Welcome to the March Report. There is new and exciting information about IBS (Irritable Bowel Syndrome). Very recent advanced treatment for Celiac Disease is also important. This month, I continue to expand the discussion on allergies and allergens. Also
Part 2 of Head Injuries will include more about Hiliary Clinton’s injury, which was minimized by her.

I also want you to know the Youths against Tobacco will have it KICK BUTTS DAY, on March 20, 2013. This day 1000 schools will have an event to raise awareness about youths not starting to use tobacco and the seductive dangers of the tobacco industry’s marketing directly at youth. Middle school consumption of tobacco products have dropped from 17% to 10% thanks to increased tobacco excise tax (state and federal tax), and programs such as KICK BUTTS DAY.

I. Gastrointestinal Disorders (Celiac disease, Gluten Sensitivity, Lactose intolerance, and Irritable Bowel Syndrome-IBS)
II. Allergies and Allergens Part 2-an Allergist’s view
III. Head Injuries-Serious consequences Part 2
IV. US Healthcare- why aren’t we #1--the future
A word about the immune system:

The immune system is an entire organ system made up of millions of cells in the lymphatic system, which is a network of vessels all over the body just like the blood vessels. This system through the blood cell, lymphocyte, has the responsibility of defending our body from outside offenders like microbes (bacteria, viruses, fungi, and parasites). When the system is not working correctly the system can’t tell the difference between normal and abnormal cells in various parts of the body (like the joints causing arthritis). When the body is bombarded by outside (allergens), there is a natural way the immune system protects us. The immune system has 2 types of lymphocytes B and T cells. These cells make immune globulins, IgA, IgM, IgE, and some other lesser ones. Each of these chemicals has influence on certain cells that create the response. I will discuss their role with the report on some GI problems and allergies, in general, after that.

I. Gastro-intestinal disorders
A. General discussion  B. Irritable bowel syndrome, C. Celiac disease, D. non-Celiac gluten sensitivity, E. Lactose intolerance, F. Summary

A. General discussion

A few months ago I reported on Ulcerative Colitis and Crohn’s Disease, 2 very serious autoimmune diseases, and noted that there are many more bowel syndromes, especially IBS (irritable bowel syndrome, Celiac Disease, Gluten sensitivity, and lactose intolerance. Most of these patients just call it “colitis” or irritable bowel, but the proper diagnosis for these disorders is mandatory to treat them correctly. I did not include Celiac Disease with Ulcerative Colitis and Crohn’s Disease several issues ago (all are autoimmune diseases). The reason is those autoimmune diseases don’t have an identifiable cause. Celiac is caused by a gluten immune reaction, but there is a non-Celiac
gluten sensitivity which is an allergy, and not technically an immune disease.

With actual enteropathies (technical name for bowel diseases above), there are serologic tests that are positive as well as the biopsy results of the small bowel (duodenum) that will differentiate these. The other disorders do not have these abnormalities in the blood or bowel, yet the bloating, cramps, gas, constipation, diarrhea (predominant), and nutritional deficiencies are the same. Only half of patients with these disorders ever seek evaluation, so the incidence of these bowel problems is hard to define. If you combine all these issues, it probably is 10-20% of the population. References: Wikipedia, Medline, WebMD

The workup for anyone with these symptoms must include evaluation of the stomach, gall bladder, pancreas, small and large intestine. It would include an extensive history of what the triggers are, ultrasound, endoscopy, biopsy, barium X-rays, MRI or CT. The challenge test is very important in diagnosing these disorders. This means that after fasting, challenging the patient with specific foods that could cause their symptoms.

B. Irritable Bowel Syndrome (IBS as opposed to IBD-irritable bowel disease)

As mentioned above, this is probably the most common. Emotional stress plays a significant role in these “gut reactors”. It can be very debilitating and interfere with every aspect of the person’s life. The hard part in diagnosing these patients is primarily a “rule-out” disorder just like chronic fatigue syndrome. It is important to note there may be mild sensitivity to foods, gluten, corn, wheat, lactose, and medications, so if the evaluation is adequately extensive, there really are few patients with an unknown cause. A recent study in the American Journal of Gastroenterology showed that patients with IBS were found to do much better avoiding wheat, even though they had a negative small bowel biopsy, and no IgE antibody mediated food
allergies. Also, it was noted that with a challenge test, there were 15% of patients who reported worsening of symptoms with a placebo challenge (meaning they were given nothing to make them react). The psychogenic overlap is there for sure, but it may not be the only factor.

Once no specific GI disease can be diagnosed, the doctor is left with treating symptoms and diagnosing IBS. Fiber, good nutrition, anti-spasmodics, stool softeners, judicious use of bowel stimulants, and avoidance of any food that causes the slightest GI symptoms. If avoiding gluten, wheat, lactose, etc. makes the patient feel better---go for it! If stress is causing this, an evaluation by a psychiatric or psychological specialist is in order.

C. Celiac disease- (see photo)

This is a true auto-immune disease due to an actual physical immune reaction to gluten (a protein called gliaden in wheat, rye, and barley).

Normal villi (on left) of small intestine, and Celiac on the right

2-3 million Americans suffer from this disease. This causes loss of villi (lining of the gut) in the small bowel and malabsorption of necessary
vitamins, minerals, and nutrients. This is in contrast to gluten sensitivity, which is a food-sensitivity. The only way to tell the difference between these two is a biopsy of the bowel (duodenum). Celiac has demonstrated loss of the lining of the bowel (see above photo), and gluten sensitivity alone without Celiac does not. 10% of Celiac have a family history. The symptoms are the same as it is for most bowel diseases.

Dermatitis Herpetiformis

10% of these patients have a generalized skin disease (dermatitis). Herpetiformis. The rash looks like herpes lesions, hence the name. They have an increased risk of other autoimmune diseases, mouth ulcers, and insulin resistant secondary diabetes.

**Diagnostic tests:** a) intensive history, b) diagnostic endoscopy with biopsy, c)and gene testing d) serologic e)X-ray or CT studies, f) challenge testing, g) intracolonic bile acid content h) clinical trial and error with omitting one food at a time or challenge tests (adding one at a time).

**Results** Patients with Celiac disease lasts forever, it can be managed. Some of the medications used in other autoimmune diseases (disease modifying and biologic therapies are used in refractory cases just like in rheumatoid diseases), and are showing promise. Research on an enzyme called KumaMax is very exciting since early studies show it can digest gluten. It won’t be long before these patients will be able to take a pill for their disease, and it would work in non-Celiac disease gluten sensitivity (already known: lactase supplement (Lactaid) will breakdown lactose in milk and dairy problems)
D. Non-Celiac gluten sensitivity

If the workup does not show abnormalities of the small bowel or serological tests, but there is a positive challenge test to gluten, a diagnosis of gluten sensitivity. However, there is a subtype of this category...wheat sensitivity, AND RECENT RESEARCH HAS POINTED THE FINGER AT WHEAT AS THE CULPRIT IN MOST OF THESE CASES, yet to be totally proven. There is a group of patients that are not actually sensitive to the gluten protein in wheat, but the actual wheat germ itself. They would be able to eat rye and barley. A challenge test may or may not be positive, but eliminating wheat improves their symptoms. Some of these cases can be severe and necessitate the same bolder treatments such as Celiac, Crohn’s disease, or ulcerative colitis. Again, if the enzyme, KumaMax, pans out, there will be good news for these folks.

E. Lactose Intolerance

Lactose intolerance is caused by a deficiency of lactase, an enzyme needed to breakdown foods containing lactose. It is normally produced in the small bowel, but in these patients they do not. Once the lactose products reach the large intestine, bloating, gas, pain, and diarrhea
occur. Dairy products, such as milk, cheese, yogurt, breakfast cereals, ingredients in many prepared foods, baked goods, breads, and even processed meats, salad dressing, etc. Lactose is a sugar in these products. The milk challenge test will usually diagnose the problem. The treatment is pretty obvious, but staying away from foods containing lactose really restricts the diet. Of course, Lactaid (lactase the enzyme) is readily available in oral form over the counter, and may allow these people to eat certain amounts of dairy. These patients don’t get enough calcium, so they must eat calcium fortified non-dairy products to prevent osteoporosis.

F.Summary

For patients with persistent bowel symptoms regardless of the cause, they should see a GI specialist for a workup. The consequences of these bowel disorders are weight loss, fluid retention, malnutrition, vitamin deficiency (B12, folic acid, vitamins A, D, E, K, and B complex) and mineral deficiency (iron, zinc, copper, and calcium deficiency--osteoporosis can occur because vitamin D can’t be absorbed and therefore calcium, easy bruising from vitamin K deficiency, zinc, iron, copper, folic acid and other B vitamins are also deficient. Consultation with a dietician to find diets that exclude these proteins and sugars is mandatory, and learning to cook without these substances will take some time. You will find it is expensive, as well. Fortunately for those affected, there is a section in some grocery stores that have gluten free, and lactose free products. Also, it is very important to take probiotics, as the bowel flora is disrupted in these illnesses. There are five different bacteria that need to be considered. Some work better for patients than others. There are also prebiotics that will feed the normal bacteria in the gut and make them multiply. This is found in honey, onions, vegetables, and grain.

Some day, purchase of a product such as Beano (which has enzymes in it like papase), will contain the above mentioned enzymes that will
make these disorders much more tolerable. Remember, corn and rice are safe to eat for patients with gluten sensitivity, unless allergic to them. Stay away from high fatty foods and too much fiber. These disorders may come and go or actually get better with time, but not Celiac disease. It is a challenge everyday for these people, and the temptation to eat the wrong things that are craved is always there. You will quickly find out what you can and cannot get away with!

II. Allergies and Allergens—Part 2

This field of medicine is a big subject, but to give it justice, we must look at:

A. The causes. a) environmental-outside b) household dust-inside c) animals d) food

B. The effects on the body (the respiratory tract, the GI tract, the eyes, and the skin).

C. How to properly test for it.

D. How to treat it.

I discussed the effects on the respiratory tract last month, so refer back to the effects such as sinusitis, rhinitis (hayfever), bronchitis, and asthma. The treatment of these allergies was discussed last month and in previous reports. Refer to the archives of my report www.themedicalnewsreport.com Next month, I will present slides of skin reactions to allergy (atopic dermatitis, urticaria, poison ivy, and eczema). In the introduction, I mentioned the immune system and how it may or may not work to our advantage. The lymph system goes all over the body and is the immunity system (see photo).

The Lymph System
The immunoglobulin, IgE, mediates the allergy response, and with that globulin it binds to the offending allergen.

In review, allergies are chemical reaction in mucous membranes of our body causing release of histamines from special cells in our blood (the mast cell). It is another immune response from our bodies acknowledging that the body is under siege.

IgE binds with the allergen!

The mast cell releases the histamine

Allergens are proteins in plants, animals, and other naturally occurring organic materials that overwhelm our system. Histamine causes blood vessels to dilate, swelling and contraction of smooth muscles in bronchioles in the lung, mucous production and contraction of the gut smooth muscles, etc. creating the symptoms of allergy (stopped up nose, sneezing, runny nose, itching, itchy and runny eyes, wheezing, cough, gut cramps, diarrhea, bloating, and gas, and skin reactions.
The most common offenders are inhalant allergies that we breathe in that starts the process. The inhalant allergies occur when a weed or plant is flowering giving off the pollens that allow these plants to grow new plants. Unfortunately, ragweed, grasses, tree pollen (oak right now in Florida), etc. will go through this phase each year, thus there are seasonal allergies. The spring and the fall are the worst. Watch the allergy forecast and the pollution index on the Weather Channel.

Our animals are big offenders and there is no animal that is totally safe because the dander and the saliva of these cute ones will seek you out. House dust is a combination of insect parts, mites, molds, animal and human dead skin.

Wash the bed sheets, mattress pad, blankets, and bedspread WEEKLY in hot water.
Water at a temperature of 130 degrees or higher is required for killing house dust mites.
Dry cleaning is an alternative method that may help control house dust mites.

In homes, high levels of mites can be found in mattresses, pillows, bed linens, carpets, draperies, upholstered furniture, and stuffed toys.

Allergen-impermeable cozy
As mentioned last month, **PREVENTION IS THE KEY**. Compulsive house cleaning includes HEPA filters, getting rid of cotton drapes and rugs; putting wood or tile on your floors, keeping the windows shut, cover mattresses with a plastic cover to prevent mite infestation, and either use synthetic pillows or wash pillows weekly. Replace fabric furniture with leather or synthetic. The indoor humidity must be less than 50% and the temperature 70 degrees Fahrenheit. Mites love humidity and heat to thrive. Your mattress will gain 10lbs. in 10 years if not covered because of mites and mold. Try to stay indoors when the season is in full force.

Prevention with antihistamines, decongestants, eye allergy drops, corticosteroid nasal inhalers will all help. If you are still miserable or have asthma, you need to see an allergist. These are internal medicine doctors that take extra training in allergy and immunology.

Skin (scratch) tests and blood tests (ELISA, RAST, and eosinophil counts) can all be used to assist the allergist in determining the cause. Allergy shots are nothing more than tiny doses of what you are allergic to given weekly. These vaccinations can cause a severe reaction, and that is why you need to stay in the doctor’s office for awhile to see if you are going to react violently (**anaphylaxis**). If this occurs, **epinephrine** will be immediately injected to reverse the process (Epinpens should be readily available for these patients and should be trained to use them).

Over time, you will build up immunity to what you are allergic to and eventually stop reacting to these allergens in the environment.
Essentially, the IgE will stop reacting and thus the reaction of allergens will diminish or stop.

I just read an article that reported 12 acupuncture sessions could be very effective in hay fever, but it would be expensive and short-lived. The needles release certain hormones and anti-inflammatory agents that combat the allergic response. Research in alternative methods should be explored.

Food allergies are tested by the challenge test. Each potentially offensive food must be consumed to see if you react to it, whether it is the respiratory tract or the GI tract or both. Pesticides in the food rather than the food may be the offender. Shellfish are bottom feeders and ingest materials that may be the offending agent instead of the fish. Food allergies are rising in the US, and it may be that imported foods are the reason. Organic foods with no pesticides are a reasonable alternative. I think allergy patients have to be detectives about anything they ingest. Keeping a diary is a good idea.

Common offenders are peanuts, milk, dairy products, eggs, egg containing foods (flu vaccine, mayonnaise, baked goods, noodles), shellfish, mussels, calamari, tree nuts, especially walnuts, pecans, hazelnuts, cashews, pistachios, sesame seeds, sunflower seeds, fish (salmon, tuna, halibut), Thai and Chinese foods, Worcestershire sauce, soy, processed meats, and wheat products. Many times a person can eat foods the first time with no reaction, but the next time it could starting reacting as the immune response heightens. Food additives such as MSG may not be a classic allergy, but a reaction can occur just the same. Many are sensitive to MSG. Elimination diets must be followed, but many times, each food must be eliminated one at a time to find out the offender. These diets will stunt the growth of kids, so be sure and stay on top of the growth charts.

8% of children have food allergies but kids may “grow out of them” with small repeated exposures especially with milk, egg, wheat, corn,
and soy allergies. However, nut and fish allergy are usually permanent. Because of all the above, it is estimated that each child costs an extra $4000 a year for care, sacrifice of jobs by parents and has a $25 billion price tag for our nation.

Parents must be educated about recognition and treatment of anaphylaxis (acute severe allergic reaction). It is stated that even physicians are not up to par in taking care of these severe reactions. Be prepared!

Treatment includes antihistamines, cortisone and antihistamine nasal sprays, decongestants, mucous splitting agents (Mucinex), Cromolyn sodium, allergy testing (skin and blood tests, challenge and elimination tests), and allergy shots. Allergy shots are required to be given in the allergist’s office, in case a severe reaction occurs. It may take months or years to build up enough immunity that you can be exposed to the offending allergen and not have a reaction.

It is up to you and your doctor when to consider consulting an allergist. I would think if a person has asthma or is not responding to routine allergy treatment, it is time to consider a consult.

Next month I will report on atopic dermatitis, eczema, and eye allergies. Reference: American Academy of Allergy and Immunology

### III. Head Injuries—Part 3—serious intracranial injuries

Refer to the anatomy of the brain covering (dura), and blood supply to the brain in last month’s Medical News Report

[www.themedicalnewsreport.com](http://www.themedicalnewsreport.com)

Head injury is a common problem with any serious injury, whether from sports, accidents, fights, falls, etc. Concussion and more minor head injury were discussed in the past 2 months.
The outline for major head trauma is: 1) Open vs. closed head injury, 2) Skull fractures, 3) Vascular injuries, 4) Intra-cerebral brain contusion

There are a variety of possible intracranial injuries that may or may not be apparent from the time of the injury. The classification includes

1) Closed vs. open head injury
2) Skull fractures—linear or depressed fracture with or without intracranial injury, cerebrospinal fluid leaks
3) Vascular injuries—tears, clotting (thrombosis), arterial and/or venous; expanding hematomas—epidural (outside the dura) or subdural (below the dura)
4) Intra-cerebral brain contusion
Comparison of 3 types of bleeding (epicranial, subdural, and intracranial)

1) **Open head injury** implies there is a fracture of the skull with bleeding from within the skull and the dura is compromised, which requires immediate investigation with a CT or MRI if time allows. It will probably require surgical intervention. A **closed head injury** means there is no open wound and the dura is intact (the covering of the brain) but the intracranial damage may or may not be severe. The examination of the patient and scans will determine the next steps.

2) **Skull Fractures**

Skull fractures are not really the issue unless they are depressed into the brain. It is the injury to the vessels and brain tissue that result.

3) **Vascular injuries** imply hemorrhage and clotting. These vascular
Injuries are categorized by the position in relation to the dural lining of the brain.

a) **epidural**—outside the dura. This type of bleeding can expand quickly and deserved immediate attention. b) **subdural**—inside the dura on or in the brain. These are usually from a vein between the cerebral cortex and the venous sinuses. Hematomas can expand acutely or over time. Whether it is above (epidural) or below (subdural) the dura, they can compress the brain causing major damage or death if not drained and the source investigated immediately. c) **subarachnoid** (thin lining right on the brain) is bleeding from one of the surface vessels on the brain. The amount of bleeding will dictate treatment. This is rarely from trauma. A **ruptured aneurysm** is one of the most common causes associated with a sudden severe headache. A study just was reported that a lumbar puncture should be done on these patients because a CT scan within 2 hours of the event misses the hemorrhage. This is not usually from trauma. d) **intra-cerebral**—(inside the brain tissue), which could come from a hemorrhagic stroke. If it is from trauma, this is a very serious injury with deficits of the brain if the patient survives. Strokes are a common consequence even if not the initial cause.

4) **Intracerebral**—inside the brain—this causes a contusion (bruise) with significant brain tissue damage. Neurologic deficits usually are permanent, but the prognosis depends on where it occurs in the brain. This type of injury occurs from the “contra-coup” effect of the brain banging back and forth inside the skull.

This is very technical and if there is more interest, consult the American Neurological Institute’s website or the US Library of Medicine.

For someone who has **facial trauma** with or without obvious head trauma, ask the person if they have a clear or slightly bloody fluid dripping from the nose (**a leak of cerebrospinal fluid**)
(CSF) which must be investigated. These leaks occur from a very weak area high up in the nose where the smell nerves come from the brain through the skull to provide this sense inside the nose (cribriform plate). This may be the only sign from a facial or head injury. If not investigated, the next sign may be meningitis (bacteria in the nose get into the brain).

These 3 photos show the anatomy of the cribriform plate of the skull. Note where the olfactory nerve penetrates the skull base.

The aftermath of head injuries usually does not increase the chances of dementia, but rehabilitation is a long drawn out affair. Recovery from a head injury should include the following:

a) get 7-8 hours of sleep b) stay organized by following routines since disorganization is common. c) avoid overdoing mental or physical activity d) avoid smoking e) no alcohol or energy drinks e) be patient since recovery is determined by the significance of the injury f) the most rapid recovery occurs in the first month. After that it is slow. g) You must find your new normal!

Recovery comes in 3 areas 1) physical 2) cognitive 3) and emotional reference: The Journal of Neuroscience Dec. 2012.

Summary--Traumatic brain injury is a contributing factor in 30% of injury related deaths in the US. One half million emergency room visits from these injuries occur annually in children 0-14 years. Adults over
75 have the highest rate of traumatic brain injury emergency room visits, hospitalizations, and deaths. Prevention is the key in all types of these injuries. The most head injuries come from cycling (not football).

IV. Why isn’t the US healthcare system number #1 in the world?

Washington Post (by Robert Samuelson), discussed the findings of the National Research Center and Institute of Medicine’s findings on health outcomes in this country). I think he has explained why our health care in this country is lagging behind most comparable wealthy countries in the world. In a word, it is our behavior and lifestyle! Many Americans are overweight, sedentary, underachievers, feel entitled, and clock too much couch time (big screen TVs, fast food (10% of the total diet of Americans), alcohol, drugs, eat horrible diets, etc). We are a country of excesses, and we expect doctors to keep us well without personal responsibility for our health. Not only are we the most overweight country in the world, we have more diabetes, heart attacks, and strokes. We have more crime, more drug abuse, more teen pregnancies with more expectant mothers abusing themselves and their fetuses with poor nutrition, drugs, etc., and it has to stop. IT IS NOT THE HEALTHCARE SYSTEM or OBAMACARE that WILL IMPROVE OUR HEALTH unless we take responsibility. Our government provides more money to those in poverty (food stamps, Medicaid, housing, no taxes, etc.) than someone earning $50,000 a year? It is true, so why is there any incentive for these folks to work, take care themselves, or even go to the doctor when they should? IMPROVING the NUMBER OF INSURED IS THE RIGHT THING TO DO, BUT WILL NOT their CHANGE their BEHAVIOR. When people get used to getting handouts are receiving unemployment, there is no incentive to
achieve. This carries over to healthcare. To help these folks the rest of us are going to sacrifice a lot. Education will, however, give these folks a chance to change.

I had to laugh when Obama’s health czar announced that they were going to increase the pay to physicians for seeing Medicaid patients to the level of Medicare. That is a joke!! Medicare barely pays the bills for physicians. More and more physicians will stop accepting Medicare and Medicaid. That will leave the nurse practitioners and P.A.s to care for them. In fact, I would not be surprised that primary care physicians will be replaced by these non-physician professionals. Doctors will be the specialist.

In the future more tests and procedures will be denied by insurance. Will age actually put us over the line and prevent us from getting elective treatments? The amount of information in the medical literature about over-screening, over-diagnosing, and not being cost effective will eventually play a bigger role in medical decision making. Cost of care will drive what we get from our healthcare. Physicians are being taken out of the equation, and organizations are telling doctors how to practice medicine. You can’t practice good medicine out of a book or a computer. Every patient is different!

The SOCIAL INFLUENCE OF HEALTH.

I read a good essay from my monthly communication from Alpha Omega Alpha Honor Society (the equivalent of Phi Beta Kappa except for medical school). The bottom line is poverty and education are the real determinants of health outcome. Trying to spoon feed everyone with good medicine will not do the trick. Even though we continue to flush more and more money into healthcare, it will not be sustainable (healthcare in 1985-10% of GDP, and now it is 18%). The focus must be directed to better education, so that people have the ability to get out of poverty. There are many studies to prove this point. Education
correlates directly with healthcare outcomes. When the US improves our educational system enough, we can compete with the world.

Research has reported, however, that EVEN IN WHITE, ADVANTAGED, COLLEGE EDUCATED AMERICANS that THEIR HEALTH IS BELOW OTHER COMPARABLE COUNTRIES. We can’t always blame disparities, poor income, being uninsured, and less advantaged for all outcomes. It gets back to giving every American a chance to make something of themselves, and after that it is up to the individual. RESPONSIBILITY AS A PERSON, A PARENT, A CITIZEN.

There are other contributing factors as pointed out in the Washington Post. 1) With so many payers in healthcare, the system is fragmented. Coordination and efficiency in healthcare is poor. A one payer system will solve this, but at what cost?? 2) There are only 12% of physicians that in are in primary care in the US (18% in Germany, 30% in Great Britain, 49% in France), and the average patient sees their primary care 3.9 times/yr. in the US, and in the others 6.5 times/year. Some studies have reported that primary care professionals are only addressing 50% of the recommended treatments, because of fee for service. They just don’t have the time to do everything necessary in a visit. That is fixable with a different payer system. 3) A one payer system (universal care) will not solve our lifestyle and behavior problems, but it is much more economical. It costs Medicare 80-90 cents to pay a claim and private insurance between $18-20. Not letting Medicare bid for medications and durable medical equipment is a travesty. Lobbyists in Wash DC are the reason! Our Congress is always on the take. It is the standard! We need to change it! Tell our president to change that, and we could save $billions.

In Summary, improve education and that will influence poverty, which will improve health outcomes. Americans must take responsibility for their own care, or we might as well accept a one payer system and live with the consequences.
This completes the March edition.

As always, this is information from a multitude of sources, and not meant to be medical advice. The references on my website and those cited in this and every report are useful, reliable, and will give you much more information about treatment. You may have noticed that I dwell on diagnosis, classification, and presentation of diseases much more than treatment. The proper treatment requires individualization, and consideration of other co-existing diseases that may complicate the treatment. The experience and expertise of the physician, staying up with the latest research, side effects of medications, and complications of disease is big job, and you should thank them for their dedication.

Stay healthy and well my friends! Dr. Sam