Back extension
Lie facedown on your mat with your knees straight and the tops of your feet against the mat. Place your right arm alongside your body, palm up. Extend your left arm flat on the floor above your head, palm down. Keeping your nose pointed downward, slowly raise your right leg and left arm off the floor (reach out as well as up). Try to keep your head and neck in line with your arm. Pause, and then slowly return to the starting position. Do 8–15 repetitions. Repeat with the left leg and right arm. Rest, and do a second set. When you're ready for more: Try raising your shoulders.

Hip stretch
You should always stretch after weight-bearing or resistance exercise. Here's a good stretch for the hips: Lie on your back with your knees bent and feet flat on the floor. Keep your shoulders on the floor at all times. Gently lower both legs to one side, keeping your knees together, and turn your head to the opposite side. You should feel this stretch along the muscles of your hip and side. Hold for 20–30 seconds. Bring your knees back to center, and repeat on the other side.

Genital herpes: Common but misunderstood

Don't assume that genital herpes isn't your concern.

Genital herpes is a sexually transmitted disease that can cause small, painful sores in the genital area. The symptoms may include fever, itching, burning, and trouble urinating. But many people with the disease don't realize it, because either they have only mild or infrequent symptoms, or no symptoms at all. In women, herpes outbreaks can also be mistaken for vaginitis, urinary tract infections, or even hemorrhoids.

There is no cure for the disease, but medications and lifestyle measures can help manage symptoms and reduce outbreaks. Counseling is also important, for several reasons. Genital herpes is sexually transmitted and can't be eradicated; receiving a diagnosis may result in psychological distress, such as feelings of isolation, guilt, or anger. Patients may also need ongoing help with the physical aspects of herpes outbreaks and information about preventing transmission.

Who has it?
Most cases result from infection with herpes simplex virus type 2 (HSV-2); some are caused by HSV-1, which also causes most cases of cold sores. After an initial outbreak, HSV goes into hiding in the nervous system. In women, it takes up residence in nerves near the vulva (the genital area outside the vagina). At some later point, the virus becomes active again, causing another outbreak, or recurrence. It's not known what triggers recurrences, but they're associated with several factors, including menstruation, fatigue, stress, illness, and exposure to sunlight.

Herpes simplex is very common. At least 25% of adults in the United States are infected with HSV-2, and experts project that a million more will become infected every year. Many primary care clinicians, especially those in well-off communities, don't believe these statistics apply to their patients. But a recent study of several suburban practices suggests otherwise. Researchers analyzed blood samples from 5,400 men and women ages 18–59 in relatively affluent suburbs outside of Atlanta, Baltimore, Boston, Chicago, Dallas, and Denver. They found HSV-2 infections in 36% of women ages 40–49 and nearly 30% of women ages 50–59. In all age groups, more women than men tested positive (see graph).

Many women become infected when they're young and don't realize they have the disease unless they're tested—sometimes many years later—or educated about the subtle signs of genital herpes. New sexual relationships begun after a divorce or separation or the death of a spouse may also put midlife women at risk of infection.
Transmission and prevention
The herpes virus can be transmitted by both sexual intercourse and oral-genital sex. Although transmission is most likely when the sores are actually present, a person who has no symptoms can also spread the disease. Any infected person can shed the virus and pass it to a sexual partner at any time. One study of transmission found that 70% of cases occurred when the infected partner was symptom-free.

So anyone who is sexually active runs some risk of genital herpes, and anyone who has the disease can give it to someone else. The best way to avoid getting or spreading genital herpes is to communicate with your partner, avoid sex of any kind during an outbreak, and use condoms whenever you have sexual intercourse. And be aware that a person with the oral form of herpes (cold sores) can give a partner genital herpes by performing oral sex.

Antiviral medications (see “How is it treated?” below) can reduce viral shedding, which lowers the chance of transmission, but they cannot prevent it completely.

The course of genital herpes
After exposure to HSV, symptoms may appear within 2–12 days. Some people have viral symptoms such as muscle aches, fever, and a headache. Up to half of infected people experience a prodrome, that is, symptoms that occur before the initial outbreak or a recurrence. Prodromal symptoms may include mild tingling in the genital area or shooting pains in the buttocks, legs, and hips. It’s also possible to have no symptoms at all after becoming infected with HSV. In some cases, the first outbreak doesn’t occur until many years after the initial exposure.

A typical outbreak begins with inflammation, followed by a small cluster of blisters that break and weep after a few days, leaving often-painful ulcers that eventually crust over and heal. Other possible symptoms are fever, headache, difficulty urinating, and lymph node swelling near the groin. Some women have vulvar irritation or fissures (small cuts). The first outbreak, which is often the worst, usually ends within three weeks. Over time, recurrences tend to decrease in frequency, duration, and severity. Genital herpes infections caused by HSV-2 recur more often than those caused by HSV-1.

How is it diagnosed?
HSV testing isn’t part of the usual screening for sexually transmitted diseases. Your clinician will decide about testing based on your history and symptoms. If you have symptoms that suggest HSV, she or he can take a swab of an active sore and send it to a lab for a viral culture, although this test doesn’t always confirm the presence of HSV. A more reliable but more expensive test is PCR (polymerase chain reaction). If you don’t have symptoms but want to know if you’ve been exposed to HSV, a blood test will indicate if you have antibodies to it.

How is it treated?
Oral antiviral medications—acyclovir (Zovirax, generic), famciclovir (Famvir), and valacyclovir (Valtrex)—can shorten a herpes outbreak by a day or two, provided you take them within 24 hours of the first signs of an outbreak, especially a prodrome. Taken daily, these drugs can also reduce the number of recurrences and decrease viral shedding. You can safely continue the daily regimen (known as suppressive therapy) for three or more years, with few side effects. But experts recommend re-evaluating the situation every year, because relationships may change and recurrences become less common as you get older.

A large, nationwide study of a vaccine against genital herpes in young women is currently under way, but results won’t be available for several years.

You can do a number of things to ease the discomfort of a herpes outbreak. Wear cotton underwear and, whenever possible, loose clothing. Take acetaminophen or a nonsteroidal anti-inflammatory drug such as ibuprofen to ease fever, headache, or other painful symptoms. During an outbreak, use a separate towel on your genitals than the one you use on the rest of your body, and wash it after each use. To avoid irritating any genital sores, you might try using a hair dryer on a low setting rather than a towel to dry your genital area after bathing.

Living with herpes
Although herpes can’t be eradicated, it doesn’t cause any serious or long-term problems in healthy adults. If either you or your partner has the virus (and the other doesn’t), abstain from any kind of sexual activity during outbreaks; condoms can protect against genital-to-genital exposure to the virus, but they don’t prevent skin-to-skin contact with viral-shedding sores. Always use condoms during sexual intercourse if only one of you is infected. If you have genital herpes, don’t touch the affected areas during an outbreak, and wash your hands frequently to avoid transferring the infection to another spot on the body.

Although herpes can infect the cervix, it does not increase the risk of cervical cancer. Cervical cancer, like genital warts, is almost always caused by the human papilloma virus.

For some people with herpes, the most troubling aspect of having an incurable sexually transmitted disease is the stigma. If you’re feeling distressed, talk with your clinician; you can also request a referral to a therapist or counselor. For more information, call the American Social Health Association’s National Herpes Hotline, 919-361-8488, or visit www.ashastd.org.
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