

The Medical News Report #6, July, 2012

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Outline for the Report

- 1. Hepatitis A, B, C-- acute and chronic**
- 2. The Changing Scene of Cancer Screening**
- 3. Snoring and Sleep Apnea (see in an attachment)**
- 4. Autoimmune Diseases**
- 5. A look at Medicaid and Obama-Care and the Supreme Court's Decision**
- 6. A quick look at the latest Medical News at a glance (flesh-eating bacteria, keeping up with vaccinations, super foods that can keep you healthy, whites a minority? , and Z-packs (azithromycin) are dangerous for heart patients.**
- 7. Flesh Eating Bacteria**
- 8. Vaccinations**
- 9. Antibiotics**
 - A. Z-Pack Antibiotic**

1. HEPATITIS A, B, C-- ACUTE AND CHRONIC

General Comments—Hepatitis does not get much press, but it is a huge problem globally and in our country. With travel AND influx of so many unvaccinated people into the US, we are facing a huge crisis in this area of infectious disease. Hepatitis is contagious, and you can be infected by food, water, ice, blood, semen, borrowing people's razor or tooth brush, or having a blood transfusion. Millions of people globally are infected. The acute phase of the disease can be severe or very mild, and it can take years for the chronic form to show up clinically. Making sure, if you travel out of the country, that you have checked with your doctor about vaccination for A and B. Logging on to www.cdc.gov will give you the actual shots you need based on the country (s) you are to visit.

A. HEPATITIS A

- a. This infection is contracted from person to person, or ingesting contaminated shellfish, fruits, vegetables (especially leafy), and uncooked or poorly cooked food.

- b. The time from exposure to onset of symptoms is 1-2 weeks. Since the liver is infected, developing jaundice (yellow eyes and skin, and dark urine), fatigue, fever, and generally feeling weak (malaise). Children under 6 don't usually have symptoms. Gamma globulin (IgM) and anti-HAV treatment may be necessary just to boost your own body's ability to fight off the virus. The treatment is basically bed rest, fluids, and general supportive care. This is a virus, so there is no actual treatment. You usually get well in 1-2 weeks.
- c. Africa, the Middle East, India, South America, Mexico, Central America are the places that are endemic (meaning you can't trust anything for sure).
- d. About 10% of people with Hepatitis A relapse and have prolonged symptoms. If you have pre-existing liver disease, you are especially prone.
- e. The most important way to prevent the disease is get the VACCINE and 2 doses are necessary, so don't wait 'til the last minute to get these.

B. HEPATITIS B

- a. 2 out of 3 are exposed by sexual contact, drug users using dirty needles, and babies are infected through their mothers. You might expect a lot of these people are HIV positive too. ONE THIRD OF PATIENTS don't know how they got infected. Contamination from a razor or open sore, a tooth brush, or contaminated blood can all be a factor.
- b. Acute symptoms can be mild to severe. The same symptoms I described in Hep A apply here. The symptoms can take as long as 6 months to show and acute symptoms last for a few weeks. Frequently the symptoms are severe enough to require hospitalization.
- c. This virus is 100 times more infectious than HIV AIDS.
- d. In 2007, there were 43,000 cases in the US and 350 million worldwide contributing to 620,000 deaths. The rates are fortunately decreasing because of vaccination.
- e. The younger you are when you are infected, the greater the chance of contracting the chronic form. If you are exposed, it is recommended to get Hep B immune globulin (HBIG) to boost your own immunity.
- f. High risk people are those who have multiple sexual partners, gay, infants of infected mothers, healthcare professionals, patients on hemodialysis, prisoners, patients with HIV, drug abusers, or those that travel to the aforementioned countries.
- g. Chronic Hep B may take 20-30 years to manifest. 15-20% develop severe liver disease with cirrhosis and progress to liver failure. A liver transplant may be necessary. 2,000-4,000 die each year from Hep B in the US.
- h. You can be tested to see if you have been exposed by having a blood test for antibodies to the virus (anti-HB). If you are positive, a liver profile of tests will be

necessary and proper treatment is mandatory. If you are negative you have not been infected.

- i. The vaccine is a must!! It requires 3 doses, and needs to be carried out 6 months before travelling. If travelling to 3rd world countries, get vaccinated, but always talk to your doctor about this.
- j. All infants are vaccinated at birth with 3 additional boosters. Children- 19 years of age should be vaccinated as well. Certainly if you are with someone infected, you must get the vaccine.

C. HEPATITIS C

- a. This type of hepatitis is the one you need to pay attention to!! Baby Boomers are the AGE GROUP that are most infected (initially infected at much earlier age) accounting for 75% of the cases in the US. 1 in 30 boomers are infected!!!! 2 million are currently infected and don't necessarily know it. This acute infection can lie dormant for 20-30 years. Your past can catch up with you. The acute infection is like any other acute hepatitis, described with the other types of hepatitis.
- b. More than 15,000 baby boomers die every year because of Hep C. The liver becomes chronically infected and after so many years, the liver functions start to deteriorate. Ultimately, cirrhosis occurs and liver failure in many. Some will clear the virus after the acute exposure, but otherwise it just lies dormant until it starts to affect the liver cells. If a heavy drinker, expect the chronic form to show up quicker.
- c. Now more bad news! Hep C causes liver cancer, in fact it is the #1 cause.
- d. The highest population for Hep C is Asian.
- e. If a person is tested and negative, there is no infection. If positive, the virus may have cleared or there is an active infection. An additional test will need to be done to tell if there is activity or not.
- f. In the past, blood transfusions or blood products (hemophilia) were the most common reason for contracting Hep C (now all blood is tested for Hep C), but today, the most common reasons are needles (drugs, tattoos, prison), healthcare professionals infected by patients, and hemodialysis patients. Many are still unknown as to the cause!!
- g. This disease is NOT transmitted by casual contact, sneezes, sharing food, or sharing utensils.
- h. The liver enzymes may be normal over the years even with a chronic infection. Therefore, if you have a positive test, you may have to have repeat liver studies before catching the abnormalities.

- i. HERE IS THE MOST IMPORTANT STATEMENT—IF YOU HAVE ABNORMAL LIVER STUDIES FOR ANY REASON, YOU SHOULD BE TESTED FOR HEP C!!!
- j. 50-90% of HIV patients are Hep C positive
- h. There is NO VACCINE yet!!

In conclusion, hepatitis is decreasing because of the vaccine for Hep A and B, but since Hep C doesn't have a vaccine yet, the risks ARE based on your social and professional lives.

B. THE CHANGING FACE OF CANCER SCREENING.

- a. There are many authorities that you can rely on for screening guidelines. Because I am personally involved with these guidelines that you consider the American Cancer Society. You can log on to their fantastic website www.cancer.org The CDC, National Institutes of Health, and other professional organizations also have recommendations, and the US Preventative Services Task Force (USPSTF). It is the last reference (USPSTF) that just came out with the controversial change in the PSA test.
- b. There are many reasons why guidelines are called just that.....guidelines. It is up to you and your doctor to decide what and when you should be tested for cancer. The decision is based on: 1-- family history and genetic testing, 2-- environmental exposure (i.e. chemicals, asbestos, contaminated water supply, exposure to mercury and other heavy metals, ingesting a lot of smoked fish esp. Asians, and exposure to a lot of air pollutants), 3-- social habits (smoking, excess alcohol, overeating and obesity).
- c. The greater the risks you have, the earlier the surveillance should be considered. An example would be having a first degree relative with BREAST CANCER. There is some controversy about whether all women need to be screened at 40. There is no real controversy at 50 years of age, but the frequency varies with different organizations. If at higher risk, like a positive family history or the BRCA gene, discuss this with your primary care doctor about being screened earlier and perhaps more often.
- d. PROSTATE CANCER is the latest cancer to hit the news (the USPSTF) about the lack of evidence that PSA (prostate specific antigen) should be used in the GENERAL population. This recommendation by the US Preventative Services Task Force has really "stirred the pot". Many groups do not agree with the recommendation. If you have no symptoms of prostate cancer, are 50 or over, they recommend you don't need a PSA test. Talk to your doctor. If you have a close relative with prostate cancer, CONSIDER being tested even before 50. If you have symptoms of prostatism, which are the same for cancer (frequency, urgency, burning, up at night urinating more than once, etc.) get tested. Your doctor should do a rectal exam yearly, because there is a difference in the way the prostate feels with a big prostate or cancer. Cancer is firm and a big prostate is rubbery. Rectal cancer can be detected as

- well. Being tested for PSA after 70-80 without changing symptoms is controversial as well. The remaining LIFE EXPECTANCY is a big factor in deciding to have the test or treatment if you in fact have prostate cancer. This is between you, your doctor, and a urologist.
- e. I have to say something that might ruffle some of your feathers....many of the studies coming out against screening are FEDERALLY FUNDED STUDIES and one wonders if there are underlying reasons for not screening!!.....like saving healthcare and insurance dollars???? That is just a thought, but since I have been reading so much ON THIS SUBJECT, it has occurred to me more than once. Most studies, for instance in prostate cancer, support PSA testing because as many as 10,000 lives can be saved a year because of PSA testing. (American Urological Association and European studies)
 - f. At the end of the day, read about and DEPEND ON YOUR DOCTOR, but stay informed. Doctors have bias too, because they have professional experience that may color their decision-making. And there are always lawyers waiting for doctors to miss a diagnosis. These are real issues. Healthcare is costing us billions of dollars a year. 10% of the healthcare dollar is caused by practicing defensive medicine (refer to last month's discussion on malpractice).
 - g. I am honored to be a member of a 12 person committee at the National ACS responsible for constant monitoring of current research that affects these guidelines. ACS still recommends reasonable PSA testing. Currently, we are working on screening high risk populations for lung cancer using spiral CT scans. The American Lung Association has already come out in favor of this. We should have the ACS guidelines out this year.
 - h. A new study just out that found that flexible sigmoidoscopy (a shorter tube only checks the left side of the colon where most of the cancers appear) finds almost as many cancers as colonoscopy. (New England Journal of Medicine, May, 2012). The reason I bring it up, is with healthcare reform, the feds are looking for cheaper tests, and this would save a huge amount of money. Examples like this are good, because we must cut spending on healthcare. Trusting every study is always questionable until it is repeated by other investigators.
 - i. In summary, now that I have put all the responsibility on you and your doctor to decide about screening, there are recent studies that have shown that physicians DO NOT ALWAYS INTERPRET CANCER SCREENING STATISTICS CORRECTLY (Annals of Internal Medicine, Mar 6, 2012). Therefore, you still need to be part of the equation. Screening saves lives! But there can be harm from the investigation biopsy complications, worry, and increased screening beyond what is recommended. There are risks and benefits from screening. Routine annual exams by your doctor should be done, and it is at that time that screening for cancer needs to be discussed.

C. OBSTRUCTIVE SLEEP APNEA (OSA)—see the attachment above or below in the email for the entire report on this most important problem.

D. AUTOIMMUNE DISEASES

Summary Comments---There are over 80 diseases that are considered autoimmune in origin. 22 million Americans suffer from this type of illness. An auto-immune disease is defined: our own immune system turns against some part or parts of our body. The process that keys this activity is still unknown, but we do know a lot about inflammatory markers in our body, and also can look at the process of healing to start with. Any injury of any type to our body calls on our cells to fight the offensive factor, creating a normal inflammatory response to stimulate the right cells to flood the area and begin the process of healing. This response is normal and is a magnificent cascade of actions our body is capable of. Our own immune response is the only reason we survive. Our body is bombarded by insults constantly. Without our knowledge this wonder of a body of ours keeps us out of trouble..... MOST OF THE TIME.

When the immune response is altered by disease, medications, etc., we are prone to illnesses that most of us don't have to worry about. Our body makes immune globulins which fight intruders. When the immune system becomes hyperactive for unknown reasons (genetic, environment, disease), our body over-reacts to certain tissues in our body (like the joints, intestine, skin, etc.) causing the same inflammatory process we normally experience. But in this case, it is exaggerated. Why does our body recognize our own tissue like it was foreign? It is still unknown but we are working on it!!!

For now, there are a host of diseases that are thought to be immune in cause. Over the next few reports, I will report on the most common.

The BIG 6 are: 1-Rheumatoid arthritis, 2-Type 1 Diabetes, 3-Systemic Lupus Erythematosus, 4- Inflammatory bowel disease (ulcerative colitis and Crohn's disease), 5-Sjogrens' syndrome, and 6-Multiple Sclerosis. There are many more you have heard about (Dermatomyositis, Scleroderma, Psoriasis, Lyme disease, Wegener's Granulomatosis, Juvenile Arthritis, Meniere's disease, Sarcoidosis to name a few). Because some include Fibromyalgia in this category, I will report on it as well.

The sad part is that these diseases become clinically apparent in the child-bearing age. Autoimmune diseases occur in FEMALES 80% of the time. They are terribly disabling. These are some of the most treatment-intensive illnesses around. They require a lot of patient education and compliance to keep these illnesses under control. Autoimmune diseases affect the patient's personal, social and professional lives and that of their family. Disability is a big issue. They can be mild, moderate, or severe. The earlier these diseases are diagnosed, the faster the treatment can begin, and it will hopefully prevent

damage to organs. Because these diseases affect blood vessels, joints, and the major organs, they can shorten lives, and create a huge quality of life issue. Because of these inflammatory markers there can be an increased risk of metabolic syndrome diseases and cancer.

This month, I report on the Irritable Bowel Diseases , and each month will add 1 or 2 more. Next month will be Fibromyalgia.

A. IRRITABLE BOWEL DISEASES—ULCERATIVE COLITIS AND CROHN'S DISEASE

It should be noted that Irritable Bowel Diseases (IBD) should be distinguished from Irritable Bowel Syndromes (IBS). IBD is an inflammatory disease of either or the small and large bowel (colon). IBS has some of the same symptoms as IBD but no inflammation, ulcers, or bowel obstructions. Both IBD and IBS have the same symptoms such as cramping, diarrhea, and constipation, but with IBDs like ulcerative colitis or Crohn's disease bloody diarrhea can occur or dark tarry stools indicating bleeding from ulcers or inflammatory lesions in the bowel.

IBS is psychosomatic, and obviously can be very distressing, but tends to be brought on by stress and other psychological issues. Stress may aggravate IBD does not cause it. UC and Crohn's have genes linked to them and begin in the teenage years or early adulthood. A gastroenterologist must determine if a patient has IBD or IBS with barium x-rays and endoscopy. Differentiating ulcerative colitis from Crohn's is also necessary. Ulcerative colitis does not involve the small intestine, but Crohn's can affect both the small and large intestine. Also Celiac Disease must be differentiated since it is an inflammatory disease caused by an allergy to gluten protein found in many foods. Diverticulosis and Diverticulitis also must be ruled out. In the future, I will report on these diseases.

Caucasian and Eastern Jewish races are 10X more likely to have IBD. IBD is characterized by remissions and exacerbations, so it can be harder to diagnose than you think.

Watery diarrhea, bloating, cramping, dehydration, vitamin and mineral deficiency, anemia, and fatigue can really be a social and psychological problem for these patients. Complications such as abdominal abscesses, bowel obstructions from scarring (adhesions), and fistulas (a connection) between the bowel, bladder, and vagina can be very serious.

There are certain foods that seem to aggravate IBD—alcohol, coffee, sodas, spicy foods, beans, fatty foods, high fiber foods, nuts, seeds, raw fruits and vegetables, red meat, and dairy products if lactose intolerant too (higher chance in IBD).

There are many classes of drugs necessary to control IBD such as antibiotics, ant-spasmodics, anti-inflammatory meds, chemotherapy drugs, hydration, vitamin and mineral

supplementation, and finding the foods that can be tolerated are the hallmark of treatment. There are newer treatments called IMMUNOMODULATORS and BIOLOGICS that have helped these patients greatly. These new meds block the action of the inflammatory proteins keying off the process.

Approximately 700,000 Americans from 15-25 years of age are affected. 25-40% require surgery for these complications of ulcerative colitis patients including relieving bowel obstruction and even having the colon removed. They can function without a colostomy in some cases. If parts of the small bowel have to be removed (Crohn's), a direct connection is usually well tolerated, but you CAN'T survive well without the small intestine because it is so vital to absorption of nutrients. The large bowel's main job is to concentrate feces allowing for water reabsorption.

Other complications of IBD are osteoporosis, arthritis, kidney stones, rarely liver disease and cancer (UC).

An interesting study was reported on the use of pig whipworms. Ingesting them somehow alters the immune system. It was reported that 43% of patients were better after ingesting the worms for 12 weeks. Yummy! Another recent study showed that PROBIOTICS (in yogurt) can play a role in helping these patients.

Common triggers include stress, smoking, missing doses of their meds, and eating the wrong food.

E. MEDICAID, HEALTHCARE, AND THE SUPREME COURT'S DECISION

I HAVE BEEN WAITING FOR THE SUPREME COURT TO DECIDE ON Obama Care. Clearly, most of us are very much positive or negative about this historic change in healthcare coverage. All of the key issues were decided in favor of Obama Care. They didn't allow the FEDS to penalize the states (on the increase in Medicaid coverage to 17 more million Americans). This means certain states could opt out of paying for Medicaid leaving the FEDS to pay it all. Since part of the expansion of Medicaid raises the poverty level to 400% of this level to receive some Medicaid aid. It actually increases coverage to people making 400%. There are 32 million uninsured Americans, and 17 million of those will be added all at once. Trust me the rest of that 32 million will be added. Mandating that mainly young people buy insurance is a double edged sword. If they buy it, the insurance companies win and maybe ? they won't raise our rates, but if a significant don't and pay the "tax" penalty, they lose.....and you lose BIG. It means your insurance rate will rise even more. YOU KNOW WHY? BECAUSE THOSE THAT DON'T GET HEALTHCARE WILL WAIT TIL THEY ARE DIAGNOSED WITH AN ILLNESS BEFORE THEY GET INSURANCE. The penalty for not abiding by the mandate is not near high enough. Most

of you don't realize that the insurance companies have been raising your rates by over 10% already just in anticipation of Obama Care. Kaiser-Permenente says another 4% increase is coming before the end of the year.

This will continue to be a political issue for the presidential *campaigns*. *Chief Justice* Roberts said the mandate was legal, but only as a tax. The Repubs will run with that one. Obama Care was never going to be "an affordable high quality" program. Regardless of who is our next president, your insurance rates are going to skyrocket, pushing ever closely to universal care, which is where Obama tried to go with this in the first place.

a. Who does Medicaid cover?

Currently, Medicaid covers 30% of all children, 70% of nursing home residents, and 40% of all deliveries. I wish I knew how many of these immigrants were illegal. It is pretty huge! Medicaid covers half of the people with incomes under the poverty level or \$23,025 for a family of 4. However, children under 200% of the poverty level are eligible for Medicaid or the Children's Health Insurance Program. So, the more children you have, the more the family receives. An income of \$14,000 for a family of 4 makes these parents eligible for Medicaid.

b. What does Obama-care add to the number of Medicaid recipients? With Obama-care, in 2014, Medicaid will cover

1. All adults with children under 65 below 138% of the federal poverty level (about \$33K per family of 4).
2. It will cover all (legal or illegal) pregnant women's children less than 6 years of age at or below the poverty level plus 133%, and kids age 7-18 with families at 100% of poverty.
3. There is some coverage up to 400% of the poverty level (\$92,000 for a family of 4).
4. 55 MILLION Americans WERE COVERED 4 YEARS AGO, AND 6 MORE MILLION WERE ADDED TO MEDICIAD BECAUSE OF LOST JOBS. ADD ANOTHER 17 MILLION That means 108 million Americans are going to be covered as of today after this Supreme Court decision. HOW DO WE PAY FOR THIS?????? TAXES ON EVERYONE ABOVE 400% ABOVE THE POVERTY LEVEL. HOW GENEROUS DO YOU WANT TO BE? THE BUSINESS INDUSTRY IS REALLY GOING TO TAKE IT SERIOUSLY, AND THEIR COSTS WILL GO UP, KEEPING THE JOB MARKET LOW AND OUT ECONOMY DOWN.

c. Reimbursement to DOCTORS, LABS, DURABLE MEDICAL EQUIPMENT, and HOSPITALS are getting pennies on the dollar. With this Medicaid expansion, 1 in 5 Americans will be covered by Medicaid!!!! The spending per child averages \$2500, \$17,000 for adults, and \$18,000 for disabled recipients. 2/3 of Medicaid patients are enrolled in managed care programs. Medicaid spending totaled \$400.7 billion in 2010 plus \$129.8 billion from the states and local governments. With the expansion, the FEDS will pay all but 10% of the expansion of

Medicaid. Normally, the FEDS pay 57% of the current Medicaid bills for recipients. By 2013, the FEDS are going to increase the reimbursement to primary care by 34%. This supposedly will increase the desire of these physicians to see Medicaid patients?? But, with a doctor shortage already, ACCESS to care for them and YOU is going to get tougher. States are looking at close to 30 million additional people added to this list in the next few years. The TOTAL BILL FOR MEDICAID WILL BE ¾ OF A \$TRILLION DOLLARS dollars per year. Total healthcare is 17% of the GDP. How much can THE STATES AND THOSE ABOVE 400% OF THE POVERTY LEVEL afford? Obama, obviously, will increase taxes on income, dividends, and capital gains, and reverse the Bush tax cuts (\$4 TRILLION) to try and pay for this.

- d. The Federal programs require (by law) that these medical groups must agree NOT to charge patients MORE than what Medicaid (Medicare). You can opt out, but that means you can't see these patients. Many doctors in private practice refuse Medicaid. It costs them more to see these patients than what they are paid, even with an increase in reimbursement. And Medicaid patients are statistically more likely to file malpractice suits. And there are not enough doctors to take care of this flood of new recipients. It will be a disaster. Where will all these extra 17 million go for care????? The Emergency Room. Stocks for hospitals went up as soon as the decision was announced.
- e. Clinics, hospitals, and large facilities can't afford to turn that many people away, so they have to accept Medicaid. Emergency rooms obviously, by law, can't turn anyone away. With entitlements like Medicare, disability, and Medicaid, it covers 43% of the population now and is rising.

I would strongly advise you to stay with your current doctor, because many more doctors are not accepting NEW Medicaid or Medicare patients either.

OBESITY in our country is a HUGE factor in Medicaid and throughout lower income Americans. It creates billions of extra unneeded dollars spent because of poor lifestyle. Medicaid patients do not get the same access to care either. They delay seeing or can't find doctors, and because of this our overall healthcare rating is one of the worst in the world. If you have private insurance or Medicare, the US is the place to be. J. No matter how this all turns out, the private insurance companies are already planning to cover the most popular benefits of Obama-care, and Romney said so today. OF COURSE, THE 400 LBS. GORILLA IS THE ADDITION OF ALL THOSE MEDICAID PATIENTS ALL AT ONCE. There will have to be a major expansion of nurse practitioners and PAs, but that will take time. We are at a crossroads in this country. As our country is allowing 1 million people to come to this country every year, we will have to cover them if they fall into the poverty level issue. Where does this end???????????????? I think we all know!

- m. This election coming up is the most important one of our lifetime, and we better crusade for what we believe in.

F. MEDICAL ADVANCES AND NEWS FLASHES AT A GLANCE

a. FLESH-EATING BACTERIA

This is not new!! The media used the name. The real name is NECROTIZING FASCIITIS. This is an infection of the tissues under the skin. There is more than one type of bacteria that cause this (strept, staph, Clostridia). More than half the time there is more than one kind of bacteria in the wound. These infections are from puncture wounds or minor scrapes. The infection starts beneath the skin and hides for some time, delaying diagnosis. The skin starts to harden, turn red or purple, and then spread. Blisters start to form on the skin. The extremities and abdomen are the most common sites. This infection is not CELLULITIS (an infection of the skin). People with diseases that alter the immune system are much more prone. The girl in Georgia has LUPUS (that is going to be discussed next month under auto-immune diseases). Toxins from these bacteria kill tissue and cause GANGRENE which creates the loss of tissue. One out three die because of delay in diagnosis. Get treatment early!!

b. VACCINATIONS

Don't forget to get a tetanus booster every 10 years. Also consider vaccines against pneumococcus, meningitis, Herpes Zoster, and flu shots. Recently there have been breakouts of whooping cough, and measles. These are totally preventable. They are occurring because of the influx of immigrants unvaccinated, and kids whose parents think they know more than their doctors. They don't have their kids vaccinated. Also, young children and preteens are not getting the HPV virus vaccine (it takes 3 shots). 16 million (7% of the population) American children and adults are infected and at risk for cervical and throat cancer. Only 22% of young women got all 3 shots.

c. WHITES ARE A MINORITY

While whites are 63% of the population, for the first time non-Hispanic white births accounted for 49.6% of births in America. "There goes the neighborhood" We can officially ask the government to give us the same rights as all the other minorities. Just kidding, but this will continue to trend toward non-white majority. Hispanics account for 26%, blacks 15%, and 4% Asian. Whites are much older, and it is just a matter of time before the younger Hispanics will be the majority.

d. 12 SUPER FOODS to eat your way to health!

APPLES, ARTICHOKEs, AVOCADOS, BEANS, BROCCOLI, EGGS, KIWI FRUIT, NUTS, SALMON, SPINACH, SWEET POTATOES, and TOMATOES.

(Johns Hopkins-Nutrition-Lynda McIntyre)

e. Z-PACK TAKERS

Zithromax is the 8th most common prescription written. It is twice as expensive as amoxicillin, and has a 3 fold increased risk of sudden cardiac death, especially in heart patients. It causes irregular heart beat. It is riskier than Cipro or Levofloxacin. Diabetics and heart patients beware! Regular erythromycin does not have the risk.

This completes the 6th (July 2012) medical news report. Don't forget my website for previous news reports www.themedicalnewsreport.com

In that website you will find good reliable medical references, my blog, and more. Refer your friends to the website to read this news report monthly. STAY HEALTHY AND WELL MY FRIENDS! Dr. Sam

