

The Medical New Report for October, 2012 #9

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My readers have a great variation in background, training, and desirability for the latest information on disease processes, and I have tried to report on enough in-depth information per subject to educate you. You will be better prepared to consult with your doctor. Medical visits are shorter, and unless you have your questions ready, you may feel that your visit was not up to expectation. Knowledge is power!

Starting this month, I will include a **SUMMARY** on each major disease, and that may be enough for some of you, or it may interest you to devote the time to read the FULL REPORT. Either way, I hope this additional service will be valuable. This month I am providing you with more brief HEALTH ISSUES. Feel free to comment on content on my blog. www.themedicalnewsreport.com

SUBJECTS THIS MONTH:

- I. **Cardiac Arrhythmias (summary included)**
- II. **Multiple Sclerosis (summary included)**
- III. **Vitamin D, a miracle vitamin (summary included)**
- IV. **Brief Information On Several Health Issues**
 - a. The Global Cancer epidemic
 - b. Shingles Virus (Zostavax)
 - c. Antibiotic Prophylaxis Before Dental Work or Cleanings??
 - d. Second Medical Opinions
 - e. Lightning Injuries
 - f. The Dirty Dozen and the Clean Fifteen
 - g. Food Borne Disease
 - h. Probiotics—what are they?

i. It is vaccination time!

I. CARDIAC ARRHYTHMIAS

Summary---Irregularities of the heart are a result of mostly atherosclerosis, and are very common. Some are discussed including **atrial fibrillation**. The hazards of having arrhythmias are discussed. The signs and symptoms are reviewed. This is a very treatable condition, but many of these abnormalities go unnoticed until it is too late. The diagnosis and options for treatment are discussed. Preventing complications of arrhythmias saves lives. Learn about this problem and make sure you get regular checkups.

Figure 1 shows the chambers of the heart

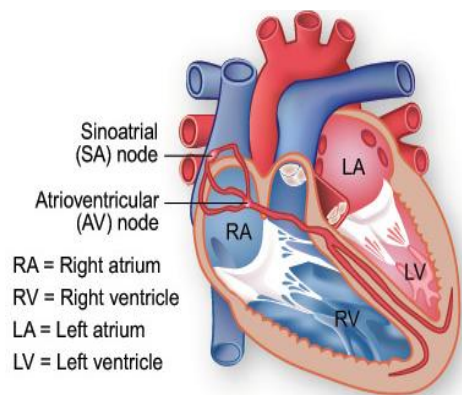


Figure 2 shows the electrical system of the heart

Cardiac arrhythmias are very common, and most are the result of the atherosclerotic process that we have reported on extensively. Congenital heart problems also can cause these problems. Irregular heartbeats are dangerous for multiple reasons. 1) Irregularities can result in death. The heart can suddenly go into cardiac standstill (heart stops), or more commonly creates a

heartbeat that can't support the heart pumping out enough blood to sustain life (heart failure). The heart is working so hard it starts failing as a pump. 2)

Irregular heartbeats like **atrial fibrillation** create an environment for tiny blood clots (emboli) to form on the valves of the heart or walls of one of the chambers which then sends clots to the brain, lower legs, or other organs creating a stroke or some blockage of a vessel with resultant damage. Many of these are silent and over time actually cause brain damage resulting in physical and mental deterioration. These "silent infarcts" (death of cells) could eventually cause a catastrophic stroke. It is not uncommon to see a smaller size of the brain as we age on MRI or CT scans. This degeneration comes from decreasing blood supply of the brain and could also be from micro-emboli.

The heart has 4 chambers (See Figure 1). Figure 2 shows the electrical system. The right atrium receives return of blood from veins (**un-oxygenated**). The right atrium then sends the blood to the right ventricle, which is a much larger chamber with a thicker wall and is responsible for squeezing the blood into the pulmonary (lung) artery that then sends the blood to the lungs where the blood gets **oxygenated**. As the blood comes out of the lungs, it goes to the left atrium and then to the left ventricle to be sent out to the arteries. The heart is nothing but a fabulous pump.

The heart needs electrical impulses to fire the muscle fibers to do their job. These electrical circuit boxes are where the rhythm of the heart beat is determined. The Vagus nerve, one of the major nerves coming out of the brain (10th cranial nerve) innervates these bundles of little nerves that spread to all parts of the heart. If something causes the rate or rhythm to deviate from the norm, an arrhythmia can occur.

There are atrial and ventricular irregularities of the heart. Atrial irregularities are usually called either **fibrillation** or **flutter**. Ventricular irregularities are usually extra beats in twos and threes (**bigeminy** and **trigeminy**), dropped beats, and other patterns. There are **heart blocks** (first degree and second degree). These can be caused by congenital abnormalities of the heart or can occur at

any time of a person's life, usually more often with aging as the result of increasing **atherosclerosis**.

An Electrocardiogram (Figure 3 from WebMD) shows one of the most common types of irregularity—atrial fibrillation. Depending on the severity of any arrhythmia, your doctor will consider cardiologist consult. These irregularities can be relatively harmless or can create real trouble. Atrial fibrillation usually needs treatment because of the consequences if left untreated. In this disorder, the right atrium “quivers” at times instead of beating, which can cause symptoms such as dizziness, shortness of breath, weakness, fatigue, palpitations, angina (cardiac chest pain), and fainting. The most common causes of atrial fibrillation are 1-age over 60, hypertension, 2-coronary artery disease, and 3- heart valve disease especially the mitral valve. 4- Less common causes are hyperthyroidism, lung disease, heart surgery, heavy alcohol intake, excessive use of stimulants (caffeine, nicotine, nasal decongestants, and asthma medications)

Treatment includes **medications** (i.e. propafenone) to return the rhythm to normal. One study reported 74% success with meds. If unsuccessful, electrical **cardioversion** can be performed (which is more successful 89%). (J Watch Emergency Medicine). The paddles you see in Figure 4 shock the heart and stop it for a moment. When the heartbeat starts again, the hope is, that the beat returns normal. This technique may require more than one electrical shock. This is usually done under intravenous sedation. If electrical cardioversion is unsuccessful (about 10% of all patients), a procedure called **ablation** is performed. This is a more serious procedure but very successful. This procedure's goal is to destroy some of the electrical circuitry and allow the normal rhythm to return. Although quite successful, the irregularity can occasionally return. If it does, external pacing may be required (pacemaker).

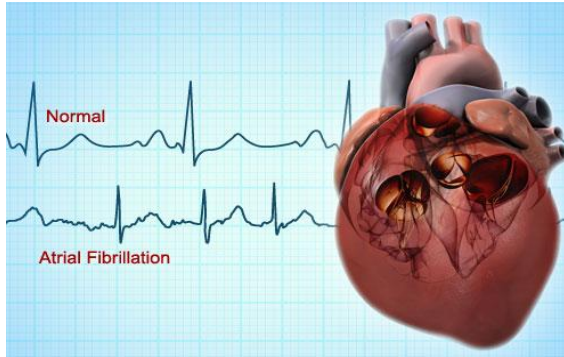


Figure 3
(EKG evidence of atrial fibrillation)

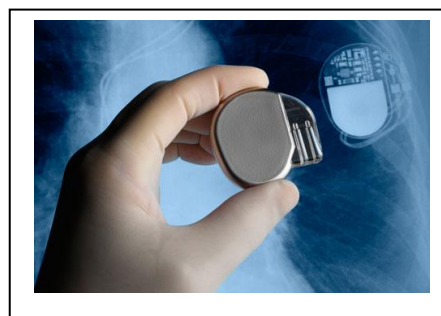
Anticoagulants are prescribed for these more serious arrhythmias. These medications “thin” the blood and help keep clots from forming in the heart. Pradaxa, Plavix, aspirin, and even Coumadin can be used. These drugs must be monitored carefully since they can cause bleeding anywhere in the body. Only Coumadin requires blood test monitoring to make sure the blood clotting reduction remains in a specific range.

There are a variety of irregular heartbeats, blocks, etc., that require a pacemaker which is implanted under the skin with wire connections to the heart. This will provide a normal rhythm and enough heartbeats/minute, to keep adequate blood pumping out of the heart. See Figure 5.

Figure 4



Figure 5



II. MULTIPLE SCLEROSIS (Another Autoimmune Disease)

Summary—Multiple Sclerosis is an autoimmune disease affecting as many as 400,000 Americans, more common in women, and a disease that does not have a cure. It is very difficult to diagnose

early on because of the multitude of symptoms coming and going without any rhyme or reason. However, an astute clinician with a high index of suspicion will consider this diagnosis. If someone between 20-40 years of age complains of episodes of numbness, trouble walking at times, very fatigued, unusual sensitivity to heat, blurred vision, or weakness of a foot or hand followed by periods of resolution, MS must be considered. The 4 types of MS are cited, signs and symptoms are described, and treatment of this chronic disease is reported. References for those who want more information are cited.

MS is another autoimmune disease that the cause is actually unknown, but we know that our immune system has turned on itself. These diseases, including MS, cause a huge number of disabilities, and although not often fatal, cause a tremendous change in the quality of life of the individual and their families.

Look at Figure 1 (below), and you can see the nerve is being attacked on the outer lining (sheath) of a nerve. That sheath is vital to the protection, blood supply, and nutrition to that nerve. The immune reaction attacks a protein in that lining called **myelin**. When that happens, the covering is essentially destroyed and scar (sclerosis) occurs in its place. That process causes abnormal function of that nerve, whether it is the nerve of the eye, the spinal cord, or the brain. Figure 2 (below center) shows white areas in the brain that are “plaques” of MS destruction and scarring (sclerosis). The MRI is the most definitive test to diagnose MS, although there are other disease processes that need to be ruled out. (Figure 1 shows the lining being attacked)

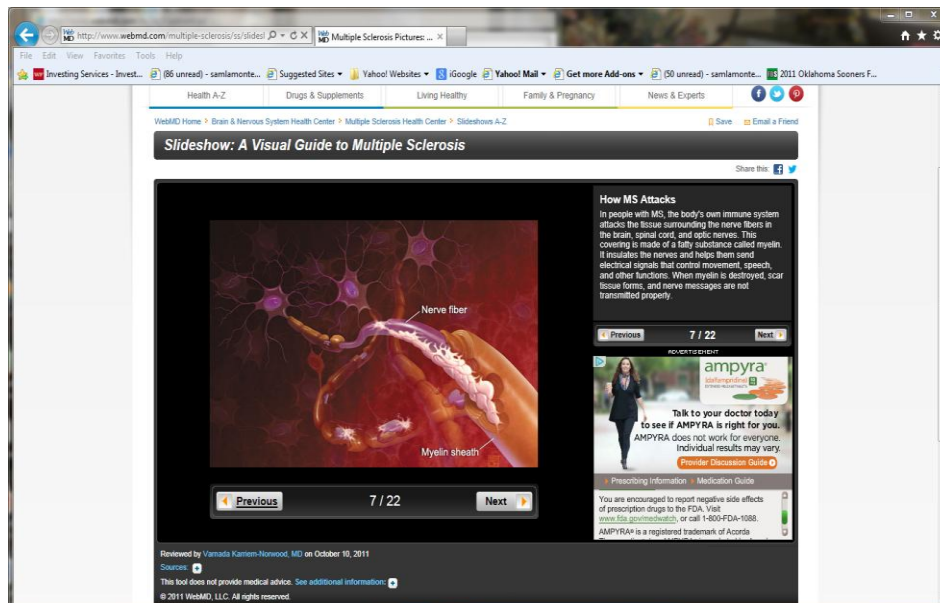
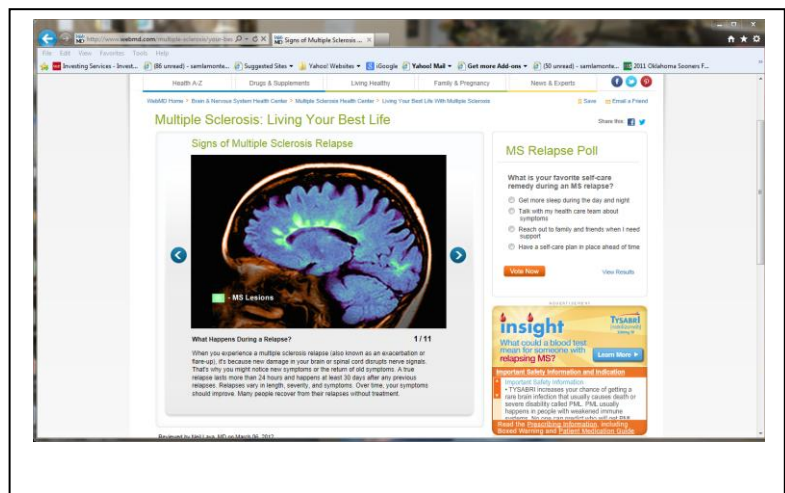


Figure 2-white areas of MS

A. How do you diagnose MS?



The diagnosis is very difficult in the early years of the disease. MS is more common in women 3:1 over men. The average age of diagnosis in women is 29 and 31 in men.

400,000 Americans are living with this disease. The CDC estimates that 2.1 million people in the world are afflicted. MS is twice as common in whites (especially northern European descent). The symptoms are varied and in most patients they occur intermittently. It is reported that MS is frequently misdiagnosed, and the average time from the first symptom to actual verified diagnosis is 10 years. There is no easy blood test to order, and there are frequently no obvious early outward signs, but with a high index of suspicion, it can be diagnosed. In my ENT practice, I diagnosed many patients because they complained of double vision, dizziness, trouble speaking at times, and areas of numbness that would appear, and then go away (remission and exacerbation). We had an Audiology/Hearing Aid Department in our ENT office, and a **brain stem audiogram** could show a classic abnormality that would make me suspicious and I would refer them to the neurology department.

B. The Symptoms of MS

Numbness or pain in areas, muscle cramps, dizziness, trouble walking, slurred speech, tremors, double vision, pain on moving the eyes, decreased vision, or loss of color vision, facial twitching, heat intolerance causing severe fatigue, bladder trouble, constipation, and memory or concentration trouble. Several of these symptoms may be present at one time. Depression is common. There are a host of other symptoms, and if you want more, go to www.medscape.com With these varied symptoms, one can understand how tough it is to put these symptoms together and think of MS. Several of these symptoms may be

present, but the KEY is that they most often come and go. In fact, months can occur before symptoms return.

C. What can key off a flare-up (exacerbation) in MS?

The immune system is very sensitive. **Stress (mental or physical)** is a key factor that will signal to the body that it is under attack. Part of that response is the “flight or fight” adrenaline response. Inflammatory chemicals are sensitive to physical or mental stress. Previously, I reported that the initiation of **inflammatory** markers is the beginning of this process. This is a common denominator in autoimmune diseases. HEAT may be a stress to the normal individual, but in a MS patient, it can cause a severe reaction creating a relapse. Avoidance of heat is mandatory in almost all of these patients. **INFECTION, MENTAL STRESS, INJURY, AND GETTING TOO TIRED CAN CREATE A FLARE-UP.**

D. Signs of MS

When a person is in between “attacks”, symptoms can be milder or disappear so it is more difficult to find abnormalities on the neurological exam. This is a classic case of the physician needing to LISTEN to the patient about the history of trouble that seems to come and go. A neurologist will make the presumptive diagnosis, and an MRI of the brain and spinal cord will be ordered. The lesions will likely show as white spots (Figure 2). A spinal tap of cerebrospinal fluid may show abnormal proteins and other changes, but they are not necessarily diagnostic.

E. Types of MS

- 1. Relapsing-Remitting**---85% start with episodes of symptoms and then periods of remission. They can vary widely. This type is clearly defined.
- 2. Primary Progressive**---10% will progress without remissions and this is very severe eventually.
- 3. Secondary Progressive**---Initially, they are in the first type, but then start progressing without flare-ups, but may have minor remissions or plateaus.

4. Progressive Relapsing---5% will have steady worsening with each flare up but it will be worse each time with or without remissions.

Reference---**The Multiple Sclerosis Society**, 1-800-344-4867. They have a navigator program designed to help each patient go through the process of coping, education about the disease, and act as a resource for insurance, support, etc.

5-10% of patients are fortunate enough to have very mild symptoms with little progression, but they must be treated because no one knows whether the disease could suddenly worsen over the life of that individual.

F. Treatment Options

There are neurologists that specialize primarily taking care of MS patients usually in large centers.

There is great hope with new research that treatments will keep this chronic disease in check. Most of these patients with great emotional support from their families and friends will have near normal lives (perhaps with a “new” normal).

1. There are 3 categories of treatment
 - a. **Immune** therapy (immune-modulators) to combat the immune reaction from the disease.
 - b. Therapy for **symptoms** of the disease.
 - c. **Rehabilitation** to overcome some of the disabilities incurred.

a. Immune therapy---there is tremendous research being done in this area, and several options will be considered. The most common treatment is using either **interferon beta**. Interferon is used to fight the immunologic response your body is having against the myelin sheath of the nerves involved. If the immune response is slowed down, symptoms may not progress. There is great variation in response, but the literature reports interferon slows down or prevents flare-ups in 30-35%. There are 2 choices-- **Avonex** is a intramuscular shot once a week

and **Copaxone** is a subcutaneous shot daily. There are newer treatments including an intravenous drug (Tysabri) every 4 weeks for more severe cases. The newest drug is Gilenya that is an oral drug, showing great promise.

Other drugs called **monoclonal** antibodies (Alemtuzumab) are in clinical trials. **Pregnancy** actually seems to decrease relapses in MS, and they seem to tolerate interferon pretty well. There is a brand new oral drug that just came out...Aubagio.

b. Therapy for the **symptoms** of MS

Although, these drugs don't actually fight the MS disease, they are very important to relieve the symptoms. There are medications for depression, fatigue, pain, spasticity, tremors, bladder problems (incontinence, frequency, urgency, infection, etc.), and constipation. There are neuro-ophthalmologists and ophthalmologists that will follow the eye problems of MS.

c. Rehabilitation- Physical therapy, occupational therapy, appliances, etc. are of great use when and if they become necessary with those that progress.

III. VITAMIN D---should you be checked for deficiency?

Summary--Vitamin D is valuable for the metabolism of healthy bone, allowing the absorption by bone of calcium. However, there are many other possible uses for this vitamin. There are special groups that should be considered for testing the blood levels. Although the diet is rich in vitamin D, many do not eat enough of these foods, or get enough sun to maintain adequate blood levels. Learn where they are valuable.

Vitamin D has been getting a lot of press in recent years. If you are a healthy person and eat a good nutritious diet, you are unlikely to be deficient. But there are subgroups that need supplementation (ask your doctor). Pre-menopausal women, men over 60, patients with gastrointestinal disease, those that don't get much sun, etc? Who should be tested for deficiency? Ask your doctor!

There are many sources of vitamin D in the diet. Enriched foods, like orange juice, milk, and cereals are common sources. Vitamin D is one of the fat soluble vitamins (Vitamin A, D, E, and K). You need to eat some fat to get these vitamins into your blood stream. Your stomach breaks these down to the chemicals that

are stored in the liver and released as needed, however if too much is taken, it can be bad for you. Vitamin D3 is reported to be the best form to take as a supplement. The USDA has recommended daily doses of vitamin D, but there are studies to show that more for some people may be better. This is especially true for older people, who might not be taking in adequate nutrition, those that are chronically ill, those obese, even diseases like multiple sclerosis (common finding in MS patients—low vitamin D levels).

Even though Vitamin D is ingested in many foods, the sun provides us the best source from ultraviolet light, which is needed for our skin to make D. However, there are groups of people that may not absorb enough: darker skinned races, all of us who apply sunscreen, those that avoid the sun or live in the more northern part of the US, those with liver or gastro-intestinal disorders, and those with lactose intolerance.

Vitamin D has been boasted as a magical cure or help for many illnesses, most of which are not true or there are insufficient studies to recommend it. It is well known to be vital to allow the body to absorb calcium to maintain good bone health. It becomes more important in the premenopausal and menopausal years, and more recently, because testing for vitamin D levels have become more frequent, many men are being found deficient. A simple blood test can be done to check levels. The Institutes of Medicine have set a normal blood level of 20 nanograms/ml. although some doctors are recommending 30 ng/ml. There are studies that show taking adequate doses of Vit. D and calcium lower your risk of colon cancer and possibly other cancers, but more study is necessary. If D deficient, a bone density study is usually recommended to check for osteopenia (precursor to osteoporosis) or clinical osteoporosis.

The USPSTF (United States Prevention Task Force) now does not recommend routine use of Vitamin D and calcium in healthy post-menopausal women, but that needs to be discussed with your doctor, because there are different attitudes in the medical community. However, it is recommended to take in 600 international units IU (800 if over 70). Breast-fed babies need 400 IU (not a good source), but when they can drink formula it will be fortified). Children

need a supplement of 400-600 IU daily in a chewable vitamin. Children with chronic diseases like cystic fibrosis need more. 1000 mg of calcium daily with adequate D will protect against bone loss (Journal of Endocrinology). Above 4000 IU is dangerous, because it will raise your calcium levels potentially causing kidney, blood vessel, and heart damage. The Archives of Internal Medicine Journal reported improvement of menstrual cramps by taking 300,000 IU (a huge dose) of Vit. D five days before a menstrual period each month. The theory is cramps are caused by prostaglandins (a hormone) in the uterus, and Vit. D inhibits the synthesis of this hormone.

Vitamin D has anti-inflammatory properties which means it could be helpful in preventing atherosclerosis, heart disease and arthritis. There are recent studies to show that taking Vitamin D may lower your cholesterol. The Journal of Epidemiology and Community Health, 2011, reported that higher levels of this vitamin may improve cognitive function in adults. It is still a little early to be sure. It is reported that obese individuals have lower levels of Vit.D, but what that means has yet to be delineated. Various studies have reported some or little effect on depression.

Drink milk that is fortified with D. Vitamin D has nothing to do with the fat content of milk, so stick to low fat. If you are lactose intolerant or have dairy product allergy (irritable bowel, ulcerative colitis, Crohn's), you may need additional supplement. If you have chronic diarrhea from any cause, eat yogurt and make sure your D levels are checked. Fish, egg yolk, and fortified foods should maintain normal blood levels. If you have liver disease you will not store vitamin A, D, E, and K, so supplements are probably necessary if the blood levels are low.

In summary, a lot of these studies on supplements, vitamins, herbs, and minerals are softer science because the big pharmaceutical companies won't invest in this kind of non-prescription substance. There is no financial incentive for Big Pharma to research supplements since they are not able to patent it. Quality control is always a concern too. There is a prescription form of vitamin D (50,000 IU) orally taken once a week that will keep the levels normal. ALWAYS

TELL YOUR DOCTOR WHAT SUPPLEMENTS, HERBS, MINERALS, ETC. YOU ARE TAKING TO PREVENT PROBLEMS. Make sure he approves.

IV. MEDICAL NEWS IN BRIEF—A to I

A. THE GLOBAL CANCER EPIDEMIC

The world is experiencing a world-wide epidemic in cancer. With 184 countries reporting to the World Health Council, reported in the Lancet medical journal). In 2008, there were 12.7 million new cases. By 2030, the numbers are predicted to jump to 22 million cases. 675,000 cases were reported in 2010 in the US. Increases in breast and colon cancer are being seen, as well as melanoma. The first 2 are because of the obesity epidemic due to poor diet, lack of exercise, and weight gain, eating too few vegetables and fruits. Smoking continues to be the #1 cause of cancer in the world. Smoking accounts for 30% of deaths in this country and, it is really not known the percentage of the world. Because of hepatitis B, and HPV (human papilloma) virus, liver cancer, cervical, and oropharyngeal cancer lead the pack in virus-caused cancer. I used to tell my patients you couldn't catch cancer.....now I would qualify that answer. I have discussed the link between hepatitis and liver cancer in a previous report, and HPV is spreading faster, with almost 100% of cervical cancer is caused by the human papilloma virus. It is also causing increasing numbers of oral and oropharyngeal cancer with 7% of the US population infected with HPV. Last month, I mentioned a new oral test available to detect HPV. Remember, both these viruses have vaccines to prevent them, but is not widely available worldwide. Once you are infected, vaccines won't help. That is why adolescents need to be vaccinated. It is too late for you and me. Stomach cancer is much higher in the Orient because they eat so much smoked food. Realize our government is allowing the legal entrance of 1 million people into this country per year. We just have to be more careful these days

B. SHINGLES VIRUS (Herpes Zoster)—get vaccinated!!!

We all know about the chicken pox virus, but did you know that the same virus causes shingles? One million Americans per year contract this disease. After age

80, studies have shown that 25-50% will suffer with it. This time of year is prime-time. Check with your doctor. Sadly only 6.7% of those eligible get the shot (anyone over 50 years of age). If you are immunosuppressed, taking cortisone regularly, are HIV positive, or are being treated for a serious disease like cancer, you should not get vaccinated. There is a new study that reports that some patients on certain types of immunosuppressive drugs can safely take it too. Check with your doctor.

Most commonly, it starts with pain and sensitivity on one side of your back and travels around your rib cage ultimately with blisters along that distribution. It is very painful, and the 10% that get the **post-herpetic neuralgia** will suffer the rest of their lives. There is a new drug out to help with neuralgia—Horizant. Neurontin and other drugs are useful as well. These drugs can be used for any type of nerve pain. The vaccine is designed primarily to prevent that neuralgia. Remember—an ounce of prevention.....

Become suspicious when your skin starts burning, feels extra sensitive or is painful, especially around your trunk (on one side of the face), and seek help from your doctor for a prescription of acyclovir (antiviral), which will not only make the disease milder, but also lessen the chance of post-herpetic complications. Even if you had chicken pox as a kid, or may have had shingles before, you still need to talk to your doctor about the vaccination.

C. ANTIBIOTIC PROPHYLAXIS BEFORE DENTAL WORK—DO YOU NEED IT??

Because of antibiotic resistance around the world, a study was performed to evaluate whether prophylactic antibiotics before dental work would increase the chances of endocarditis (an infection of the valves). The study in France and the USA showed that there was NO increase in heart valve disease if antibiotics are not given. Most people with joint replacements, heart trouble, etc. were told by the American Heart Association years ago to take these antibiotics, but studies like this shed new light on the subject. **Antibiotic resistance** is becoming so serious, we all must not take antibiotics for simple respiratory infections, and other mild infections that may clear on their own, because they usually viral. Indiscriminate use of antibiotics has become a serious issue with MRSA

(Methicillin-resistant Staphylococcus Aureus) and other antibiotic resistant problems. This study was reported from 2 articles Circulation 2012, Jul 3, and in Journal Watch Infectious Disease, 2012. Talk to your doctor and dentist about this study. It is brand new, but is an important report that needs more replication.

D. LIGHTNING INJURIES

It is one of the top 5 killers from weather; 3000 deaths a year; 3-5 X more injuries than deaths; and we live in the lightning belt. With our weather, we are very vulnerable. There are various ways that lightning can hit you 1) direct contact with an object hit by lightning 2) side splash from an object hit 3) ground strike—spreads in a circle 4) blunt injury from being thrown when hit causing injury 5) direct strike 6) upward streamer—low energy charge goes up and meets a downward leader of lightning.

Injuries include: cardiac arrest, unconsciousness, fracture/**dislocation**/skull fracture/neck injury, lung burns, eye blindness and early cataracts, ruptured eardrums from noise or actual burn with hearing loss and dizziness.

Prevention—The National Lightning Safety Institute says: **If you hear it, clear it** (get inside), **if you can see it, flee it** (get into your car, stay away from trees or poles, and drop your umbrella/golf club, shovel, anything metal, close windows, and stay away from them, no landlines or computers hooked to the wall socket, avoid a shower, no contact with a metal golf cart, squat and cover your ears, get away from water. **IF YOU CAN HEAR THUNDER—YOU ARE IN DANGER, IF YOU CAN SEE LIGHTNING---YOU ARE IN IMMINENT DANGER. LIGHTNING CAN TRAVEL 10-12 MILES AWAY FROM WHERE IT APPEARS TO BE!**

E. SECOND MEDICAL OPINIONS

I have been reminded once again how important it is for you to be the “captain of the ship” when it comes to your own health. When you go to your doctor and told SOMETHING THAT DOESN’T quite fit with what you expected, GET A SECOND OPINION! If you get the results of a study and you are told there is nothing there, but your symptoms continue, GET A SECOND OPINION. When

you are told you don't or do need surgery, and you are not completely satisfied, **GET A SECOND OPINION**. When there are options for you to consider, when treating an illness, and your doctor tells you to think about it, and he is not willing to give you his opinion, **GET A SECOND OPINION**. We all want straight talk, and it is important that if you have symptoms that continue, you must go back to your doctor and tell him you want more investigation, but he thinks it is a waste of time, **YOU GUESSED IT.....GET A SECOND OPINION**.

Medicine is an inexact science, and it takes skill, experience, intuition, and input to be a good physician. If you have a serious medical issue, read up on it and ask lots of questions. I always tell people to ask your doctor how he or she would treat their mother!! I am not talking about demanding treatment when it is not warranted, like expecting antibiotics for every snotty nose. As medicine gets more cramped with more patients than doctors can see, this issue will continue to worsen. **THIS IS THE BEST REASON WHY I STARTED THIS MONTHLY MEDICAL NEWS REPORT**. The references I have given you are on my website www.themedicalnewsreport

F. THE DIRTY DOZEN AND THE CLEAN FIFTEEN

The foods with the highest pesticides in them (including inside the skin) are the **dirty dozen**: 1-apples 2-celery 3-strawberries 4-peaches 5-spinach 6-necturines 7-grapes 8-sweet bell peppers 9-potatoes 10-blueberries 11-lettuce 12-kale/collards. The reference: USDA/FDA on 53 popular fruits/vegetables. They were all peeled and rinsed before testing. www.ewg.org/foodnews/list/abcnews.go.com

Since the amount and type of pesticide can vary, I only bring this to your attention, so that if you are considering spending the extra money for certain organic fruits and vegetables, this is the list you should consider.

The **clean fifteen** is pretty much as expected since their skins are much thicker and or you don't eat them. 1-onions, 2-sweet corn, 3-pineapples, 4-avocado, 5-asparagus, 6-sweet peas, 7-mangoes, 8-eggplant, 9-cantaloupe, 10-cabbage, 11-

eggplant, 12-kiwi, 13-sweet potato, 14-grapefruit, 15-mushrooms. Remember 4-5 servings of fruits and vegetables each everyday!!!!

G. **FOOD-BORNE DISEASES**

The subject of food-borne disease IS TIMELY as we are encouraged to eat more fresh fruits and vegetables. 3000 deaths are caused by disease contracted through the ingestion of contaminated foods. 48 million illnesses are reported each year. Bacteria, parasites, and viruses are the culprits. Trying to police the food industry is more than a challenge for the FDA. They have put out 6 new booklets on food safety directed at those most susceptible to these types of FOOD-BORNE DISEASE. Those groups are older Americans, transplant recipients, pregnant women, and those on immunosuppressive drugs for cancer, arthritis, and other autoimmune diseases, diabetics, and those that have HIV/AIDS. The website is www.foodsafety.gov/poisoning/risk/index.html

Examples are: bat droppings ingested by swine (Swine Flu), eating raw food (sushi, oysters, etc. Vibrio infections) ,undercooked meat (E.coli), improper refrigeration, food left out on a buffet and not hot enough, hors doeuvre's at a party, etc.

Here are some thoughts—1) Food needs to stay refrigerated at 40 degrees Fahrenheit, frozen foods at 0 degrees or below. 2) Bacteria multiply rapidly between 40-140 degrees. 3) Cook meat to an internal temp of 165 degrees (use a meat thermometer). 4) Reheat food to 165 degrees 5) Wash vegetables carefully (there are commercial washes). Lettuce, lunch meats, raw fish, should really not ingested in other countries. (USDA)

H. **PROBIOTICS—valuable supplement to the body**

The **alimentary canal** includes the oral cavity to the anus. This canal is covered by a lining called mucosa. The nose, sinuses, vagina and bladder also are covered by a mucosal surface and are full of good bacteria we call **normal flora**. These bacteria balance the ph (acidity) in the mouth and vagina, encourage enzymatic activity, digestion, and normal function the entire alimentary canal. These **live bacteria** are the PROBIOTICS CREATED BY THE FERMENTATION

PROCESS IN DAIRY PRODUCTS (yogurt and kefir are the best examples) to counter pathologic bacteria and other offenders that create an unhealthy environment for mucosal linings. PREBIOTICS are non-digestible carbohydrates (in whole wheat products, bananas, onions, garlic, honey, and artichokes) that act as food for the PROBIOTICS. The normal bacterial flora already assists in these processes, but probiotics add additional help, especially when taking antibiotics or when any kind of stress (physical or mental) creates an imbalance in the alimentary canal. This imbalance shows up as canker sores in the mouth, fever blisters on your lips, yeast infections in the mouth and vagina, and diarrhea. Probiotics are used in the treatment and prevention of possible flareups of irritable bowel syndrome (IBS), autoimmune diseases like ulcerative colitis, Crohn's disease of the bowel (covered in a previous medical news report), vaginal yeast infections, and bladder infections. There is even some evidence that it helps prevent bladder cancer recurrences, and helps in eczema of the skin in children. More study needs to be done on the true value of probiotics. There are trillions of bacteria inside us creating balance between the normal and pathologic bacteria.

Lactobacillus species are the bacteria you are familiar with. These live bacterial cultures are not dangerous, in fact, it is healthy to eat this bacteria. As mentioned the biggest offender is antibiotics, but other products can alter the gut flora such as spermicides, birth control pills, and any substance that can lower the acid level in the gut. In general, bacteria like an alkaline environment. There are ongoing studies to evaluate their use in urinary tract infections. In fact, one study in the Journal Watch of Internal Medicine reported that lactobacilli were as effective as sulfa drugs for bladder infections in postmenopausal females, by restoring a more normal flora in the vagina. It should be understood that the female's anatomy lend itself to problems with one or both—vagina and bladder. Also, it was reported that sulfa drugs become ineffective in the face of certain bacteria in 80% of patients within a month. Ingesting probiotics may prevent these bacteria from becoming resistant to the antibiotics. The studies are still ongoing.

Probiotics are considered a dietary supplement (no FDA jurisdiction), so there is little research or control on how “active” the particular cultures of bacteria are in various products. I would stick with the most familiar products.

Probiotics are one more example of how important our diet is in maintaining health. Source—Mayo Clinics.com

I.VACCINE TIME!!

Please consult your doctor, and remember the recommended age to receive the shingles vaccine has been dropped from 60 to 50 years of age. Go to www.cdc.gov for the latest recommendations for all vaccinations. Also consider the “pneumonia vaccine” if 60 or older. The vaccine is against pneumococcal pneumonia. Also, as pointed out in my previous medical news reports, if going out of the country, be sure you consult the CDC website, to check what additional vaccines will be needed.

I will keep reminding you about the HPV (human papilloma virus) that causes genital warts and cancer of the cervix, vagina, anus, and oral/oropharyngeal cavity. These vaccines require 3 shots between 8-12, but the CDC recommends a booster to age of 26. The measles, whooping cough (pertussis) outbreaks are occurring because some well meaning parents are convinced that vaccines are unsafe. There are many groups on the internet scaring you to death. Add the influx of a 1 million immigrants legally admitted to this country yearly, and not vaccinated add to the threat. Ask your doctor about a hepatitis B vaccine as well.

Research is getting closer to a vaccine for Hepatitis C and HIV, and there is some success with a vaccine for malaria given in Africa to infants where malaria claims 1 million children’s lives yearly (Lancet Medical Journal). The flu shot will include swine flu (H1N1) but the new swine flu (H2N3) is not covered yet. This new strain of swine flu is coming from pigs and hogs and have created local outbreaks mainly contracted at state and county fairs from the swine. Wash your hands always after touching livestock. Also a small outbreak of Ebola virus (hemorrhagic fever) has occurred in Uganda just recently. Good hygiene is a

must. Wash your hands every chance you get. Washing your hands will prevent more infections than you can imagine.

I hope you have enjoyed this medical news report. I frequently refer to previous reports so refer to the archive link on my website.

www.themedicalnewsreport.com

STAY HEALTHY AND WELL MY FRIENDS! Dr. Sam