

Ask The Professionals

If you have any questions these professionals can answer, please write to:

"Ask The Professionals"
c/o The Canadian Champion
191 Main Street E.
Milton, Ontario L9T 4N9
or Fax to: 878-4943



Phil Lawton

Taylor Nursery

7429 Fifth Line, Milton
(right at the east end of Main St.)
905-876-4100



I'd like to plant a perennial garden. How do I start?

A perennial is a herbaceous plant that thrives for three or more years. Perennials come in a variety of sizes, shapes and colours and can bloom from early April until late October. They are generally easy to grow and there are perennials for every soil and light condition. For these reasons, they are becoming very popular. Landscape Ontario has some recommendations that we pass on to our customers.

Planning - Some factors to consider are light and soil requirements, plant height, time and length of flower, and colours. You may also think about plant fragrance, suitability for fresh cut or dried flowers and form and texture. Take the time to plan your garden on paper and consult with us for recommendations.

Bed Preparations - We can advise you on how to prepare your soil whether it is clay, sandy, or peaty but in all cases, we recommend working in an all-purpose fertilizer and top dressing the bed with mulch to keep moisture in and weeds out.

Care - After you have planted and watered in with transplant fertilizer, perennials are relatively easy to care for. We suggest fertilizing three times a year. (spring, summer and fall). Some perennials may need more nutrients. Water new plants regularly but once established, perennials will only need watering when there is a dry spell. With care, your perennial flowers will bloom and be enjoyed for many years.



Dr. Ron Strohan
Optometrist

**Dr. Ron Strohan
Optometrist**
Wakefield Professional Centre
106 Wakefield Rd., Milton
905-878-5882
Mon-Thurs 9-6, Wed-Fri 9-5, Tues 9-8
Saturday AM by appointment
Vanity or Fear?

Practicing Optometry and I have a mission to help people preserve vision.

When I encounter daily practice, I am faced with questions as: What happened? Why can't I see? Usually something has happened to a person's eye health which is a direct result of the person's health.

I had two people in the past week admit:

1. "I had a fear if I had my eyes examined that something would be found wrong."

Well that may well be true or not true. However, allowing yourself not to seek at least an understanding of your visual health, and ability to see affects your lively hood, and ability to communicate and interact with the world. The worst possible scenario of having an eye examination is finding out what you can and cannot see, and the necessary steps to preserve your vision and health. The best thing that could happen is that you would find out you are healthy, and that your eyes are functioning perfectly. You may even learn something you didn't know.

2. "I was too vain to wear glasses, or even think that I would have to wear them, so I ignored having an eye examination."

Believe it or not, this is a very common reason people do not have an eye examination. Only 40 percent of people have regular eye examinations, and of those, the most common age of having the first eye examination is the age of 40; the age when reading and seeing up close has affected a person's ability to do things they would normally do on a daily basis. The unfortunate aspect of this attitude, is the misperception that your ability to see is solely dependent on glasses. It depends on health. How many people think preventatively. Annual eye examinations are intended to keep your eyes healthy. Without health, you see nothing! A rather frightful thought if you consider what people are seeing when they are driving.

Simply put, the vision you have is directly related to the vital function, and physical health. An eye examination is a series of tests to assess the health and optical status, and function of your eyes and vision. Strangely enough people still value as the most valuable sense which they would not wish to lose, and yet routinely put annual examinations as a low priority.



Carpet Care 102



Robert Rushton

Guidelines for Stain and Spot Removal from Carpets and Rugs

OOOPS! As careful as we may be to keep our carpets looking their best, sometimes spills just happen. Although most carpets produced today feature stain-resistant treatments, no carpet can be said to be completely stain-proof. The longer a stain remains in the Carpet, the more difficult it may be to remove. However, if you use Roto-Static's famous Carpet Stain Remover, and follow these guidelines you'll be amazed at what can be removed!

1. Immediately blot up as much of a liquid spill as possible using a soft, white, absorbent material like a towel or napkin. Never rub, scrub or brush a stain; abrasion can harm the fibres and may cause the mess to be set into the carpet or rug.
2. Gently scrape away a solid or semi-solid deposit using a blunt spatula or spoon. Never use a knife or any hard edged tool, as this could damage the pile fibres. Vacuum away as much of the solid debris as possible.
3. As a precaution, pretest Roto-Static's Carpet Stain Remover on an inconspicuous area of the carpet. While carpet dyes in synthetic materials are usually very stable, ALL cleaning solutions must be pretested to detect unstable carpet dyes before use. Read and follow the maker's instructions carefully. Call your local Roto-Static professional for advice if this condition exists.
4. To clean the spot, apply a small amount of our Carpet Stain Remover to your soft, white, absorbent material and gently apply to the spot, working from the edges towards the centre of the spot to prevent it from spreading. Do not over-wet the area! Continue as long as the stain is transferring onto your towel.
5. After the stain has been removed completely, dry the affected area well. To effectively blot up the remaining moisture, you may use fresh, dry towels weighed down by flat, heavy objects like a book, keep changing towels as they become saturated.

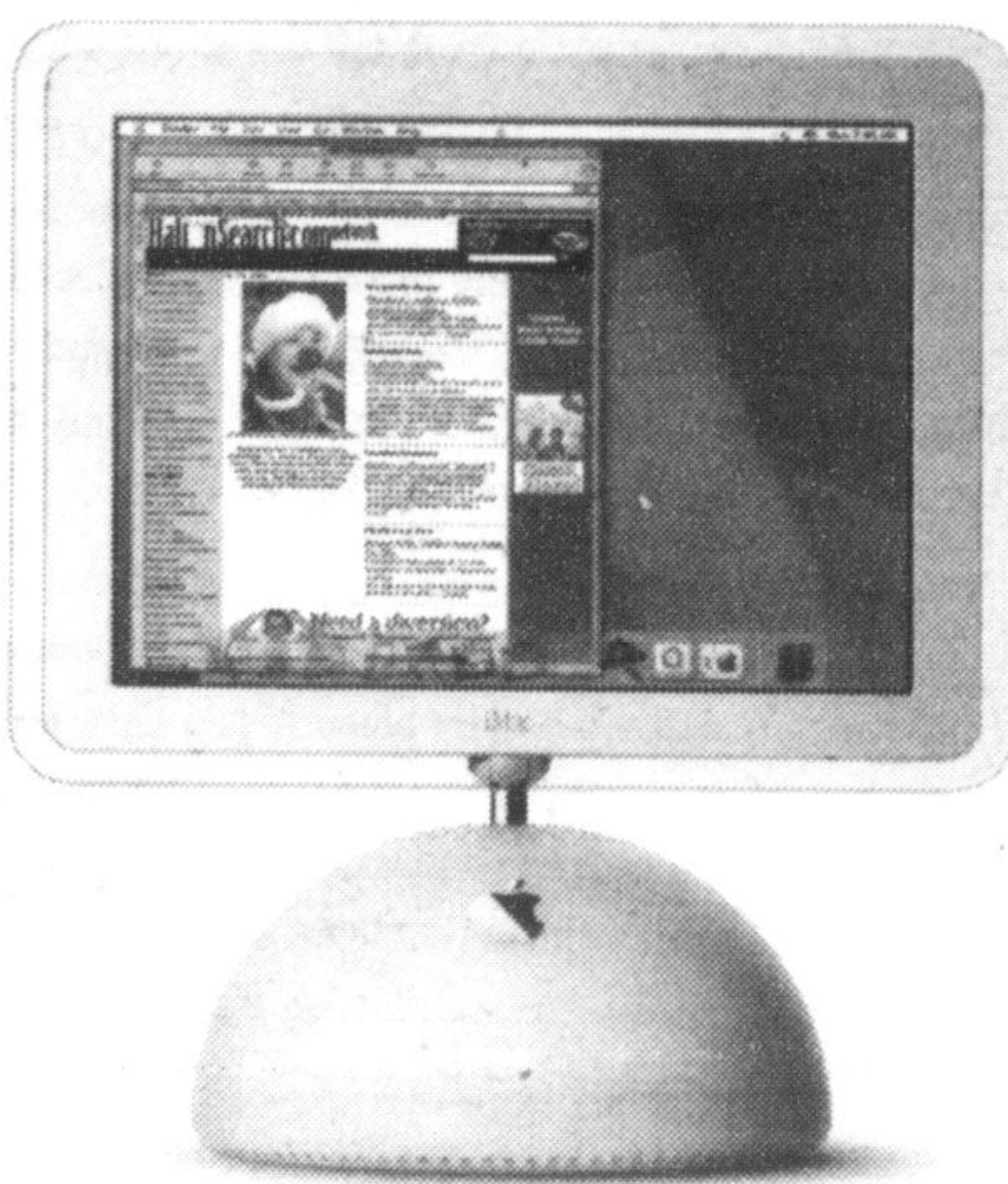
Roto-Static's Carpet Stain Remover is unique! Our patented water-based, near neutral pH, NON-SOAPY cleaning solution is very effective on a wide variety of spills, including grease, inks, paints, and food stains. Unlike many other cleaning products, it will not leave sticky, soil-attracting residues in your carpet.

Patience and proper technique are the keys to success. However, some problems may need professional attention. In the case of a stubborn stain, or to obtain a bottle of our famous Carpet Stain Remover, just give us a call - we'd be glad to help!

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WHAT IS SCOLIOSIS?

Scoliosis is a curvature of the spine that affects about 4% of children between the ages of 9 and 14. If not diagnosed and treated early, it can lead to deformity that is difficult to correct. When detected early, scoliosis can be controlled and its progression frequently halted.

How can I detect scoliosis in my children?

Here's a home check you can try: have your child remove his or her clothes from the waist up and stand facing away from you (if they are uncomfortable, have them put a bathing suit on). Observe whether the head is tilted, if one shoulder or hip is higher than the other, or if there's an obvious curve to the spine. These are signs of possible scoliosis. Now, have your child grasp hands in front and bend down at the waist. Do the ribs appear higher on one side than the other? Have your child turn sideways and bend down again. Is there an excessive curve or angle in the upper back rather than the normal gentle curve?

If you see one or more of these signs, report your findings to a Doctor of Chiropractic and have he or she conduct a thorough examination. Remember that scoliosis, when detected early, can usually be treated quite successfully with conservative methods.

What kind of treatment is necessary?

For mild cases, regular check ups are suggested with a program of flexibility exercise and chiropractic adjustments. For moderate cases, chiropractic adjustments are given, along with exercises designed to strengthen the muscles and pull the spine into a straighter position. For more severe cases, a brace is frequently used. Extremely severe cases may require surgery and hospitalisation.

Keep in mind, the earlier the detection is made, and any necessary treatment is begun, the better the results.

SHOPPERS DRUG MART

Open to midnight, 7 days a week
Carriage Square, 265 Main St. E.
905-878-4492



MICHAEL WONG

Question: Will you give me an idea how some of the drugs work for nasal allergy?

Answer: Allergic Rhinitis (AR) affects more than 20% of Canadian population. In order to know the action of the drugs involved, it is necessary to have a simple understanding of the mechanism of AR as follows:

Recognition: An invading allergen is trapped by an immunoglobulin protein and is subsequently engulfed by a specialized cell such as a macrophage.

Presentation: The allergen is partially "digested" and is presented to the surface of the cell for a more thorough recognition by a T-cell (a kind of lymphocyte).

Signaling: The T-cell in turn sends out a series of chemical signals to activate adjacent B-cells (a different lymphocyte). Activated B-cells then begin to produce a more "refined" group of immunoglobulin that is more specific to the initial allergen involved.

Sensitization: This specific immunoglobulin migrates to attach itself to the surface of a mast cell (a common cell in the nasal mucosa) which acts as a receptor for the specific allergen. This individual is therefore said to be sensitized to the specific allergen.

Inflammation: When the receptor recognizes the allergen, the mast cell will release a series of chemicals mediators such as histamine, prostaglandins and leukotrienes &c. When these mediators act on blood vessels, nerves and mucous glands, they will cause sneezing, itching, runny nose and congestion within minutes.

Infiltration: At a later stage, infiltration by inflammatory cells into nasal tissues sets up chronic inflammation. This will prime the nasal tissues to be susceptible to non-allergic irritants, such as perfumes or smoke.

Antihistamine is always central to AR treatment. It competes with histamine for its target sites and hence minimizes its damage. The therapeutic effect of corticosteroids is both prompt and comprehensive because mediators within mast cells are prevented from being released. Cromolyn stabilizes mast cells and, as a result, dampens the sensitization and inflammation process. Decongestants counteract the immediate effect of mediators on blood vessels and mucous glands. In general, immunotherapy aims to nullify the presentation, signaling and sensitization cascades.

In the advent of a genomic era, we are anticipating more exciting drugs in the immediate future. Stay tuned.