Dear Friends, thank you for continuing to be loyal readers.

There are some very interesting subjects I am reporting on, so get ready to learn some new “stuff” including the various causes of pelvic pain, part 1. I am still working on the VA and prostate cancer and should be able to start reporting soon.

July is the month to celebrate the birth of our country, and we continue to pray for freedom, our troops, our veterans, and those that serve us in our cities and states. It is very important that we make sure our voice is heard in Washington D.C. as this has been a very disappointing year for those that represent us. It is time to clean house, in my opinion.
Subjects for July, 2014

A. Do you trust your doctor?
B. Triglycerides—the other fats
C. Medical Marijuana—why is medicine and the government dragging their feet?
D. Pelvic Pain—the possible causes in women
E. The government’s recommendations for screening the public for Hepatitis B
F. Cosmetic surgery for men—before and after photos
G. Testosterone-FDA warning

A. Do you trust your primary care physician?

We can all define what we want and need in a primary care physician. There any attributes we are looking for, but with the constraints on the physician’s time, it is becoming a real art for physicians to “fill the bill”. Here are some thoughts from Dr. Stephen Schimpff, MD, who has written a book on healthcare delivery. It is available if you are interested. His research has given us the 10 most important attributes we are looking for in a doctor. I am sure you could add your own personal attributes. Bottom line, we want a smart, caring, attentive doctor that treats us like we are his only patient, really caring for our health outcomes, and follows through. Access is another commodity
that is becoming increasingly valuable in this era of healthcare reform. I predict this type of physician will become harder to find.

1. A balance of expertise and communication skills.
2. A doctor who connects with you.
3. A doctor who listens. (a 1999 study stated that doctors interrupted the patient in 23 seconds on the average)
4. A doctor who makes eye contact and does not turn away from you to enter information in a computer.
5. One who is not judgemental.
6. One who asks questions and gives you their full attention.
7. A sense that the doctor is telling the truth.
8. One who educates you about your disorder or illness.
9. One who makes you feel there is a sense of trust with the doctor.
10. A doctor who creates a partnership with you.
11. I will add another....A doctor who has a vigilant caring and courteous staff. Without positive vibes from the doctor’s staff, it will be hard to attain the above.
We all know about cholesterol, but there are other fats in our blood to consider....triglycerides

There are 3 classes of fatty acids a) saturated b) monounsaturated c) polyunsaturated. Trans-fat is not a naturally occurring fat. It is created industrially and can be any of the 3 above fatty acids. It is bad stuff. The body can store energy for longer periods of time in the form of fatty acids. These acids are carried in the blood by proteins (beta-lipoproteins). These are stored in fat cells as triglycerides or neutral fat, which are converted to glycerol for energy. Certain types of lipids make up the cell membrane (walls of a cell) in the form of phospholipids, which maintain cell integrity, cell signaling processes, and construction of cellular receptors.

Fatty acids provide a source of concentrated energy for cellular metabolic needs.

Oxidation of fatty acids creates 9 kilocalories of energy per gram of fat.

Saturated fats account for the largest source of fat in the Western diet from animal derived foods. Unsaturated fats come from plant sources. Fish especially salmon, Albacore tuna, sardines,
soy, and nuts (walnuts) are natural sources of omega fatty acids.

These are the source of the best of these fats called Omega 3 & 6—DHA, EPA, ALA. Our body does not produce these Omega fatty acids.

Many studies have proven that artificial supplements of Omega 3s do not prevent heart attacks or heart failure and even in post-MI patients. Ref. NEJM, 2013

Omega 6 fatty acids also come from green leafy vegetables and nuts. The specific acids DHA and EPA are the most valuable Omega fats to our health.

The medication, Vascepa (iso-pentyl-ethyl fatty acids), is now approved by the FDA for elevated triglycerides and its source is from wild deep water Pacific ocean fish, but I can’t find one study to prove it prevents disease. Other well-known drugs, such as Lovaza (concentrated Omegas—1000mg twice a day is
equal to 24 caps that is OTC) and Fenofibrate, and nicotinic acid (Niacin) can lower triglyceride levels, but it is still not clear that they will actually reduce the incidence of vascular disease. Most people with high triglycerides, that are not able to maintain normal levels with diet, will be prescribed these medications. This is in addition to the statins for the treatment of cholesterol, which I have reported on extensively.

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Reports 4 and 5!

A Lipid Profile blood test checks for total cholesterol, LDL, HDL, and triglycerides. Inflammatory markers are also becoming more important in monitoring patients with vascular disease as well. These have been reported on as well in Reports 4 and 5.

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In the 70s and even 80s, triglycerides were not considered necessarily bad, but over the past 20 years, as predicted, research has proven that these elevated fats also increase the incidence of vascular disease, and they are part of the METABOLIC SYNDROME (OBESITY, HYPERTENSION, ELEVATED LIPIDS, TYPE 2 DIABETES), which signals a high risk for cardiovascular disease.

Although rare, there are hereditary forms of hypertriglyceridemia, which require more aggressive therapy. There are 4 types of Hyper-beta-lipoproteinemia, this lipoprotein carries the triglyceride molecule. With increased levels of these proteins, more triglyceride is bound to the protein thus raising the levels in the blood. Correlation with type 2 diabetes makes these particularly dangerous. Heredity plays a huge role in vascular disease, so the only way for the public to address the risk factors we can control is to maintain an ideal weight, normal blood levels of fats, getting daily exercise, keeping low levels of stress, getting 8 hours of sleep, and keeping a normal blood pressure, not smoking and drinking minimal alcohol. This will provide us the best chance of living into our 80s.
Note-Lovaza is supposed to be in generic form soon. Fenofibrate already is generic.

Ref. Mayo Clinic, WebMD, the medical journal Circulation

C. The issue of Medical Marijuana

There is increasing support for legalizing marijuana as a medicine. The US Federal Government has continued to rule that the sale of marijuana is illegal in the US. 21 states and D.C. have approved the medical use of pot and 20 states now will not prosecute you for possession and or selling marijuana.

The benefits of the compounds of the cannabis have been well studied because of the addictive qualities and psychoactive side effects of THC (tetrahydrocannabinol). It made our government have tunnel vision about possible benefits. The important issue of providing medical marijuana for patients could have benefitted patients decades ago. Once the government labeled it illegal, research funds were not considered. The clinical value of THC (tetrahydrocannabinol) is just one of 80 compounds in marijuana leaves that may have clinical value. This report is not meant to discuss the pros and cons of legalizing recreational
marijuana. I am interested in helping patients with any substance that has proven medical value (not antecdotal claims—BEWARE of the internet). There is a groundswell of misinformation out there. The latest touted for multiple diseases is hemp oil (which is hash oil, a concentrated potent oil).

What is tragic is that research has not been performed much until the last 10 years. The possibilities for medical use could be endless, and research is under way but not ready for prime time. Let’s wait for the proof. Too bad we have to, but we are in an era when clinical medicine has to have evidence based proof before we can prescribe these compounds.

Until recent years, cannabis has been properly promoted as a benefit for nausea caused by chemotherapy, pain, spasticity (MS, Parkinson’s Disease, paralyzed patients, etc.), as an appetite stimulant and improving a sense of well-being in severely ill patients. Only a small number of doctors are comfortable in prescribing it, but in the states that allow it, patients can get medical cards allowing them to purchase medical marijuana. This issue has to be resolved quickly.

Recently, valid studies have reported that there are certain strains of cannabis plants that contain low levels of THC, but have a very valuable compound called cannabidiol or CBD (Marinol) which causes very little psychoactive side effects. Cannabidiol has been proven to be a valuable medication to treat a variety of disorders without the psychoactive side effects. However, there are other potentially harmful side effects such as hypotension (low blood pressure and tachycardia), therefore cardiac patients must be very careful. Another study reported that when CBD is added in higher doses to THC, it actually counteracts the “high” of THC. This could be very valuable in allowing patients to drive, not have memory problems, or other cognitive issues when consuming these chemicals.

House Bill 843 in Florida is addressing the legalization of CBD as a medicinal product. I suspect many other states will follow suite.
Canabinoids have major chronic pain benefits that could be used by pain management specialists and could potentially prevent thousands of patients from getting addicted to more potent narcotics. One study reported that 25mg of THC was as effective as 60mg of codeine for pain relief.

Other benefits have been shown in pediatric seizure patients, and studies are beginning to show some possible anti-cancer effect, but it is too soon to get on the band wagon and rush to assume it will be effective. Here is what is allowed legally by certain states (I hope all states will follow suite).

If you live in a state where medical marijuana is legal and your doctor thinks it would help, you’ll get a “marijuana card.” You will be put on a list that allows you to buy marijuana from an authorized seller, called a dispensary.

Doctors also may prescribe medical marijuana to treat:

- Muscle spasms caused by multiple sclerosis
- Nausea from cancer chemotherapy
- Poor appetite and weight loss caused by chronic illness, such as HIV, or nerve pain
- Seizure disorders
- Crohn’s disease

It has been around forever and never studied well until the last 10 years. Note the date on the photos.
If you go on the internet, cannabis (hash) oil is being sold by many sights without regard to the percentage of THC in these products. Federal regulation, from the FDA, is the only way to be assured of what the substances contain. Most plants today have as much as 12% of THC concentration in the leaves (in 2002—3%). This oil can be very potent and potentially very dangerous, although I have not read of any fatalities. **Do not use these products without your doctor knowing that you are taking it!!** Beware and be patient! Wait for the quality research! I will report on cannabis again when reliable information is available.

Reference—Dr. Gergory L. Gerdeman, Asst. Professor of biology at Eckerd College, St. Petersburg, Florida; WebMD; Wikipedia; NEJM June, 2014

**D. Causes of Pelvic pain**

Every woman suffers from pain in the lower abdomen at one time or another. When a physician sees a woman with this complaint, the history from the patient is critical to narrow down
the possibilities. The time, the position of the pain, associated symptoms, time of the month, etc. Tests include a physical exam, ultrasound, CT, MRI, blood tests, urine and laparoscopy.

The following is a list of possibilities that should be considered in a differential diagnosis:

1) Digestive disorders such as IBS (irritable bowel disease)
2) Appendicitis
3) Menstrual abnormalities, ovulation
4) Ectopic pregnancy
5) PID (pelvic inflammatory disease)
6) Endometriosis
7) Fibroids
8) Ovarian abnormalities (cysts, cancers)
9) UTI—Urinary tract infections
10) Kidney stones
11) STDs (Sexually transmitted diseases)
12) Pelvic organ collapse
13) Pelvic congestion syndrome
14) Adhesions (scar tissue from disease or previous surgeries)
15) Vulvodynia (pain in the vulva)
16) Pain induced by sex
17) Menopausal symptoms
18) Medication side effects
19) Cancer

To address this subject will require several reports to adequately cover such a vast array of possible causes.

Each month, I will report on 3 possible reasons for pelvic pain.
This month:

1) Digestive issues
2) Appendicitis
3) Menstrual abnormalities, ovulation pain

1) Digestive abnormalities

This one is easy, because I have already reported on this. In review, the primary digestive disorders are some type of irritable bowel syndrome or disease. Celiac Disease is caused by gluten sensitivity, which is a true allergy to this protein found in most grains. There are actual intestinal changes in the lining. This can be associated with mild to severe symptoms of cramping, gas, diarrhea, constipation, and bloating. This is controlled by elimination of gluten in the diet, but in my reading, many have some sensitivity to lactose (intolerance) in milk products as well. There is no specific curative medication to take for this disease, but there are many products for quieting the gut and treating the symptoms of these types of GI problems. For an extensive report refer to my website--#14.

Probably the most common disorder is not a disease but is a syndrome...irritable bowel syndrome. This is caused primarily
by stress, but your doctor must rule out the above diseases with colonoscopy, biopsy, and even cultures of the gut bacteria. There is some evidence that patients who remove gluten and lactose from their diet improve. Even fecal transplants of bacteria are being used effectively to treat these GI disorders. Having the right balance of normal bacteria in the gut plays an increasingly larger role. I have discussed this in the previous report # 14 found on my website under archives. www.themedicalnewsreport.com

2) Appendicitis

We are familiar with some of the classic signs and symptoms of appendicitis. Appendicitis should be considered at any age, although it is much more common in younger patients. It can easily be overlooked in adulthood.

The classic signs and symptoms are right lower abdominal pain or around the navel, loss of appetite, vomiting, abdominal swelling, low grade fever, and an inability to pass gas. However, almost half of patients present with more subtle signs and symptoms.

There can be pain anywhere in the abdomen, painful urination, vomiting that precedes abdominal pain, severe cramps, constipation, or diarrhea. An ultrasound can diagnose the problem, and appendectomy is the answer, although, there are recent studies implying some cases can be cured with antibiotics alone. The complications of misdiagnosis or delay in treatment include peritonitis, rupture, and abscess.
3) Menstrual cramps/Ovulation pain

The female monthly cycle is governed by the levels of estrogen and progesterone, as pointed out by this diagram. Premenstrual cramps start as these hormones start to drop. During that time, the pain can be more generalized and even in the flanks. In some women, this can be more severe at times, and it could be confused with other abnormalities. PMS is a real syndrome and can be very severe (premenstrual dysphoric syndrome). The cramps come from the uterus contracting beginning to shed the inner lining of the uterus.

Ovulation pain (Mittelschmerz) occurs when the ovum ruptures from the surface of the ovary, causing bleeding, peritoneal
irritation, and cramps. If a woman does not keep a calendar, they may not realize ovulation pain could be the problem.

Next month, I will report on 3 more causes of pelvic pain to consider. Anytime symptoms increase rapidly with a fever and increasing pain anywhere in the abdomen, it is time to call the doctor or go to the emergency department.

Ref: WebMD

**E. Hepatitis B Virus screening guidelines from the Federal Task Force**

Hepatitis B continues to be epidemic in the world, but with vaccination, it should not be the problem it is. Addicts, gays, those travelling in endemic areas of the world, are all at risk. The mass entrance of illegals, on our borders, are going to be a public health nightmare and will cost millions in extra healthcare dollars. There are other groups who should be routinely screened for this disease. I have previously reported on Hep B in the #6 report back in 2012.

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This disease can be silent for years or one can be a carrier exposing their friends and family. Vaccination is quite effective and early treatment of this form of hepatitis can reduce the chances of cirrhosis, liver failure, cancer, and even death. All pregnant women are now routinely screened, but there is a huge population that is not. Read carefully the information from the USPSTF below. If you have been exposed, or you have parents who lived in endemic areas of the world before coming to this country, you should be screened. Doctors are likely to check you if you have any abnormalities of liver function studies. This disease will make you very sick in most cases, but what concerns everyone are those who think they may have just had a stomach flu and in fact had Hep B.
Interesting side note: A recent study shows that vaccinated adults have an 81% reduction in the risk of diabetes!

F. Cosmetic Surgery in Men

The last 15 years of my practice, I developed a large cosmetic practice after having had a successful ENT, head and cancer practice. The versatility of the current ENT-Facial Plastic Surgeons is tops. There is a board certification for facial plastic surgery, and you should be sure your doctor is board certified in either facial plastic surgery or general plastic surgery. Below are some of the popular cosmetic procedures men (and women) can consider in facial rejuvenation. It is very important that you know exactly what bothers you about your face before seeking consultation. Don’t let surgeons talk you into procedures you really don’t want. Less is better, especially for men. No one wants to look like you have had cosmetic surgery, rather you want to look rested, perhaps even younger. Be realistic about your expectations.

- BROW LIFT
  Raising the brows gives a fresher, more youthful look

- EYE BAG REMOVAL
  One of the easiest and most popular procedures for reversing the signs of ageing

- NOSE RESHAPING
  Straightforward procedure, which can give you new confidence in your appearance

- FACE/NECK LIFT
  For the removal of visible jowls, deep lines and loose skin

- EAR RESHAPING
  A straightforward procedure with immediate results

- CHIN IMPLANTS
  An effective way of dealing with the common problem of a receding chin
Over a million men a year are having cosmetic surgery. Men are living longer and feel better than they look. Men often have younger wives, meet with great competition in the workplace, or just want to look younger. In my practice, 20% of my cosmetic patients were men.

Cosmetic surgery can be performed for congenital deformities, the result of injury, including sun damage, and aging issues (sagging from loss of collagen in the skin).

The most common procedures are **rhinoplasty** for nasal deformities, with both congenital and traumatic deformities. This is frequently accompanied by repair of the nasal septum.
Septoplasty to improve the airway

Otoplasty for ears that stick out too far!

Facial harmony requires all facial features to “fit”, and when they don’t, with one feature overshadowing the others, a face does not look its best. Of course, beauty is in the eye of the beholder, and certain ancestries are accepting of larger noses, etc.

Other less common procedures are breast reduction for male gynecomastia, caused by hormonal abnormalities, side effects from medications, or congenital. Liposuction can be performed to improve the look.
Liposuction of “love handles” is very popular. I performed liposuction on the cheeks and under the chin in almost every facelift, I performed. Abdominal lipo requires good abdominal muscles to get a good result from liposuction alone.

Men even have chest implants to augment their “pecs”, calf implants to create better looking legs, and yes, butt implants.
These procedures are performed on body builders and in men very self-conscious about their flat chests.

Above is an example of calf implants before and after

Before and after of pec implants

Augmentation of the facial bones can make a huge difference in facial surgery. Chin implants are frequently placed at the same time as a rhinoplasty or face lift, if the chin is weak. It is particularly helpful to make the neck looks its best including lipo under the chin. Many of the face lifts I performed included some type of facial augmentation—flexible implants, fat injections, etc. The chin/neck angle will be deepened with these procedures.
Finally, **Botox** is probably the most common procedure today because of its ease and lack of major expense or downtime. Botox is created from a very poisonous bacteria *Botulinum*, a fatal form of food poisoning. This toxin creates temporary paralysis of nerves. This is commonly used to rid the forehead of wrinkles and “crows feet”, which is caused by squinting. **Botox, Dysport, and Xeomin** are injected very carefully into the muscles of these areas. It needs to be repeated about every 4-6 months.

I emphasize to every patient that the smile is the most important addition to facial cosmetic surgery. Straight, white teeth are a
must for creating the best looking face. Look at the difference it can make.

Skin care, skin resurfacing, and cosmetic procedures in women will come next month.

The goal for any cosmetic procedure is to make the patient look good, rested, but not “operated” or over-corrected. The interview is critical to make sure what I see wrong with a face or body is what the patient sees. A stable psyche is mandatory for cosmetic surgery, and expectations must be realistic. I turned down many patients for a variety of reasons, mostly because of a concern that the patient did not have realistic expectations. Right after a death of a spouse or after a divorce is not a good time for cosmetic procedures.

Facial rejuvenation is the medical term for plastic surgery of the aging face. The face can be separated into thirds. 1) the forehead and brows 2) the midface-primarily the eyelids 3) the lower face. Surgery must be performed most of the time if you wait ‘til your 60s to start considering cosmetic surgery. Of course, financial and personal preference issues frequently make you decide to
choose only the worst part of your aging face. That is a critical phase in the consultation with a plastic surgeon.

Forehead lifts are not recommended very often on men, so direct brow lifts and eyelid lifts are improvement enough for most men. Blepharoplasty is probably the most common rejuvenation procedure on men.

The eyelid surgery is quite easy and makes a huge difference.

See the hooding of the upper eyelids? Skin has been taken from the upper eyelids. The incision is hidden in the crease. If bad enough, insurance might cover it. You will need a “visual field test” that shows a 40% obstruction of vision. The neck waddle is removed by making incisions around the ears and under the chin. The jaw line is tighter and the smile line is less deep. The cheek area is tighter. The lower eyelids and a laser peel have been performed as well. Forehead and brow lifting in men should carefully consider those procedures, since the look of surprise is not what you want.
The lower face lift will make a tremendous difference along the jaw line and neck. The turkey neck is relieved and the cheeks and jaw line give a much more youthful face. It is frequently associated with facial liposuction or fat injections if the facial skin does not have a deep fatty layer.

An example of over-correction would be Kenny Rogers. His surgeon over-did his face and it has taken years for him to look close to normal. Be sure, you see before and after photos by your doctor and tell him not to over-correct even if he has to come back and do a little revision in the future. Mr. Rogers had a forehead lift, which made him look weird. Without that, the eyelid and face lift would have made a nice “natural” look.

From the side of this man’s face, you can see what you can expect in a lower face lift. The jowls are gone, and the neck sag is corrected. Notice the smile line is still present. It takes fillers in that line, and I prefer to limit that to women. Also notice no tell-tale scar in front of the ear. You can look good in about a month or less.
In the future I will report on female facial plastic surgery and body refinement surgery. Skin care and skin resurfacing will require a third installment.

FDA: Risk for Venous Thromboembolism with All Testosterone Products

By Kristin J. Kelley
Edited by Susan Sadoughi, MD, and Jaye Elizabeth Hefner, MD

The FDA is requiring an expanded label change to all approved testosterone products to warn of the increased risk for venous thromboembolism. Labels currently address the risk for clots associated with polycythemia caused by testosterone treatment.

The action follows reports of blood clots in testosterone users unrelated to polycythemia. The agency says the warning is not related to an ongoing investigation announced in January about possible cardiovascular risks associated with testosterone treatment.
This completes the July report.....something for everyone. In August, I will begin reporting on the Endocrine System (thyroid, parathyroids, adrenals, reproductive glands, and portion of the pancreas that controls glucose. It all starts with the governor of all these endocrine organs—the pituitary.

Stay healthy and well, my friends, Dr. Sam