costs that come with dog ownership. Routine vet visits, emergency medical situations, food, grooming, training classes, toys, and other needs should be considered. The American Kennel Club previously found the average annual costs for dog ownership is \$2,500. One-time or irregular costs, such as a crate, spaying/neutering or emergency vet care, cost an average of \$2,100. However, these rates vary depending on where you live.





Renowned Neuroscientist A Beacon of Hope for

Dr. Darrow's credentials lend unparalleled weight to this endeavor. Holding a Ph.D. focused in neuroscience from M.I.T. and Harvard Medical School, being a tenured professor at Worcester State Massachusetts, and certified as a clinical audiologist (CCC-A), he has treated thousands of patients while contributing to research on auditory neurology and cognitive decline. His prior books have educated professionals and lay audiences alike on the links between hearing health and overall brain function, emphasizing preventive strategies against conditions like dementia. In TinnitusTreatable.com, he extends this foundation, introducing readers to breakthroughs in NeuroTechnology™—a term he employs to describe technologies that interact directly with the nervous system to modulate brain activity and alleviate symptoms.

The book's introduction sets a tone of empathy and urgency, acknowledging the deeply personal nature of tinnitus. "Tinnitus is a deeply personal experience," Dr. Darrow writes. "For some, it's a faint ringing in the background. For others, it's a constant, overwhelming noise that hijacks daily life. No matter the form, one truth remains: tinnitus is real—and it is treatable." This statement encapsulates the book's core message, countering the frequent dismissal patients encounter, such as being told to "just live with it." Drawing from his clinical practice, Dr. Darrow shares stories of individuals who, after years of frustration, found relief through structured, science-backed protocols.

Right from the start, this book delves into the prevalence of tinnitus, explaining why it affects so many in modern society. Dr. Darrow attributes the rise to factors including aging populations, pervasive noise pollution, prolonged use of personal audio devices, and systemic issues like neuroinflammation

from conditions such as diabetes and heart disease. He likens the auditory system to a sound engineering setup: the ears as microphones capturing frequencies, and the brain as the engineer processing the input. When signals degrade—due to damaged hair cells or neural synapses—the brain compensates by "turning up the gain," resulting in phantom sounds. This analogy, grounded in neuroscience, demystifies tinnitus as a brain-based response rather than a mere ear problem.

Importantly, Dr. Darrow highlights that tinnitus is not "normal" even if common. He cites global statistics, noting that over one in four U.S. adults reports symptoms, with rates increasing among younger demographics due to noise exposure. "Tinnitus is often the first sign that your hearing loss journey has begun" he quotes from colleague Dr. Ross O'Neill, reinforcing the need for proactive care.

Transitioning to the impacts of untreated tinnitus, this neurological condition is framed as a "big deal"—a warning system with far-reaching consequences. Dr. Darrow draws on functional MRI and EEG studies showing altered brain activity in tinnitus sufferers, including hyperconnectivity between auditory and emotional centers like the amygdala. This leads to a distress cycle: perception triggers emotion, which amplifies stress, perpetuating the sound. He discusses links to mental health issues, with over 50% of patients experiencing anxiety or depression, and an elevated risk of cognitive decline, including dementia.

A poignant section recounts the tragic story of Kent Taylor, founder of Texas Roadhouse, whose post-COVID tinnitus escalated to unbearable levels, contributing to his suicide in 2021. Dr. Darrow uses this public case to illustrate tinnitus's potential lethality through sleep deprivation and emotional exhaustion. "Tinnitus is not merely a symptom to manage,"

In an era where neurological health challenges increasingly dominate public discourse, Dr. Keith N. Darrow of MyTinnitusNumber.org, a distinguished neuroscientist, professor, clinical audiologist, and Certified Dementia Practitioner, has released his latest work, TinnitusTreatable.com. This publication marks his third dedicated volume on the subject of tinnitus, building upon a career spanning over two decades at the intersection of brain science and auditory health. As the author of previous acclaimed titles exploring similar themes, Dr. Darrow continues to establish himself as a leading authority, offering evidence-based insights that challenge longstanding misconceptions and provide actionable pathways to relief.

TinnitusTreatable.com arrives at a critical juncture. With an estimated 70 million Americans and over one billion individuals globally experiencing tinnitus—a persistent perception of sound without an external source—the condition has evolved from a niche concern to a widespread neurological epidemic. Dr. Darrow's book systematically dismantles the outdated narrative that tinnitus is an untreatable annoyance and people suffering need to learn to live with it, instead framing it as a treatable signal from the brain that demands prompt, comprehensive intervention. Through a blend of clinical expertise, patient narratives, and the latest advancements in neuroscience, the text serves as a roadmap for those who have been dismissed by traditional medical approaches.

Unveils Third Book on Tinnitus: Millions Suffering in Silence

he asserts, “but a signal to act because it is a neurological disorder that warrants clinical attention.” The chapter reframes tinnitus as a biomarker for broader brain health, urging readers to view it with the urgency afforded to precursors of heart disease or stroke.

For many living with tinnitus, the journey begins with frustration: being told their hearing is “normal,” despite the very real challenges they face each day. Standard hearing tests (aka the audiogram), developed nearly a century ago, are limited. They measure volume thresholds up through only about half of the ear, but overlook the subtleties of neural degradation, clarity loss, and damage in the most sensitive part of our hearing range. Dr. Darrow explains how the real culprit is often cochlear synaptopathy, or “hidden hearing loss,” where the connections between hair cells and auditory nerves deteriorate. These silent disruptions distort the way signals are delivered to the brain, explaining why a person can pass a hearing test yet still experience tinnitus, difficulty understanding speech in noise, and the exhausting fatigue that comes with it.

Research now supports what patients have known all along: relief is possible even when tests say otherwise. Studies such as Suzuki et al. (2021) demonstrate that individuals with near-normal hearing can experience significant reductions in tinnitus when fitted with specialized hearing technology. Waechter et al. (2023) confirmed that treatment can be effective regardless of traditional audiometric loss. A case that illustrates this well is Brandy, a 45-year-old clinic coordinator who had “normal” hearing scores yet lived with constant ringing. Her Tinnitus Handicap Inventory score revealed a measurable burden, which was alleviated after being fit with prescriptive NeuroTechnology™. Advanced diagnostics—extended high-frequency testing, otoacoustic emissions, and speech-in-noise

assessments—allow clinicians to uncover what the outdated tests miss and offer solutions that truly change lives.

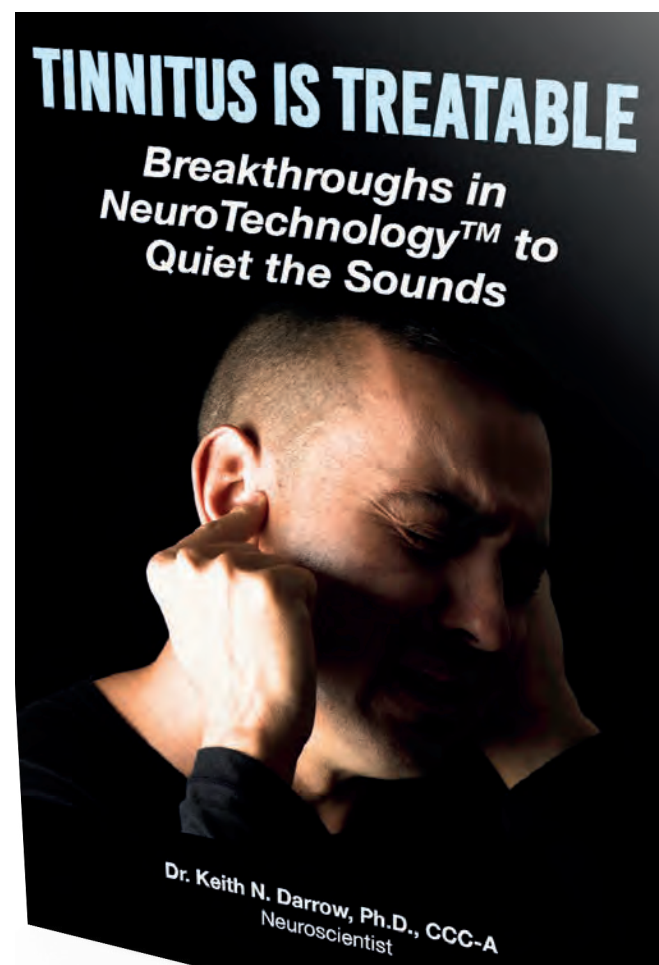
Beyond diagnostics, Dr. Darrow presents practical strategies for patients to measure and track their progress. One such tool is “MyTinnitusNumber.org,” a personalized scoring system that quantifies severity and offers a clear starting point for recovery. From there, he outlines a structured, seven-step treatment approach designed to retrain the brain, reduce neural strain, and restore quality of life. At the heart of this program is Prescription NeuroTechnology™—customized devices that deliver targeted stimulation to the auditory pathway. By encouraging adaptive neuroplasticity, these systems lower the intensity of tinnitus while strengthening the brain’s processing of sound.

Other therapies play an important role as well. Cognitive behavioral strategies, biometric monitoring, mindfulness, regular movement, and improved sleep all reinforce recovery by calming the nervous system and building cognitive reserve. Together, these interventions reduce stress, promote resilience, and help restore a sense of control. The book also highlights how treating tinnitus protects long-term brain health, with evidence linking auditory enrichment to reduced risk of decline and dementia. Patient stories—like Mark, a 58-year-old firefighter whose “normal” test concealed significant auditory stress—show how the program brings relief that is practical, not miraculous.

What distinguishes this work is its balance of science and compassion. The recommendations are rooted in peer-reviewed research, yet presented in a way that empowers patients to take the next step. The book also critiques outdated protocols and systemic barriers that leave too many people dismissed or untreated, urging a shift toward modern, evidence-based care.

Ultimately, TinnitusIsTreatable.com is both a scientific guide and a message of hope. For those ready to take the first step, resources like MyTinnitusNumber.org provide a way to measure progress and begin the journey toward relief. It validates the lived experiences of millions while offering a pathway forward. In Dr. Darrow’s words: “This book is for everyone living with tinnitus who deserves more than hollow reassurances. They deserve options. They deserve treatment. And above all, they deserve hope, rooted in evidence—not guesswork.”

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