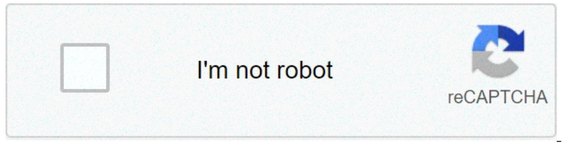

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Names of fingers

"What finger does the wedding ring go on?" We're willing to bet you've known the answer since you were a child. It's pretty common for most people, particularly in the United States, to sport their wedding ring on the left ring finger. But why is the wedding ring worn on the "ring finger" in the first place? And do brides and grooms absolutely have to? In many Western cultures, the ring finger is designated as the fourth finger on the left hand. The tradition of wearing a wedding ring on this digit originated from the belief that this finger has a vein running directly to the heart. "Historically, wedding rings have been documented to be worn on every finger, even the thumb," says jeweler Stephanie Selle. "Today, wedding rings are most commonly worn on the fourth finger of the left hand. But some countries including India, Germany, Spain, Norway, and Russia traditionally wear their wedding rings on their right hand." Overall, it seems cultural traditions and norms set the standard for this custom. "It's interesting that with all of the wedding traditions and trends that people decide to make their own in some way, the ring finger is one that most people keep," notes Selle. Meet the Expert Stephanie Selle is a jeweler and jewelry history aficionado with over 20 years of experience in the industry. She is the owner of Washington-based With These Rings, a workshop specialized in helping couples forge their own rings. Below, we delve into the intriguing story behind traditional ring finger placement and why you might choose (or not choose) to follow this custom. Plus, uncover other commonly asked questions and traditions behind engagement and promise rings. Bailey Mariner/Brides The tradition and symbolism of the ring finger can be traced back to ancient times. "According to legend, it was believed the ring finger had a vein that connected directly to the heart, so lovers' hearts would be connected by their rings," notes Selle. "The early Romans called this the Vena Amoris, or vein of love." So, to solidify a union founded in love, a ring was placed on that specific finger to signify the romance that the newly wedded couple shared, essentially connecting their two hearts. Sadly, our modern-day understanding of anatomy shows that all fingers have venous connections to the heart and no such singular vein exists, shattering the adorable symbolism. Yet tradition still holds true for many couples who designate their left-hand ring finger to signify their commitment to each other. If you've decided to wear your engagement and wedding rings on the same finger, you may be wondering about stacking. Married duos conventionally wear their wedding bands closest to their hearts, meaning they're at the bottom of the stack, below the engagement ring and pushed towards the base of the knuckle. If you want to honor this on your wedding day, the most popular strategy is to switch over your engagement ring to your right hand just before you walk down the aisle. Now your spouse-to-be can slide the band right up your left finger. It can be topped off with the engagement ring during the ceremony, or later on. For added pragmatism, some brides opt to have their wedding and engagement rings soldered together into one unified piece. We love how this introduces an entirely new "marital bond" metaphor. Absolutely! The choice often comes down to personal or cultural preference. Some women opt to wear their wedding ring on the left ring finger and their engagement ring on the right ring finger. Whether you choose to uphold a time-old tradition or create your very own is entirely up to you. An old wives' tale denotes that wearing a non-committal ring on your left-hand ring finger could be bad luck. Not the superstitious type? If the ring fits, wear it! That being said, wearing a ring on that finger could signify to others that you are in a committed relationship, which might not be ideal if you're out on the dating scene. While it might be tempting to keep those rings on at all times (read: one last step to think about), you'll want to avoid any potential damage to the rings like scratching the metal, harming the stones, or disfiguring the setting. You'll definitely want to remove the the rings when cleaning (especially if you're using chemicals), going to the gym or participating in other physical activities, and even before bed. Removing your rings at night will not only protect your rings and thwart swelling, but it will also keep you (or your spouse) from waking up with scratches. Have your engagement ring professionally cleaned and checked twice a year. This will not only maintain its brilliance and shine, but also ensure the ring hasn't been damaged from wear. A surprising amount of factors go into sizing up a ring finger. In addition to the shape and size of your finger, you'll also need to consider your lifestyle and the actual ring you have in mind. If you're frequently partaking in activities that may cause your finger to swell like physical exertion or flying, you'll need to keep that in mind. Climate is an additional factor as hands and fingers swell in the summer and are more slender in the winter due to the cold. The width of the band will also impact the sizing as thicker bands tend to have a tighter fit. To ensure the perfect fit, the best time to measure is when your body feels at its most normal—so at room temperature during the middle of the day (fingers can swell overnight), preferably not after hitting the gym or post hot meal. Ring guards or beads can help offset slight fluctuations in finger size if they arise. If you feel unsure about your ring size, consider getting professionally measured. Selle advises that if you're intending to switch the placement of the rings, either from one hand to the other or to different fingers, you'll need to "take into account that both fingers might not be the same size." From wedding rings to finger tattoos, there are many ways to express your commitment of love to your partner and stick with tradition. As mentioned before, wedding rings are most often worn on the fourth finger from the right on the left hand, particularly in the United States and the United Kingdom. But, you're also welcome to wear your wedding ring on the right-hand ring finger. In doing so, you'd be following the example of many central and northern European couples. The list includes Norway, Austria, Denmark, Poland, Belgium (some areas), Germany, Russia, Latvia, Greece, Bulgaria, and Ukraine. Orthodox Christians, too, customarily wore bands on the right. This was also the case in India, as it was once believed the left hand was unlucky or dirty. But nowadays, either hand can be a home for wedding baubles. The tradition is one that holds particularly great meaning to same-sex couples. "I remember before individual states passed same-sex marriage many LGBTQ+ couples would wear "commitment" rings, sometimes on their right hand," says Selle. "But since the Supreme Court ruled same-sex marriage a constitutional right just about all of the LGBTQ+ couples I know and have worked with choose the traditional ring finger for their wedding rings." Selle recalls a former client who was very eager to finally be able to replace her longtime commitment ring with a wedding ring. "Both sets looked almost identical and represented the same promise as a couple," says Selle. "But to her the wedding band symbolized something different, as she said 'now we can finally be married, just like everyone else.'" The first recorded engagement ring was gifted by Austria's Archduke Maximilian to his lady-love, Mary of Burgundy, in the 15th century. The custom of wearing an engagement ring was historically practiced by both males and females, though it eventually lost its popularity amongst men. Today, especially within same-sex marriages, men have begun wearing engagement rings again. True to tradition, the newly-engaged have taken to wearing the engagement ring on the left ring finger (commonly referred to as the engagement ring finger). Interestingly, many of the people in Europe who choose to wear their wedding rings on their right hand, still wear their engagement ring on the left and then transfer it over. In contrast, betrothed couples in Colombia and Brazil often wear bands as engagement rings on their right hands, and, after completing their vows move rings to the left hand. Swedish brides might wear unique wedding ring sets, made up of an engagement ring, wedding band, and the ring of motherhood. The tradition of promise rings is also arguably traced back to ancient Roman times when "betrothal rings" were made out of inexpensive iron. This was later followed by the rise of "posie rings" in England and France from the 15th to the 17th century. These were tokens exchanged between lovers and often inscribed with short love poems. Today, they are predominantly gifted in the same fashion but the actual "promises" behind a promise ring can have different meanings to different people. Commitment is the general idea here, but whether that commitment is to an upcoming engagement, abstinence until marriage, the idea of forever, or just the immediate future, varies. In terms of placement, no particular rule exists but many believe whichever finger you've designated as your "engagement and/or wedding ring finger" holds the greatest significance. Rings are a nice way to symbolize your union, and they've got those endless, infinite circle metaphors making a solid case for them; but you've got options. Like not wearing a ring at all, for example. Or, if you're seriously committed to an expression of permanence and self-sacrifice, nontraditional couples may opt to get a tattoo on their ring fingers to signify their marriage. In this particular instance, you should be very confident in your designation of the vein, finger, or hand that will display your commitment as it's no longer a simple slip-on, slip-off kind of thing. David Napier still doesn't know what made him go down to the basement that day 3 years ago. Was it the pain, he wonders, or was it the pill? He had always been athletic, competing in the Highland Games, a traditional Scottish athletic festival that includes hammer throwing, stone lifting, and "haggis hurling," all performed while wearing a kilt. But as he entered his 30s, his back began to betray him, perhaps due to a motorcycle crash in his 20s. He went through two surgeries, numerous cortisone injections, and bottle after bottle of prescription painkillers. But nothing worked very well. The pain was so bad he had to quit his job as a diesel mechanic. He couldn't even play with his daughter for more than a few minutes before he'd have to rest. Despite it all, he stayed positive: "Pain is inevitable," he would say, "but misery is optional." Then one day he came home in a black mood. He told his wife to leave the house--take their daughter and go to the store, or wherever--and he stalked down to the basement. That was where he kept his rifle. He heard the front door slam and thought he was alone. But then he heard something from upstairs: his daughter, screaming. She was refusing to leave. "She knew what was happening," Napier says now. He put the gun down and lay there on the basement floor, crying. Not long afterward, Napier saw a TV commercial about a drug linked to severe depression and suicide attempts. He perked up at the name: Neurontin. A year earlier, his doctor had put him on Neurontin, an epilepsy drug that some physicians also prescribed for nerve pain. The commercial gave a lawyer's telephone number, and Napier dialed it. Napier's doctor did nothing illegal: Once a medication is approved by the FDA, your physician is allowed to dispense it as he or she sees fit. This makes a certain amount of sense. To gain FDA approval, a drug company must prove that its product is both safe and effective--a process that can take several years, tens of millions of dollars, and multiple major studies. If, after all that energy and expense, the FDA says a medication can safely treat condition X, why not let doctors prescribe it to try to remedy Y and Z, too? When a drug is used this way--that is, for something other than what's listed in the package insert--it's called an off-label use. The classic off-label drug is minoxidil, which began life in the 1970s as Loniten, a pill for treating high blood pressure. Patients taking Loniten began reporting an unusual side effect: hair growth. It wasn't long before some ingenious pharmacist began crushing Loniten pills and dissolving them in a solution that balding men could then rub onto their scalps. Minoxidil is now a baldness treatment named Rogaine, available at your local CVS for $25. If there's a lesson here, it's that drugs generally work across a wide range of body systems, often in ways even their makers don't understand. For example, another class of blood-pressure-lowering medications, known as beta-blockers, have been used off-label for years to quell stage fright. That's logical, since beta-blockers work by lowering the heart rate. Older SSRI-class antidepressants such as Zoloft and Prozac can help control premature ejaculation. The antianxiety medication Xanax has been found to relieve irritable-bowel syndrome, of all things. Ritalin is used to combat fatigue. And so on. These kinds of off-label uses are so common they're routine. Exact figures are difficult to pin down, but most sources estimate that one in four prescriptions in the United States is written for an off-label purpose. With total annual U.S. prescriptions over 3.6 billion, that works out to almost 1 billion off-label prescriptions in 2005. It's a staggering number of scripts, and some would say evidence of how essential off-label drugs are for treating patients--and for advancing the art of medicine. "Where do we get leads for new and exciting uses for drugs?" asks David J. McCaffrey III, R.Ph., Ph.D., director of the center for pharmaceutical marketing and management at the University of Mississippi. "Physicians provide many of them." Go to the next page to learn some of the risks of off-label prescribing..... Nor do these accidental pioneers seem to have any qualms about acting without the official imprimatur of the FDA. Some even see off-label prescribing as a matter of upholding their Hippocratic oath. "In many cases, you would be negligent to wait for the FDA before treating someone with a drug that you know will work," says Robert Bransfield, M.D., a board-certified psychiatrist in Red Bank, New Jersey, who often relies on off-label drugs to help the patients in his practice. "When something receives formal approval, it's often very much after the fact, and everybody's known about it for years." Still, off-label prescribing comes with undeniable risks. Once your physician departs from FDA guidelines, he--and you, the patient--may be sailing into a foggy sea, with little solid research to guide the way. Very often, off-label drug uses are supported only by very small, uncontrolled studies--or, worse, by anecdotal physician experience. In fact, a new study in the Archives of Internal Medicine reveals that nearly 75 percent of the drugs prescribed off-label in 2001 had "little or no scientific support" for their use. One of the worst offenders was gabapentin. The researchers singled out gabapentin for the disturbing disparity between how often it was used off-label (83 percent of gabapentin prescriptions written--more than any other drug) and how few of those prescriptions were backed up by sound science (just 17 percent). Gabapentin's brand name: Neurontin. "Off-label drug prescriptions without scientific data aren't necessarily dangerous situations," says Randall Stafford, M.D., Ph.D., the lead study author and an associate professor of medicine at Stanford University. "But there are situations in which our knowledge is really limited, and that creates the potential for safety issues." And that risk, argue other experts, raises ethical issues. "Off-label use, to a large extent, is medical experimentation on patients," says Maxwell Mehlman, J.D., a professor of law and bioethics at Case Western Reserve University. "Yet it's conducted without any of the protections of human experimentation. How does a doctor know it's safe and effective without a large, comprehensive study? They're essentially just trying it out." Often, doctors turn to off-label drugs as a last resort. This is what happened to Bill Allen, a 51-year-old sales manager who had suffered from frequent severe headaches since his teens. Over the years, he had tried everything: He gobbled aspirin and Tylenol to control the pain, and gave up headache triggers like alcohol and caffeine. He used Frova, Imitrex, and Depakote, all drugs commonly prescribed for migraines. He even tried Neurontin, which was thought (at one point) to have some beneficial effect. None of it worked. His worst headaches, he says, "were showstoppers." He ended up at the Atlanta clinic of Sarah E. DeRossett, M.D., Ph.D., who ran through everything she could think of and finally prescribed Botox injections, every 3 months. With each course of treatment, Allen's condition steadily improved. "I'm lucky," he says. "My doctor was a real problem solver." Botox, or botulinum toxin, is of course best known for reducing wrinkles in aging Hollywood actors. But in the mid-1990s, a surgeon also noticed that his patients reported fewer migraines. "Current theories suggest that Botox prevents the release of pain neuro-transmitters and inhibits inflammation," says Dr. DeRossett. Allergan, the maker of Botox, is now running trials aimed at winning approval as a headache treatment. In this regard, Allergan is unique. Drug companies have few incentives to pursue additional approval in the United States, since by the time the required studies are finished, their marketing exclusivity (typically 3 to 10 years) could be close to expiring. The situation is slightly better in Europe, where drug makers who apply for a new usage receive a patent extension of a year or more. If Allergan hopes to recoup its investment before generics jump into the fray, it'll have to begin a marketing barrage the instant FDA approval is granted. Until then, you won't see a single ad touting Botox as a migraine medicine. "A company cannot promote an off-label use of a product," says FDA spokeswoman Laura Alvey. On one level, this is a good rule: Manufacturers can only make claims they've proven beyond a whiff of scientific doubt. Go to the next page to read how the FDA's rules have affected off-prescribing... But government rules have also blocked the flow of useful information to doctors--and, ultimately, to you. This is what happened with the most widely used medication of all: the humble aspirin. In 1988, scientists discovered that a low daily dose of aspirin helped prevent heart attacks. When aspirin makers started promoting this lifesaving finding, the FDA cracked down. Preventing heart attack was an "unapproved use" of aspirin, said the FDA (which also regulates over-the-counter drugs). By the time aspirin was finally approved for preventing heart attacks in 1998, an estimated 50,000 to 100,000 Americans had died because they didn't know about the benefit, according to the American Heart Association. On paper, the FDA still prohibits off-label drug promotion in any form. But in reality, its rules are easily evaded by pharmaceutical sales reps. In 2000, a federal court found that the FDA rules infringed on drug companies' right to free speech. So while regulations still prohibit off-label promotion to the public, companies are allowed to distribute studies to doctors, as long as the studies have been published in a peer-reviewed journal. What's more, doctors can discuss off-label uses with other doctors--something that often occurs at medical conferences. The result, says a Washington, D.C., lawyer who represents drug manufacturers and wishes to go unnamed, is that "the FDA has ceased to be a factor with regard to unapproved uses." But even before this shift, the temptation for drug companies to pad their profits by influencing prescribing patterns was huge: Off-label sales can turn a humdrum drug into a billion-dollar blockbuster, which is what happened to Neurontin. The FDA approved Neurontin in late 1993, for use in conjunction with another medicine to treat a narrow class of epilepsy seizures. And while it did fairly well in its early years, Neurontin was far from a home run. At the time, Parke-Davis needed a profitable drug, in part to help fund two other product launches. Two Neurontin competitors--Depakote and Tegretol--were already being used off-label for bipolar disorder and for pain. Parke-Davis considered seeking FDA approval for those indications as well, but decided against it. According to court documents, conducting large studies was deemed too expensive, and Neurontin's patent protection was set to expire in 1998. Instead, beginning in the mid-1990s, Parke-Davis began aggressively marketing Neurontin for off-label uses--illegally, say government prosecutors. During this time, Parke-Davis began funding small studies designed to demonstrate how Neurontin could treat bipolar disorder, anxiety, depression, and pain, among other conditions. Because sales reps were not allowed to discuss off-label uses with doctors, the company hired "medical liaisons," physicians paid as much as $250,000 to talk up off-label uses of Neurontin to other doctors. "When we get out there, we need to kick some ass on Neurontin," a sales manager exhorted the liaisons in a voice mail. "We want to sell Neurontin on pain." Even though Neurontin hadn't been approved for pain, bipolar disorder, or anything besides seizures, the marketing campaign worked brilliantly, and a minor epilepsy drug grew into a monster. In 2002, Pfizer (which had bought Warner-Lambert, which had bought Parke-Davis) sold $2.1 billion worth of Neurontin. Ironically, Neurontin was never the treatment of choice for epilepsy, according to Columbia University neurologist Steven Karceski, M.D., because it had to be taken three or four times daily, rather than once or twice, like other meds. But doctors kept prescribing it at a terrific pace for almost everything else; by 2002, nearly 94 percent of Neurontin prescriptions were off-label. Neurontin's long reign ended soon afterward, in May 2004, when Pfizer pleaded guilty to two felony charges of illegal drug promotion and paid $430 million in fines and damages. The Neurontin sales force had the last laugh, however: That same year, Pfizer moved $2.6 billion worth of Neurontin. Go to the next page to read about how Neurontin affected Bill Young.... Bill Young wasn't laughing. and unlike David Napier, he didn't put the gun down. When Young, a 54-year-old insurance appraiser in upstate New York, started taking Neurontin for his bipolar disorder in 2001, his doctor assured him that he was getting "state- of-the-art treatment." The only problem was that the medicine made him feel bad: listless, numb, detached. He called his doctor's office, only to be told to increase his dosage. Young ignored that advice but kept taking the Neurontin; he knew how bad things could become if he didn't take any medication. As it turned out, his doctor was off base. A clinical trial published in Bipolar Disorders in 2000 showed that Neurontin was no better than a placebo at treating bipolar disorder. And although that study was funded by Parke-Davis, Young's doctor didn't seem to have read it--or the research tying Neurontin to depression and suicidal thoughts. And so, after nearly a year on Neurontin, Young went to his basement, took out a shotgun, put the barrel in his mouth, and pulled the trigger. Miraculously, he missed: The gun jumped, and the shotgun blast blew out his right cheek instead of his brain. "I didn't think about it, didn't plan it; it just happened," he says. "I'm very lucky." Three years and several plastic surgeries later, he says, "that whole period in my life is a blur." Like David Napier, Bill Young is suing Pfizer, and he is extremely wary about taking any off-label drugs--which is understandable, but also wrongheaded. "We don't want to throw out all off-label prescribing; some of it is beneficial," says Dr. Stafford. "But we need to be more alert to situations in which there may not be sufficient scientific evidence." It's also important that your doctor communicate with you, adds David Muzina, M.D., head of psychiatry at the Cleveland Clinic. "When your doctor prescribes something off-label, ask him to review what you can expect--good and bad. And if it sounds like more bad than good, you might want to discuss other options. If he doesn't tell you that, then think about finding a new doctor." Bill Young, it goes without saying, has a new doctor. Multipurpose Meds Seven overachieving drugs for men and whether they're worth taking off-label DRUG: Cardura XL (doxazosin) FDA-APPROVED INDICATIONS: Enlarged prostate and high blood pressure OFF-LABEL INDICATIONS: Kidney stones BIGGEST DANGER* Priapism (a painful, long-lasting erection), which is a rare side effect OFF-LABEL EVIDENCE Research published in the journal Hospital Pharmacy found it to be beneficial as a kidney-stone killer. DRUG: Prozac, Zoloft, Paxil (fluoxetine, sertraline, paroxetine) FDA-APPROVED INDICATIONS Obsessive-compulsive disorder, anxiety, depression, and panic disorder OFF-LABEL INDICATIONS Premature ejaculation BIGGEST DANGER* Manic episodes or seizures in very rare cases OFF-LABEL EVIDENCE A study review from the Netherlands showed SSRIs to be the most effective treatment for a hair trigger. DRUG: Parlodel (bromocriptine) FDA-APPROVED INDICATIONS Parkinson's disease and pituitary tumors OFF-LABEL INDICATIONS Male infertility BIGGEST DANGER* Very rarely, a severe headache followed by a seizure, stroke, or possible heart attack OFF-LABEL EVIDENCE Are you among the 5 percent of men whose infertility is caused by hyperprolactinemia? In that case, consider taking it. DRUG: Wellbutrin, Zyban (bupropion) FDA-APPROVED INDICATIONS Depression and smoking cessation OFF-LABEL INDICATIONS Chronic neuropathic pain BIGGEST DANGER* A seizure in up to 4 out of 1,000 patients OFF-LABEL EVIDENCE University of Arizona research shows that it can help erase the ache. DRUG: Desyrel (trazodone) FDA-APPROVED INDICATIONS Depression OFF-LABEL INDICATIONS Insomnia BIGGEST DANGER* Irregular heartbeat in heart-disease sufferers OFF-LABEL EVIDENCE A University of Chicago study review determined that the science is sketchy and the side effects are serious. Your Drug Money How to arm wrestle your insurance into covering an off-label treatment. Insurance companies are masterful at squirming out of unconventional claims, such as those for off-label drugs. Still, an initial "Declined" doesn't mean you pay the bill for your pills. "Sometimes simply having your doctor call can get you coverage," says Christin Engelhardt, of the Health Assistance Partnership, an organization that aids in health-insurance negotiations for consumers. No luck? Follow this plan for getting them to fork it over. Keep written records. Hold on to your "Explanation of Benefits" document and any claim-related correspondence. If the insurer calls, ask for a follow-up in writing. You're looking for evidence that they think the off-label use lacks scientific support. If so, your doctor can appeal with research. Call expert witnesses. Ask everyone involved in your care--from doctors to nurses to physical therapists--to attest to how your condition has been improved (or cured) by the off-label drug. "The more letters, the better," says Engelhardt. Mark your calendar. Insurance companies usually specify a time frame during which you can file an appeal, and you must hit that deadline, or the fight will be over before it's begun. In fact, use certified mail to provide a record that has legal weight. Make persistence pay off. Many appeals are eventually approved if the patient can manage to stay the course, says Engelhardt. Use every possible step in the appeals process, and if all else fails, involve your state insurance department. Go to naic.org for a nationwide list.