

The Medical News Report for August 2013, #19

July 4th was a wet one, but the coolness of our temperatures was welcome considering the temps out West and in Florida. Celebrating the birthday of America is always a privilege! For those that threaten it, find the door!!

I continue to bring you shorter subjects, which won't bog you down in any one subject. Diabetes, spine problems, bladder issues, healthcare and Big Pharma continue with several other interesting subjects that are in this 19th Medical News Report.

- 1. Money and Medicine**
- 2. Probiotics have come of age**
- 3. Melanoma can recur even after 10 years; vaccines for melanoma**
- 4. Obstructive Sleep Apnea in Children**
- 5. Type 2 Diabetes- part 4- complications of the disease-part 1-- eye and skin**
- 6. The Spine-part 3- cervical spine imaging and indications for surgery**
- 7. "Hamburger health"**
- 8. Bladder issues-part 3-urinary incontinence**
- 9. Fish oil (Omega 3) and the risk of prostate cancer**

SKY VALLEY, GEORGIA



1. Money and Medicine-why social reform kills; Robotic surgery ---FDA warnings

Countries that cut social programs have seen public health issues skyrocket. Prevention is still the most important way to deal with any disease. Greece cut many social and health programs and has seen a doubling of HIV-AIDs, and a resurgence of malaria.

If we didn't continue to have screening for cancer, heart disease, stroke, and diabetes, we would be seeing diseases diagnosed at a later stage. Do not listen to those that say screening for disease, vaccinations, and other public health maintenance is wrong for the country. Don't listen to those who think fluoride in the water is poisoning us. On the other hand, why isn't the government regulating fast food, keeping hormones out of food, stopping GMOs (genetically modified food) in our crops, and controlling the weather at our detriment? These are very controversial issues, but we will pay with health issues because our government does not regulate these industries or stop manipulating our environment. Less government is not the answer in this case. It is a balance!!

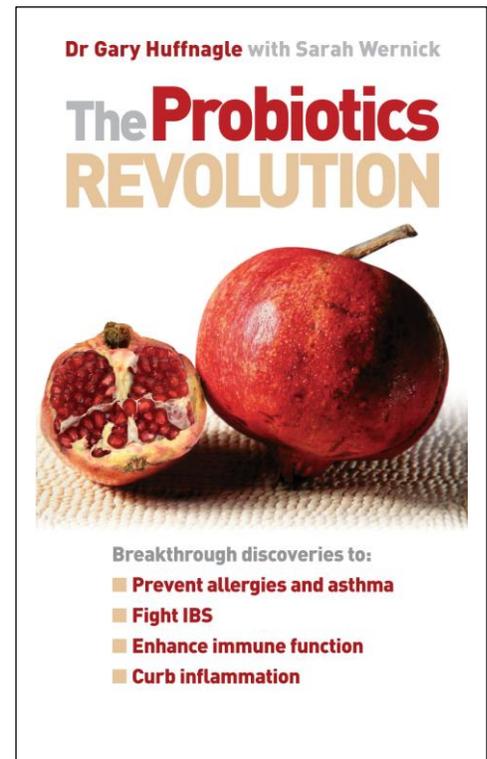
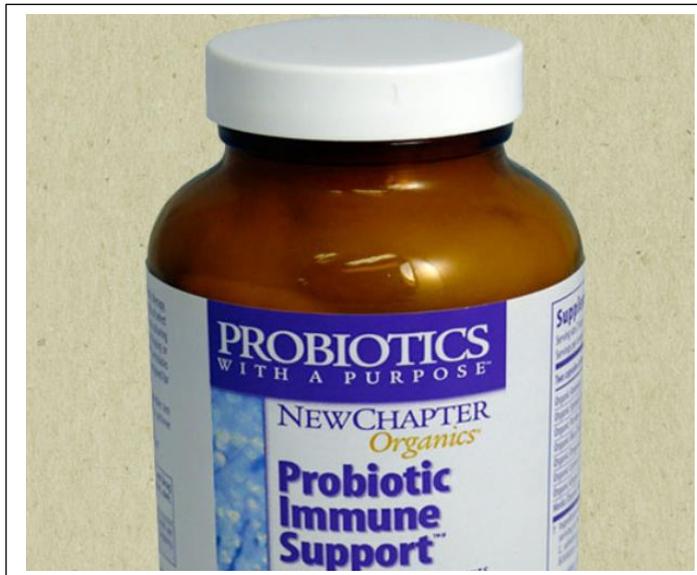
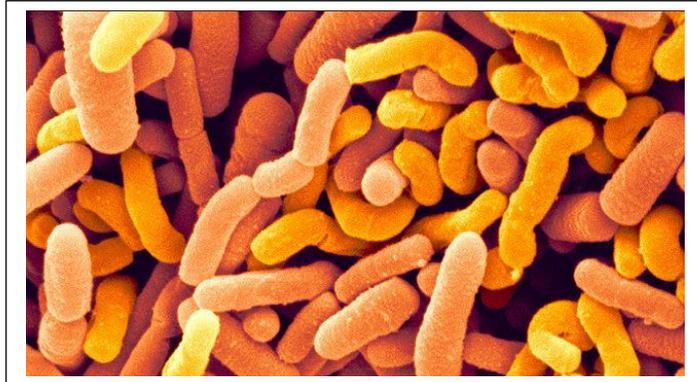
Democrats want more government control, Republicans want less. There is a place for insuring the health and welfare of our country. How to accomplish a balance is the question. Is Obamacare the route to better health in this country? Time will answer that. It is too bad that politics dominate our every decision. It sure won't be less expensive (i.e. Affordable Care Act—an oxymoron).

You say, "I don't want my city or state telling me what I should and should not be exposed to". Who educated you about what is good or bad for your health?? Don't listen to the media. They are tainted today more than ever. The internet has contaminated our brains, and that is why I report on what is written in reliable medical journals. You have to trust somebody. Can you trust the government, your doctor, the CDC, or the public health department?

Robotic surgery for prostatectomy and hysterectomy. The machine costs the hospital 1 to 1.5 million dollars. It is called the Da Vinci system. The procedure costs the patient about \$2200 more than other procedures for the same surgery. It is minimally invasive and has some advantage over an open procedure, but in the abdomen, an endoscopic procedure can be performed just as well as the robotic technique. The FDA has issued a warning to the company (Intuitive Systems) that numerous patients have been burned by the tips of instruments used in the procedure. There have 70 deaths using this robotic procedure, not necessarily due to the instrument. The company is fighting with the FDA currently. The FDA does not recommend robotic surgery for thyroid surgery and is not to be used on children. Experience with any

specialized procedure is vital in giving patients a benefit of this technology. But “buyer beware”. I need to start a discussion discuss on prostate cancer next month, because that is another area of concern because of the claims about **proton therapy causing fewer side effects than **photon** radiation (IMRT- the standard of care) therapy. Source-IBJ Reform**

2. Probiotics have come of age



I keep reading more information that our **gut bacteria rule our bodies. We have all been trained to think that bacteria are bad and cause infection. It turns out that without **these friendly bacteria**, we could not exist. The function of bacteria is to provide balance in the mouth all the way to the other end of the alimentary canal. Without it **fungus overgrows in the mouth and other parts of the GI tract**. The bad bacteria can also take hold and cause terrible disease.**

For those of you who think bacteria in our gut are causing cancer, diabetes, and other illnesses....YOU ARE WRONG! Forget the coffee enemas and high colonics. These bacteria are necessary for digestion and breakdown of byproducts put out by our liver. They even help prevent gas. The byproduct of normal bacterial function in the gut is frequently gas (flatus).

There are diseases that patients have that have demonstrated **different bacteria in their guts, and they suffer from **ulcerative colitis, Crohn's disease, irritable bowel syndrome, Celiac disease, lactose intolerance, etc.** The balance of these strains of bacteria in the gut is very delicate, and when it is "off", there are consequences. These patients need to take probiotics.**

The good bacteria stimulate our immune system as well. There is new data that these good bacteria can influence brain function, and even the way we respond to vaccinations, and respond in serious liver disease.

I have discussed probiotics before in a previous report (#9, October, 2012 www.themedicalnewreport.com but their importance is being **emphasized even more with new research. Eating naturally occurring probiotics ensures that you have good bacteria in your gut to provide assistance with all bodily function. **Yogurt with live cultures of bacteria is the best source, and other foods have **PREBIOTICS** (nutrients that feed the probiotics) such as kefir, sauerkraut (unpasteurized), kimchi, miso, soft cheeses, sourdough bread, milk with added probiotics (sweet acidophilus), buttermilk, fermented pickles, tempeh, and fermented soy beans.****



Taking **antibiotics can destroy the good bacteria, so ask your doctor about taking probiotics anytime you take antibiotics. It can prevent yeast infections in the mouth and vagina. I have even recommended probiotic douches for women that are very prone. The **pasteurization process** heats the product and will kill any bacteria, so be aware. Be sure the yogurt says active or live cultures of bacteria. Remember unpasteurized milk was thought to be avoided. All those kids that lived on dairy farms seemed to grow up pretty well! **Fecal transplants** are showing good response in those patients with these gut diseases. It is true!! Forget about all bacteria being bad. They probably keep us alive.**

If you take a supplement, the best ones have **several different cultures of different bacteria. Buy a known brand, not the cheapest. They are named in my previous report. Source-Medpage**

3. Melanoma can recur even after 10 years; experimental vaccines continue



Melanoma is one of the most insidious cancers. These highly malignant skin cancers have been discussed in previous reports.

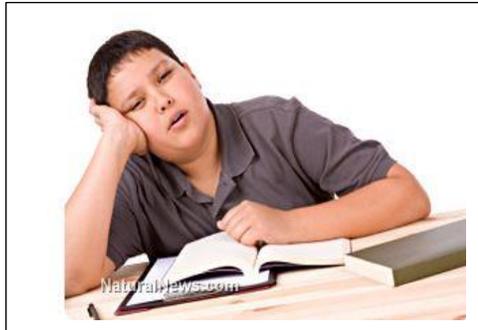
www.themedicalnewsreport.com (June,2012 under archives link) This is the most deadly skin cancer, but just like any cancer, if it is found and treated early, the cure rate is much greater. Men tend to die more than women, usually because men don't go to the doctor as quickly as women. **The ages of 15-39 account for 40% of the melanomas and 64% of the deaths. Lower extremity melanomas tend to be more deadly, again because they frequently are not seen as a likely cancer. Women have cut the lesions shaving their legs and then think it was just a result of shaving. If it doesn't heal.....get it checked (regardless of color).**

There is a new study just out that has followed patients with melanoma and have found that **6.3% can recur after 10 years. We normally report 5 year survival rates in cancer, which implies that most cancers recur or are cured by 5 years. **NOT TRUE OF MELANOMA. 10 year survival rates** are considered the proper way to look at survivorship in this cancer. Now it appears that a small number can recur after 10 even 15 years. Also once a patient has one melanoma, they are more likely to have a second one. Close clinical observation of the skin is a must.**

How can the body be fighting these cancers all those years, keeping it clinically unapparent, and then recur? Obviously, the immune system plays the major role. That is why **vaccines against melanomas have been tested for over 15 years, unfortunately with unimpressive results. The latest is to stimulate the body to produce a cancer fighting immune chemical (interleukin 12p70) in our bodies. One day, they will have the answer with continued research. Genomics and our immune system hold the key for the future.**

It is vital to take good care of yourself after cancer treatment, as it is crucial in preventing recurrence or even a second independent cancer. In the case of melanoma, the later the recurrence takes to appear, the better the survival. Don't be discouraged after cancer treatment. Your body has A LOT TO SAY ABOUT HOW WELL YOU DO and continued new discoveries are on the way.
Source-MD Anderson Cancer Center

4. Sleep apnea and snoring in children

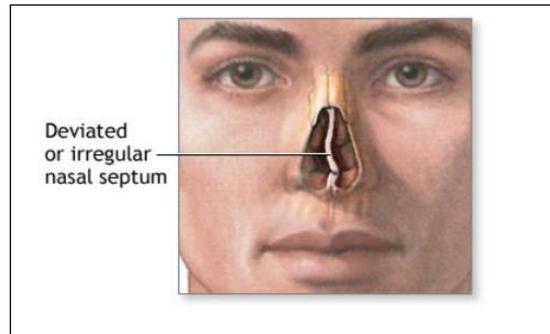


When I was in practice, I performed hundreds of tonsillectomies and adenoidectomies on children for airway obstruction. They were **hyperactive, poor students, had ADHD, were cranky, behind in growth, and had trouble concentrating (cognitive) during the day. Their parents said they **snored** and seemed to **hold their breath** at times during sleep. After I performed a T&A, these children were transformed. They were no longer hyperactive, didn't snore, didn't hold their breath during sleep, became better students, had an amazing growth spurts. The parents could not believe the behavioral change in their children and were so thankful.**



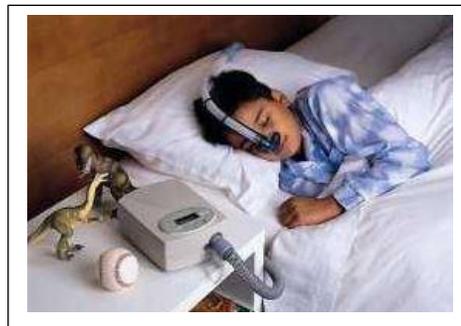
Back in the 70s, we didn' have the research to prove that these children were suffering from a measurable airway obstructive sleep apnea, although we suspected strongly that their airways were impaired. We had kids with **narrow high arched palates (above photo) because they were **mouth breathers**, and since they didn't hold their mouths closed, the tongue did not have the**

influence on the palate to grow wider, so they had **high arched palates. They had to have **palate expanders (photo above)**, and wound up with a deviated nasal septum needing the inside of their nose straightened (septoplasty) because the palate was too high to allow the nose to grow straight.**



I realized what was happening to these kids, and went to local dentists and pediatricians to tell them what was going on. After so many surgical successes, they finally got on board. It was the beginning of the **field of sleep medicine and orthognathic oral surgery for airway obstruction. These kids had overbites and short chins requiring major jaw surgery later in life. Research finally caught up with what we hypothesized, and we saved huge numbers of children from having special dentistry and nasal surgery later in their life.**

In the early '80s, sleep studies were just beginning for adults, and I and one of my partner neurologists became the first co- medical directors for one of the first Sleep Labs in our part of the country that performed sleep studies (polysomnograms**). Today, they are everywhere and children are studied as well. We didn't even have CPAP (home breathing machines) back then.**



Airway obstruction causes a cascade of physiologic abnormalities. I discussed all of this last year in my reports, and since it is so important and epidemic in overweight children and adults, I have added the report on obstructive sleep apnea as an attachment in this report. READ IT!

I am not overemphasizing the value of these T&As, and tonsillectomy became part of the surgery in adults for obstructive sleep apnea. Today, with **22% of children significantly overweight, that has added to the numbers of kids with airway obstruction. We know that during these episodes of stopping breathing, the tonsils, adenoids, and the tongue block the airway. **Sleep****

quality is now known to interplay with increased inflammatory markers known to be the precursor to atherosclerosis, insulin resistance, and a host of other diseases. Today, this syndrome is one of the most common reasons for T&As.

For tonsillectomy to be recommended for recurrent infections, we still require a history of 5 documented infections in a year. About 10% of children need their tonsils and adenoids out for infections and airway obstruction. Even with snoring without apnea, we now know their oxygen levels drop, and a child may qualify for T&A without significant obstructive sleep apnea.

Next month, I will display photos of laser surgery for tonsils and palate surgery, something we also were the first to perform in my part of the country, back in the early 80s. Don't forget to read the attachment on this report which appeared last year in my report. Also, I will report on the benefit of oral dental appliances to help sleep apnea next month as well. Archives of Otolaryngology, 2013

5. Type 2 diabetes—part 4--complications-part1-eye and skin

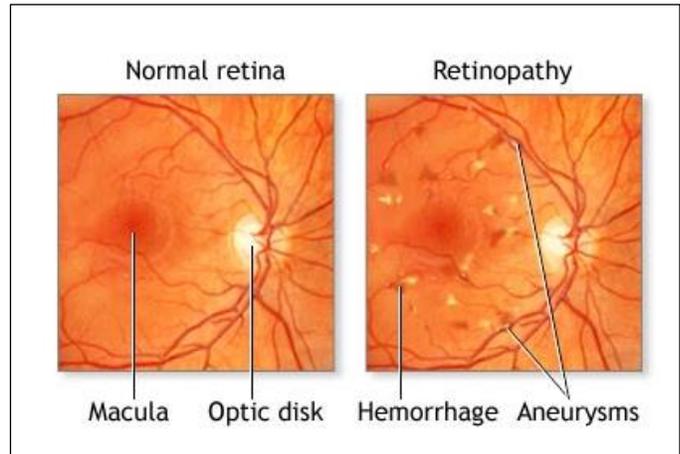
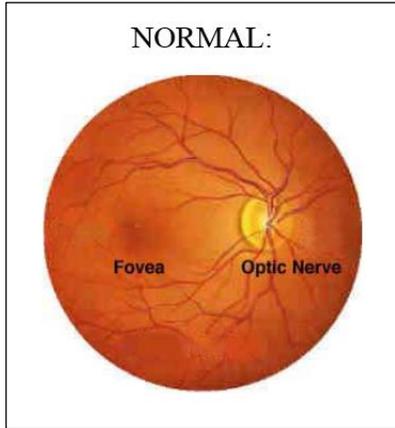
Type 2 diabetes is really a micro-vascular disease, and the disease needs to address this and the sugar control issue. With all the disastrous effects, one would wonder why so many Americans struggle with their willingness to lose weight, as that will reverse or prevent it in many cases. Obesity is now an AMA recognized disease, but whether that will make a difference in the future remains to be seen. The metabolic syndrome (previously discussed in a past report) really puts all at risk (overweight, waist measurement >35 inches in women and >40 inches in men, high fats in the blood, and high blood pressure). Even sugar substitutes increase the likelihood of type 2, because it still addicts people to sweet tasting foods. We also know now that there is body mass/sugar disorder gene (FTO) that may someday be available for routine screening.

Last month, I touched on certain statins that can raise the blood sugar. I want to mention it is a 9% risk especially with Crestor, Lipitor, and Zocor, but goes up with increasing dosages. The liver is also affected by these drugs and should be monitored at least for the first year and thereafter as indicated. Zocor and Pravachol do have the highest safety protocol overall. If diabetic or pre-diabetic, this is probably more important. Discuss this with your doctor.

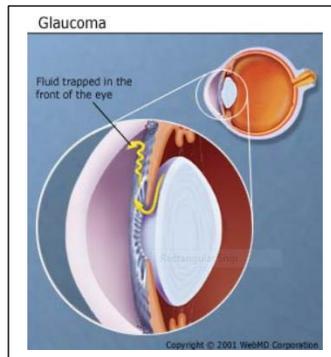
The diabetic complications include 1) eye 2) skin (feet especially) 3) vascular and heart 4) kidney 5) neuropathies 6) sleep issues (apnea, insomnia, snoring, secondary effects of being overweight (cancer, orthopedic and spine issues, gastric reflux, psychosocial), and recurrent infections.

EYE---The vascular supply to the retina is supplied by a rich network of tiny vessels. These vessels are sensitive to the diabetic effect, namely micro-ballooning (aneurysm). If it is in the central area of vision (macula), vision will be blurry in the central part of the visual field. Control of diabetes will

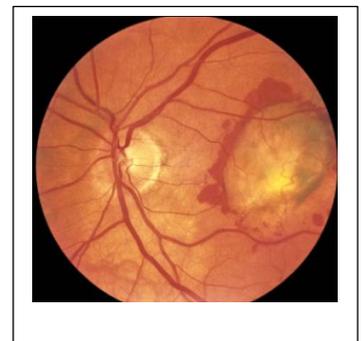
help but not cure these vascular abnormalities. Treatment of these **micro-aneurysms** require a laser to seal these little balloons before they rupture and bleed into the retina. Although this is the most common complication, **glaucoma** (increased pressure inside the eye) and **macular degeneration** also occur. **Cataracts** are common as well, and earlier in life than normal. These different eye conditions will be covered when I report on them in more detail.



Vision with retinopathy



Glaucoma



Macular Degeneration of

Central Vision



SKIN

The feet are especially prone to **ulceration, nail fungus, slow healing, secondary infection, and loss of toes** are all from **vascular insufficiency**. **Loss of sensation (neuropathy)** can result in **unintentional injury**. A very common early sign of diabetes is **burning of the feet** (also a neuropathy). Routine care of the feet (callouses, corns, bunions, toe deformities, avoiding poor fitting

shoes), and nails is crucial to good health of a diabetic's feet. It is best to have a podiatrist on your team.

Foot ulcer



Athlete's foot



Necrobiosis lipoidica diabeticorum

Diabetic nail fungus



dangerous ingrown nail



Action Set ?

What is proper foot care for a person who has diabetes?

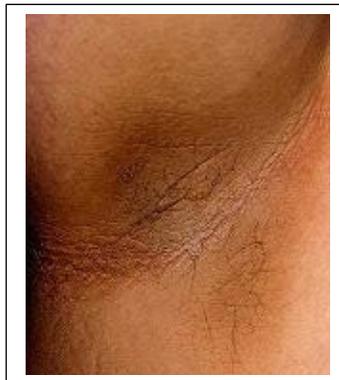
Because you have diabetes, your feet need special attention. One important way to care for your feet is to prevent injury by wearing shoes at all times, even when you are indoors. You can develop the habit of being cautious with your feet, avoiding anything that can cause possible injury, pain, or discomfort.

Good foot care also involves getting medical help early if a foot problem develops. Getting help for minor problems can prevent serious complications, such as infections.

Good foot-care habits

Caring for your feet when you have diabetes involves:

- Inspecting your feet daily. Every day, wash your feet and carefully inspect the skin for blisters, corns, calluses, cuts, cracks, or sores. Rub lotion on your feet, but not between your toes. Make sure your feet are completely dry before putting on socks and shoes. Keep your nails trimmed and filed straight across.
- Protecting your feet. Wear properly fitted shoes at all times to protect your feet from injury. Don't use a heating pad or hot water bottle to warm your feet.
- Having your doctor check your feet during each visit. Avoid trying to treat an early foot problem at home. Home remedies or treatments you can buy



Acanthosis nigricans

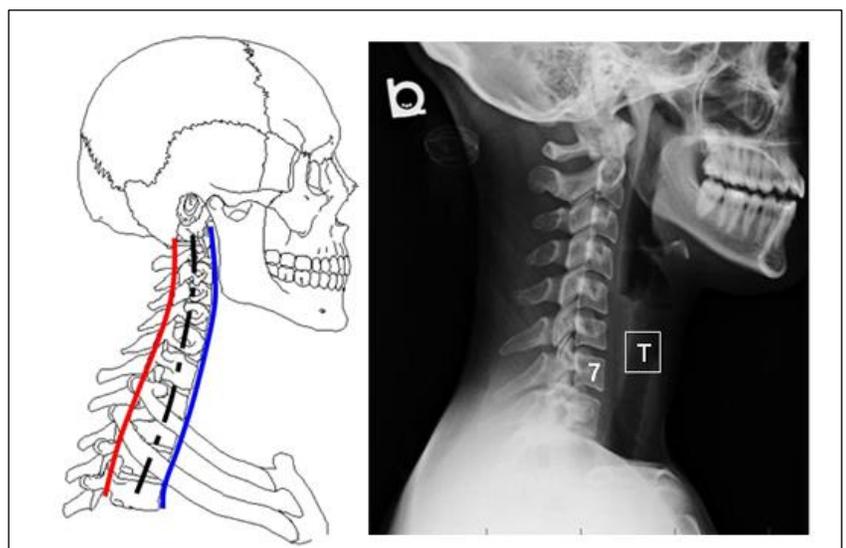
Scleroderma diabeticum

Other skin complications include **jock itch**, and other **fungal infections** under the breasts and arms or anywhere there is any overlapping skin (poor ventilation). **Staph infections** are more common in diabetics. Other skin abnormalities include **scleroderma diabeticorum**, usually on the back of the neck and upper back, with a shiny type of skin. **Vitiligo** (loss of pigment) can occur. **Acanthosis nigricans** (dark skin pigmentation in skin folds with thickening of the skin), **necrobiosis lipoidica diabeticorum** are changes in collagen and fat content of the skin with thinning and redness of the skin usually in the lower legs easily prone to ulceration. Skin spots called **diabetic dermopathy** occurs and **digital sclerosis** of the toes, fingers, and hands create a waxy and tight feeling to the skin. **Eruptive xanthomatosis** creates lumps in the skin associated with high triglycerides and pancreatitis. Finally **itching** of the skin is very common.

Next month, heart and vascular complications will be highlighted.

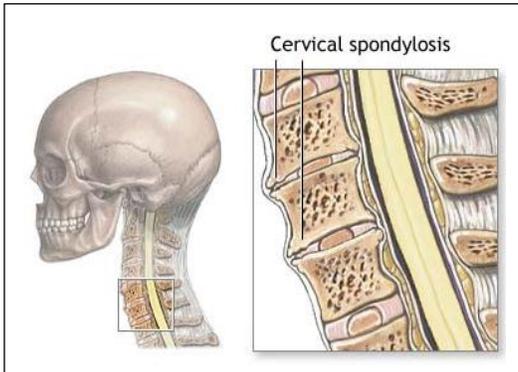
6. The Spine-continuing on the cervical spine- imaging (CT, MRI, X-ray)

The Cervical spine is easily assessed clinically, as I have reported. Confirmation with X-rays, CT scans, MRIs will allow the surgeon to visualize the degree of damage, pinching of cervical nerves, impingement on the spinal cord, collapse of the disc, spurring of the vertebrae, subluxation (movement of one vertebrae out of place over another). The reason for more concern at the cervical level is that basic vital functions of the body exist at the upper cervical vertebrae. For instance, damage of the spinal cord at the C-2, C-3 level will stop your breathing and the heart. Damage at the cervical level cause quadriplegia (all 4 limbs will be paralyzed), so surgery on these levels has possibly the greatest benefit, but could have the most disastrous complications. Pick a very experienced surgeon (I prefer neurosurgeons)! We will discuss surgery on the cervical spine next time.

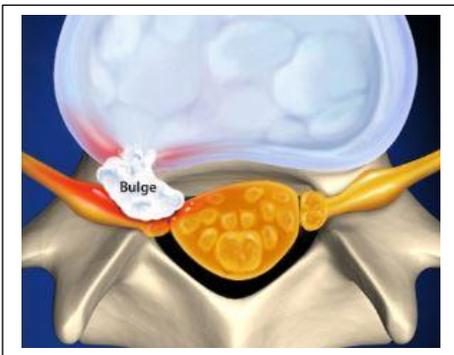
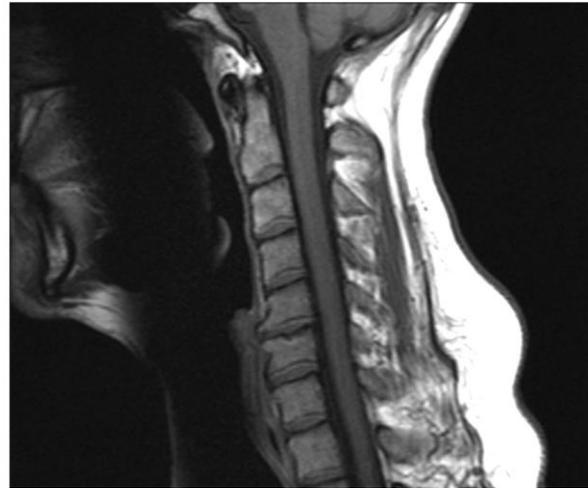


Conditions of the spine

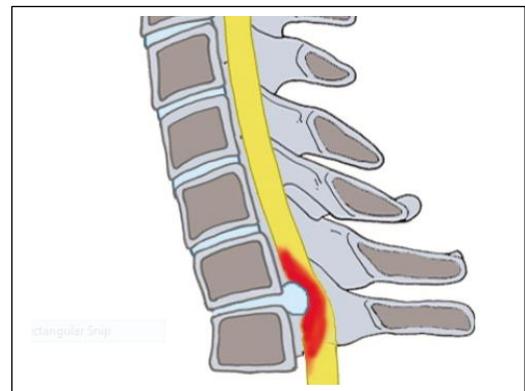
Normal cervical spine, with normal disc spaces



Degenerative disease of cervical spine



Cross section of ruptured disc



Ruptured disc pressing on the spinal cord

These photos demonstrate what the surgeon is looking for to decide surgery might be an option. Remember, these abnormalities cause symptoms, and if those symptoms are substantiated by physical signs of numbness, weakness, and pain with some time allowed to evaluate if the patient improves, then that patient is a potential candidate for surgery if not. Next month, I will discuss the thoracic and lumbar vertebrae.

7. "Hamburger health"

Did you know what they rinse the meat with at McDonald's? Ammonium hydroxide, a toxic chemical that "cleans the fat out of meat that would not be fit for a dog, as pointed out by Chef Jamie Oliver, who has been on a crusade against fast food for years. This chemical is banned in most other countries.

Why does our government allow them to use it?? The answer is, do not eat meat from McDonald's. Recently they have quit using this chemical, but do you trust them? Not me! It was used in all the burger fast food companies until recently. It was used also as an anti-microbial agent. Please skip these burgers and use lean beef if eating hamburgers.

8. Bladder Issues- part 3-types of urinary incontinence

In June, I reported on the anatomy and reasons for incontinence. Please Under archives, find #17 report.

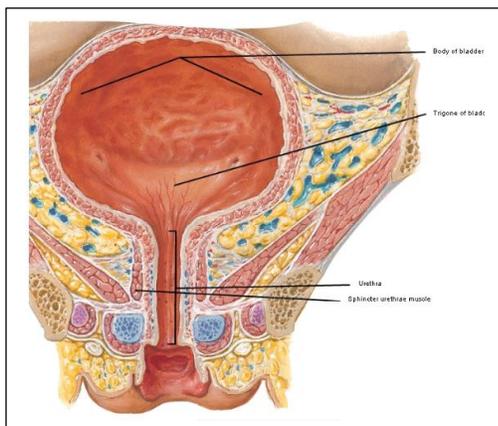
There are 4 basic types of incontinence: **1) stress 2) overflow 3) urge 4) mixed.**

Stress-24%- is caused by sudden increase in pelvic pressure with a sneeze or straining from lifting or bending over. This is caused by a **faulty urethral sphincter** at the neck of the bladder.

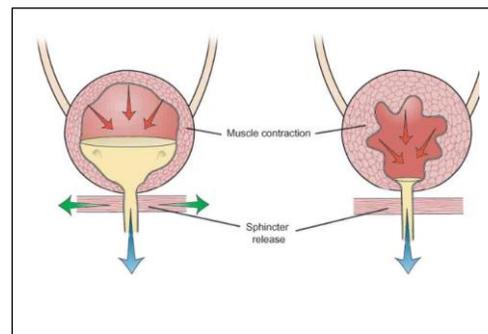
Urge-31%- is caused by **irritation of bladder muscle** and possibly the **sphincter**. This creates an "urgent" sense of needing to void. This could come from a bladder infection, bladder irritants (certain meds, frequent intercourse, or interstitial cystitis (explained later). Overactive bladder syndrome, neurological diseases like multiple sclerosis, Parkinson's, Alzheimer's, and even bowel problems can cause this type of incontinence.

Mixed-37%- is a combination of stress and urge incontinence.

Muscle contraction of the bladder



Bladder anatomy with urethra



Overflow- is caused when the **bladder is not emptied well**. This can occur due to **obstruction** at the urethral sphincter, which can be caused by a mass or the same neurological diseases mentioned above, and even diabetic neuropathy causing bladder issues. In men, enlarged prostates can cause this as well.

Involuntarily losing urine can occur in most women occasionally, but is a real problem as women age (43% of women over 70 in one large study). 57% of those women have DAILY LEAKAGE. This is a serious quality of life issue. Ref. British Journal of OBGYN, 2013.

Urinary incontinence correlates with **balance and mobility issues. Obviously, if a woman who has these issues may have trouble getting to the bathroom in time. Nursing homes are faced with this in most of their patients. Thank God for DEPENDS.**

Childbirth, overweight, pelvic surgery, getting out of shape, not exercising, back injuries, muscle diseases, vaginal and rectal issues all can play a role in incontinence.

Next month, I will report on pelvic prolapse surgery called sacrocolpopexy with and without urethropexy. Mesh implants will be discussed as well.

9. Omega 3 and prostate cancer risk

Fish oil has been touted to be absolutely necessary for good cardiovascular health. In fact, it clearly reduces inflammation in the body, now known to be a necessary step in the formation of atherosclerosis, autoimmune diseases, cancer, etc. Many people take far more than they should, because unfortunately, the FDA has no ability to enforce it unless it is a prescription. There is a prescription called Lovaza that is 12 times more pure and more easily digestible, not causing the fish taste and bloating that the OTC brands sell. 4gms a day is the standard dose for those with triglyceride problems.

Now there are new studies that have come out reported that fish oil increases a man's chances of contracting prostate cancer by 70%. Dr. Samadi, Lenox Hospital Department of Urology, NYC, on the TV show "Housecall", has stated that unless a man has resistant triglyceride problems, that no man should take more than 3 grams per day. If you eat an oily fish (recommended twice a week), skip the fish oil that day, and in fact, every other day may be enough. This issue should not make anyone get stupid about just dropping fish oil from the diet. So, talk to your doctor, your chances of developing prostate cancer, and jointly make a decision about the amount you should take in by diet or supplement. Reference: MedPage

THANK YOU FOR READING THIS REPORT. I will continue to report on the spine, diabetic complications, healthcare issues, bladder surgery for prolapse, and add new information on breast cancer, and heart disease. Enjoy your families, vacations, and watch out for the heat. School starts back, and so we must watch out for the little ones. Stay healthy and well my friends. Dr. Sam

