The Medical News Report November, 2013

#22

Doctors in the 1800s

Subjects this month:

1. **Diabetes-type2 continued—kidney complications**
2. **Genetic testing—where are we?**
3. **Breast cancer-predisposing factors**
4. **Short subjects from A to Z**

1. **Type 2 Diabetes continued—complications continued—Kidney-failure**

*Diabetes is the prototype for systemic disease when you have that disease. The endocrine disease is really a micro-vascular disease, and that is why it affects so many organs. The eye, skin, lower legs, neurologic impairment*
(next month), gastrointestinal dysfunction, heart disease, peripheral vascular, and stroke, wound healing are all involved, to mention a few. We have covered some of these in the past few months, and will continue this discussion over the next few months. As we discuss these problems, we are covering the problems that millions of Americans face if they don’t do practice good healthy behavior to prevent it. Can you imagine the billions of dollars saved in healthcare if America could wake up and appreciate, in most cases, that type 2 diabetes is a preventable problem and individuals can do lot to save them from type 2. That said, with the obesity crisis we are facing today, it does not look good for America. Knowledge is power….use it!

The kidneys showing cross-section

The glomerulus-functioning unit

The kidney filters all of the impurities out of the system through the urine. Blood flows into the glomerulus and it removes pulls out the impurities (urea, sodium, potassium) which then removes this into the urine. The liver, intestines and the kidney are the main ways the body breaks down food and disposes of the by-products. The micro-vascular disease of diabetes hits the very heart of the functioning unit of the kidney-the glomerulus-diabetic nodular sclerosis-Kimmelstiel-Wilson disease (see above). This diabetic scar tissue creates malfunction in the filtering capability of the kidney causing failure. This can be demonstrated with a kidney needle biopsy. The classic blood tests that show abnormalities are creatinine, and blood urea nitrogen (BUN), and the glomerular filtration rate. These tests will define the health of the kidneys. The urine can be tested easily for sugar, protein, and ketones (I will discuss ketones later) with a dipstick test at home. These substances
should not be present if the kidney function is normal. When they become abnormal, this begins kidney failure.

Kidney failure is a very serious complication of diabetes, and may not be reversible. Even though, some type-2 diabetes can be reversed with weight loss, diet, and exercise, but once these complications set in, it may be too late to reverse, but it possibly can be kept from getting worse. This is a scary problem, which can lead to total failure, dialysis, and or possible kidney transplant. The treatment requires diet and fluid restriction, and sophisticated management of most systems. A nephrologist is the specialist to be seen for this.

I could go on, but if you have diabetes, pre-diabetes, over-weight, have diabetes in your family, or suffer from diabetic disability, you have a target on your back. So listen up...you are in the driver's seat. It is up to you and your doctor to steer you away from this disease. PREVENT TYPE 2 DIABETES!! There is a recent study that shows that lifestyle interventions to prevent or reverse early diabetes will decrease cardiovascular and micro-vascular outcomes for up to 10 years post-intervention. HOWEVER, in established diabetics, these same life style behavior modifications did not significantly reduce mortality, cardiovascular and microvascular complications. (Annals of Internal Medicine October 15, 2013). It is up to you!

2. Genetic Testing—where are we, and who is taking advantage of you?

Watson and Crick ---DNA Helix with amino acids
I have reported on genetic influences on disease, and genetic changes are being linked to more disease every day. Specific genetic mutations increase a woman’s chances of developing breast and ovary cancer (BRCA 1 and 2), are a good example.

I am concerned when I see TV ads from Cancer Centers of America implying they can find genes for all types of cancers that will increase your chances of cure. Can you imagine the money they spend on marketing? They could be using those millions of dollars in cancer research. It is my opinion that they give cancer centers a bad name spending so much money on advertising. I am sure that their hospitals are good institutions but they have nothing to offer that any cancer institute offers. In their ads they imply that they are offering genetic testing to guide therapy. That is true if there is a genetic abnormality. Have you heard the ad for “23 and me” on the radio? It offers a host of genetic tests for a few hundred dollars. It cost several hundred dollars just to test for the BRCA gene mutations. Insurance companies won’t pay for these tests unless the person meets specific criteria, and then it isn’t a sure thing.

Half of men and one third of women will get cancer in their lifetime, and only one in twenty is linked to genetic mutations. Worry about what is really important. Diet full of fruits and vegetables, Antioxidants, Exercise, Weight management, Low fat diet, less red meat and processed meat, less stress, and minimal alcohol. That is what is important!!

Genetic testing as a screening test is a long way away and has many ethical issues with it. There is a huge amount of research going on in this field and genetics holds the key to many cancer mysteries. They have become more important in advanced disease at this point and are guiding doctors to test experimental treatments in melanoma, kidney, prostate, and lung cancer.

Trying to explain genetic markers is pretty technical. Let me say, that the research is encouraging, and we are getting closer to breakthroughs, but they must be tested in clinical trials in various cancer centers before they can use this information in routinely treating patients. On the other hand, if you have advanced cancer, they will test you for markers that will give hints as to what drug might be used to prolong life.

Don’t be misled by advertising and genetic testing. Trust your doctor and board certified oncologists.

3. Breast cancer-predisposing factors

There are many factors that will increase the chances of women getting breast cancer. Here is a list of risk factors:
1. Over-weight women 2. Smokers 3. High fat diet 4. Family history especially if the woman is diagnosed earlier in life 5. BRCA gene mutations 6. Women who started their menstrual periods before age twelve 7. Menopause, started after age fifty-five 8. Hormone replacement therapy (estrogen and/or progesterone) after menopause 9. A previous history of breast or ovary cancer 10. Age—the older the more likely a woman is to develop breast cancer 11. Lack of regular exercise

Women who have several of these factors are particularly at risk, and must talk to their doctor about more careful surveillance. In fact, if you have a family history and several of these factors you may be a candidate for genetic testing (BRCA gene mutation). It is recommended that you talk with a genetic counselor before testing. This testing may have a profound effect on your family.

Angelina Jolie is a perfect example. She had several family members that had breast cancer, and therefore underwent genetic testing. Although, she stated that her risk was 80% chance, I can not find studies that exceed 40-50%. If you have had ovarian cancer, you are more likely to get breast cancer, and vice versa. There is even a connection to colo-rectal cancer.

The options for someone that has these BRCA (Breast Cancer) mutations are:

1. Change your diet, lose weight, quit smoking, and get mammograms regularly
2. Chemoprevention (Tamoxifen) for 5 years (studies now say 10 years)
3. Prophylactic mastectomy with reconstruction (90% prevention rate) and ovary removal (50% prevention rate) (if you have had a prophylactic mastectomy without a first breast cancer or this gene, you only drop your risk by 1%).

4. Surveillance with mammography

Breast cancer on mammogram

227,000 women will be diagnosed with breast cancer this year, and 26,000 will die. Many of those that will die did not get routine mammography. Breast cancer represents 29% of all cancers that women get. Early diagnosis, results in a better chance for cure (>90% for stage 1). Women are being diagnosed earlier and if they are under 50, the tumor tends to be more aggressive.

Next month, I will report on special testing for hormonal receptors on cancer cells that guide therapy and staging and treatment options.

4. Short subjects on medical issues A-N

A. Fecal Transplants are now being used to treat recurrent diarrhea and are approved in a type of diarrhea that primarily occurs in older people in hospitals and long term care facilities. It is called *Clostridium difficile* colitis. It affects a half a million Americans a year, and is now occurring outside these facilities in the community. Contamination from any surface can transmit it. Those that are more at risk are those taking antibiotics, for an extended time, are immunosuppressed, have irritable bowel syndrome, Crohn’s disease, ulcerative colitis, colon cancer, or taking PPIs (proton pump inhibitors—Nexium, Dexilant, etc. which are used in gastric reflux patients. Reducing the acid in the stomach daily increases the likelihood of these bacteria multiplying.

Antibiotics are the treatment of choice, which can actually be the cause of the overgrowth. Scientists have discovered that fecal bacteria from a donor can cure C. diff. (abbreviation). Now in pill form, they are recommended in recurrent infections. It sounds awful, but it is legitimate. You already know
that **probiotics** in yogurt or pill form are bacteria that assist in digestion and may help people with GI disease, but it takes stronger bacteria from a donor to kill the C. diff. bacteria and re-establish a healthy balance of “normal” bacteria in the intestine.

**B. High dose FLU SHOTS** are now recommended for those over 65 years of age and infants. The Fluzone shot is stronger and creates a better immunologic response (24.5% better). This high dose flu shot causes no increase in side effects, so discuss this with your doctor. If you go to a pharmacy, do the same. Get the shot ASAP. Also, get the **Pneumovax** (pneumonia shot) (most recommend waiting a month) The shot should be given every 5-10 years under 65. After 65, once is enough. Talk to your doctor if you should receive this vaccination. This shot should be given to those who have chronic lung problems, are immunosuppressed from disease or by taking medications that work by suppressing the immune system, cancer patients (check timing with the oncologist), elderly, anemic, or those who work in healthcare facilities. Go to [www.cdc.org](http://www.cdc.org) for all the recommendations for all ages. Also talk to your doctor about the **shingles** shot (Zostavax) if you over 60, and only one time. If you never had chicken pox, you do not need it. If you are not sure, talk with your doctor. Prevention or diminishing the shingles rash is very important. If you have not seen your doctor this year, this is a good excuse!!

Ref. Medpage

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<th>19-21 years</th>
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<td>Zoster z**</td>
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<td>Hepatitis B z**</td>
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C. **Red Yeast Rice** does not significantly reduce LDL cholesterol without lifestyle behavior changes, however, adding it to statins may allow you to decrease the dose of the statin (this is controversial). **The lower dose of statins is much safer.** Statins are being abused and are the #2 medication prescribed. There is a mentality in this country that if we take a pill, we don’t have to put out any effort. High dose statins need to be avoided. They cause muscle and kidney trouble. They also deplete CoQ10, an enzyme necessary for metabolism, so talk to your doctor about taking supplements. **MEDPAGE, Amer. Heart J.**2013

D. **Hispanics**—there are 12 million legal Hispanics in the US. 24% are uninsured, and 59% of unauthorized immigrants have no insurance. 14% of Caucasian Americans are uninsured. Since 1996, non-citizen children can be insured and all pregnant women, regardless of status. In California, all get insured if they apply. In states that accept Obamacare, legal immigrants with incomes less than 100% of poverty level ($33K), have greater access to healthcare than our own legal citizens. Obamacare left out our low income citizens, assuming they would apply for Medicaid, but many don’t. **NEJM, Aug 2013**

E. **Disability** costs us $135 billion a year at $1100 a month/person. It is estimated that **40% are on disability without true disability.** There is more fraud in this area than almost any other type of business. Bad doctors and lawyers make millions falsely filling out reports that certify people are disabled, when they are not. Since the economic decline in 2008, the number of unemployed that have applied for disability has skyrocketed. It is a total disgrace. Did you see it on 60 Minutes? For more log on to **www.60minutesovertime.com**

F. **Nasacort**-a cortisone (triamcinolone) spray for upper respiratory allergies will soon be available over the counter. In my opinion, for chronic nasal allergies, it is as good as antihistamines and safer with has fewer side effects. The sooner a person begins, the more likely the allergy response can be
prevented and controlled. This past year in previous medical news reports allergies were covered thoroughly.

G. The cost of raising a child today is $214,080 for 18 years. Birth rates are up for Hispanics and Blacks, while Caucasians are having fewer babies. Caucasians are now a minority 2 years ahead of schedule.

H. Oils and Fats—Cooks, listen up! When trying to decrease unsaturated fats in the diet, be careful not to substitute them with carbs. You will cancel out the benefits. When choosing the oils to cook with, use plant based oils, not animal. Olive and canola are good choices, because they are mainly mono- and poly-unsaturated fats. Corn and soy are mainly poly-unsaturated, but canola has more Omega 3 fatty acids in it. Canola and sunflower oil is better for cooking because they don’t lose their flavor with heat like peanut and sesame oil.

The smoking point of oil, however, may sway you back to peanut oil if you have to cook at high temperatures. It has a higher smoking point. Try not cook at higher temperature if you can. It depletes most foods of antioxidants and the best healthy nutrients. You can get enough Omega 3 and 6 from salmon, sardines, and albacore tuna. These fatty acids keep our vessels more flexible and help lower LDL-cholesterol whereas trans-fats increase LDL and drop HDL (the opposite that you want). There is a prescription form of Omega 3 called Lovaza, which helps lower triglycerides. 1 Capsule of Lovaza equals 12 over the counter Omega 3 capsules, and it does not make you burp fish oil taste. I know….I take 4 Lovaza a day, the usual recommended dose.

In my reading, the Mediterranean diet provide about 30% of the calories from fats, but the healthy kind. One last thing, the only difference between high end extra virgin olive oil and plain, is the taste and the price with fewer impurities. If you don’t want your food to taste like olive oil, use the cheaper stuff, and save the EVOO for salads, vegetables, etc. Refer.Medpage

I. (Acetaminophen)—Tylenol can be very dangerous. Acetaminophen is the generic name. The FDA has dropped the safe amount to take daily from 4 grams to 3. Most pain meds include this drug in them, and since most of these pills contain anywhere from 325-500mg of acetaminophen in each pill, you can get to 3 grams in a hurry. Even though it is recommended for children, still be careful. Because, it does not upset the stomach as much as NSAIDs (Aleve, Ibuprofen,
etc.), it is usually preferred in pain meds, but it certainly is not better. I think it won’t be long before the FDA recommends that acetaminophen be removed from narcotic pills (Percocet, Lorcet, Lortab, Oxycontin, Tylenol #3, etc.). The reason it is added, is that helps the narcotic work better. I would take it separate

Some very serious side effects can occur rarely including **Stevens-Johnson Syndrome** (blisters on the skin and mouth and possible shutdown of organs) and can be fatal.

**Alcoholics or heavy alcohol drinkers should stay away from this drug, because it is very toxic to the liver if taken in higher doses than recommended. The kidney can also be damaged, so if you have kidney trouble from diabetes, as an example, avoid this drug. Tylenol is the leading cause of liver failure! It is frequently the drug of choice in suicide by teenagers. In other countries, its name is paracetamol. There are 450 deaths per year. The antidote must be given within 8-10 hours. Poison Control 1-800-222-1222. The per tablet dose of Extra-strength Tylenol has 500 mg per tablet (that means it only takes 6 tablets to reach the maximum recommended dose in 24 hours). Regular strength Tylenol has 325mg. (take no more than 8 tablets in 24 hours).**

**J. Aspirin—Great medicine**
Aspirin (acetylsalicylic acid) has been used for a long time, and has had many uses beyond reducing fever. It was a primary treatment for arthritis for decades. The end point for taking as much aspirin as you could, was to stop at the dosage at which your ears started to ring. We have come a long way baby! It has potent anti-clotting properties, and millions of Americans take 81mg daily as a heart attack preventative. It is the drug of choice to take immediately if a heart attack or stroke is suspected. In fact, it has been reported to reduce by 32% recurrent venous thrombo-embolism (VTE) with just 100mg daily. Preventing clots from forming in the legs, it prevents those clots from moving to the lungs. In post-op orthopedic and cardiovascular cases, it reduces cardiovascular complications by 34% (JAMA-Surgery, 2013). When combined with Plavix (another platelet inhibitor like aspirin) it can prevent progression of a stroke if taken as soon as symptoms begin (this is for patients who may have had a TIA before or are very high risk). It has some preventative properties in pre-eclampsia of pregnancy in obese women. Aspirin can reduce the risk of colon cancer and reduce the risk of melanoma in post-menopausal women. All these statement came from medical journal articles. Research is being performed for its possible use in the following 1)migraine headaches 2) increase circulation to the gums 3) fighting ovarian and breast cancer 4) prevent cataracts 5) improve brain function 6) prevent adult leukemia 7) reduce risk of prostate cancer 8) increase rate of invitro fertilization. (not proven yet).

Aspirin can cause side effects: 1) gastric ulcers, 2) aggravation of gastric reflux, 3) bleeding at higher doses 4) aggravation of adult macular degeneration have been recently reported. Aspirin taken for viral infections can cause Reye’s Syndrome in children which can put a child in renal failure and can be fatal.

Aspirin is contraindicated in children. Reye’s syndrome can be fatal. Choose acetaminophen instead.

K. Hacker's Delight—Obamacare online

Neil Cavuto, on Fox, and founder of the anti-viral company, McAfee, has warned us that getting online to apply for Obamacare is a hacker's delight.
On Fox Business Network’s “Cavuto” on Wednesday, computer programmer and founder of McAfee, Inc. John McAfee said the online component of Obamacare “is a hacker’s delight” that will cause “the loss of income for the millions of Americans who are going to lose their identities.”

For starters, McAfee said the way it is set up makes it possible for fake websites be set up to fool people to think they’re signing up for Obamacare. “It’s seriously bad,” McAfee said. “Somebody made a grave error, not in designing the program but in simply implementing the web aspect of it. I mean, for example anybody can put up a web page and claim to be a broker for this system. There is no central place where I can go and say, ‘OK, here are all the legitimate brokers, the examiners for all of the states and pick and choose one.’”

**L. Questions with answers from USAA insurance company about ObamaCare**

The Affordable Care Act is here...like it or not. Remember, this plan is for only 15% of the country. Since Medicaid is a shared program with states, 17 have refused to accept Obamacare because their state could not afford to take on the extra costs of the program eventually. Gov. Bobby Jindal of Louisana said today (FOX NEWS) that to accept the program, it would cost his state taxpayers $1.5 billion dollars and allow 41% of its residents to be on Medicaid. The states have to pay 10% for this program and it graduates from there. The younger uninsured healthy folks, must sign on for the Feds to finance Obamacare (THEY NEED 2.7 MILLION young Americans THE FIRST YEAR). If that doesn’t happen, the money will come from the rest of us. Obama said “you can keep your doctor”, and “keep your current plan”. That is untrue! Florida Blue Cross has canceled 300,000 polices, and Kaiser Permamente in Calif. has canceled 160,000 policies, because they don’t cover everything that Obama wants covered, therefore they had to cancel the polices. The insurance companies have to make up for that loss. Obamacare is insuring poor people most of whom deserve it, but we must pay for it and the states that can’t afford it will have to cut other state programs. Medicaid has always been the “elephant in the room”.

There are some very good benefits of this plan and should be retained in any future plan. Pre-existing conditions, no cap on total insurance coverage, insuring the working poor, and coverage for preventative health screenings is a no-brainer. But that will cost billions! How we pay for it, has always been the major question. Expecting young people to finance it is very naïve. How this healthcare plan affects us on Medicare is unknown. Medicare is a very good plan and is overgenerous. The rules will tighten in the future trying to reduce cost.
I have friends who will benefit from Obamacare. To have all the benefits of this plan, the money has to come from taxpayers and those who make more money with increased insurance premiums. There likely will be Medicare premium payments based on income in the future. All these things will happen to insure all these new recipients with reimbursements of some degree up to 400% of the poverty level. If you are above that, expect to get hit. Many will be easily able to afford more, but there will always be the middle man who will be an accidental casualty. Not really knowing who or how much we will be hit is the question. Here are questions posed by www.usaa.com

The most dramatic changes to health care law are expected to hit in January, including tax penalties for those who don’t comply.

If I can afford the penalty and I’m guaranteed the ability to buy coverage later regardless of my health, should I just pay the penalty and go without protection for now?

That’s a risky approach. “Many people don’t realize the insurance exchanges won’t be open for purchases year-round unless you have had a qualifying event,” says Anna Brooks, USAA Life’s executive director of health solutions. “Since there’s no assurance that you will be able to buy coverage precisely when you need it, going without coverage leaves you exposed to the potential for financially catastrophic expenses.”

I already have employer coverage. What do I need to do?

Probably little. If you have coverage at work, it’s not likely you’re eligible for a premium subsidy. “And since many employer plans are pretty comprehensive and competitively priced, there’s a good chance that what you have is your best choice,” Brooks says.

What If I have individual coverage already?

You should have new options this year. “Get out and explore your choices to see if there’s something better than what you have,” Brooks says.

I’m 66. What kind of health planning should I be doing?

While the newest provisions of health care reform don’t affect you directly, visit the usaa.com health insurance hub for members 65 and older. You can learn about your Medicare choices and plan ahead to help protect your savings from a variety of health expenses.

I own a small business. Can I buy group coverage on the exchange?

It depends. If you have 50 or fewer full-time employees, you can offer coverage through the Small Business Health Options Program, or SHOP. If you have 51 to 100 full-time employees, you may not have access to SHOP until 2016. Assuming that you qualify and decide to participate in 2014, you must offer coverage to all of your full-time employees. Some states require enrollment of at least 70% of a business’ employees before they can get SHOP coverage.

Where can I turn for more answers?

To learn more about the health care overhaul, visit healthcare.gov or the Kaiser Family Foundation.
This straight from the website on Obamacare:

<table>
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<tr>
<th>Date</th>
<th>Positive Result/Benefit</th>
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<tr>
<td>6/23/10</td>
<td>People with a pre-existing condition cannot be denied health coverage by an insurance company starting in 2014</td>
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<tr>
<td>6/23/10</td>
<td>People denied coverage for a pre-existing condition given access to a temporary high risk health insurance plan</td>
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<tr>
<td>6/23/10</td>
<td>Children under 10 can no longer be denied coverage or benefits for a pre-existing condition</td>
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<tr>
<td>6/23/10</td>
<td>Young adults can stay on parent’s insurance plan up until age 26</td>
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<td>6/23/10</td>
<td>$259 rebates for those in the Medicare Prescription drug “donut hole” during 2010</td>
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<tr>
<td>6/23/10</td>
<td>50% discount on prescription drug costs for seniors in the Medicare “donut hole” starting in 2011</td>
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<tr>
<td>6/23/10</td>
<td>Health care insurance plans prohibited from putting a lifetime limit on the benefits you receive</td>
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<tr>
<td>6/23/10</td>
<td>Annual dollar limits on health benefits restricted and phased out by 2014</td>
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Finally there are 3 major Obamacare website problems as pointed out on ABC Sunday morning (George Stephanopoulos)

1. **Problems accessing the site and creating profiles.** You must give them all your personal information even if you are just shopping for a program that fits your needs. That has turned huge number off the site.
2. **Incorrect quotes and eligibility information.**
3. **Unreliable information sent to the insurance company.** If you are on a special medication for cancer or MS, or rheumatoid arthritis, you will not be able to find out if that medication will be covered with a new policy up front. You would have to have your doctor send in the necessary paperwork for them to see if you qualify. **DON’T DROP YOUR CURRENT POLICY UNTIL YOU KNOW THE MEDICATION OR TREATMENT WILL BE COVERED IN WRITING.**

This program originally was quoted to cost $890 billion and now it going to cost $1.8 trillion and still rising.

People are losing their insurance left and right because of this turmoil because there insurance does not conform to Obamacare guidelines. People are losing their personal doctor by signing up to more restrictive policies regardless of type. Physician networks are going to be more strict than ever. You will not have the ability to go out of network. Thousands of doctors are being kicked off Medicare Advantage as providers by United Health Care for no reason. Of course, there is a reason....they are charging more patient, and Medicare Advantage will be the first to go when the Feds overhaul Medicare. More on Medicare Advantage next month.

**N. Sugarless gum—use only gum with Xylitol to help prevent tooth decay.**

Xylitol is a sugar alcohol that fights cavities. Bacteria that cause cavities, metabolize regular sugars to thrive in the mouth, but can’t use xylitol. Trident
gum has this sugar in it. Please read the labels and choose sugarless gum. It is worth the cost. The only one I could find at most markets is Trident. They taste just the same.

Here is a list of gums that have various concentrations of xylitol:

- **B-Fresh**
  B-Fresh chewing gum costs about $0.10 for a bottle of 100 pieces. There are .85 grams of xylitol in every piece.

- **Spry**
  Spry typically costs about $6.20 for a pack of 100. There are .72 grams of xylitol in every piece.

- **Xponent**
  Xponent gum costs about $1.40 for each bottle of 100 pieces. There are .72 grams of xylitol in every piece.

- **Xylichew**
  A pack of 100 pieces of Xylichew typically costs about $9. There are .70 grams of xylitol in every piece.

- **Trident**
  Trident's variety of xylitol gum costs $1.29 for a pack of 18. There are .72 grams of xylitol in each piece.

Another Medical News Report comes to an end, and I hope I touched on some medical issues that you were interested in. I hate to take up so much time on the current controversy of Obama’s healthcare plan. It is so confusing, and has obviously made a lot of experts stumble. I have spoken the truth whether you like it or not. I am exhausted just studying on it.

Medicine is in the middle of a huge transition, and some of it is overdue. When politicians get involved with the healthcare of this country, no one can agree, and we as consumers are just sitting there dumbfounded that we are the pawns. We are really the only major country in the world without socialized medicine. It is coming like it or not. Obamacare is just a warmup. We will survive. We will adapt, and maybe we will start taking more responsibility for our own health. We better.

The leaves are just beautiful and before we know it we will be celebrating Thanksgiving. God bless you, our country, our military, the homeless, the poor, the needy, the sick and confined. And yes, may God have a special blessing for our government. Enjoy your families and friends on this most special holiday, and please drive very carefully on the roads. See you next month. Stay healthy and well, my friends, Dr. Sam