

INFINITE WISDOM

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Special points of interest:

- Individualized health care when you need it.
- Same day or next day appointments.
- Want to talk to your own doctor? Call.
- See your doctor, not a random on call doc in the office

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INFLUENZA SEASON

Now may be a good time to talk about “the flu.” If you get a runny nose, congestion and a post nasal drip you don’t have influenza. “The flu” is a self-diagnosis thrown around loosely. The above symptoms are probably from a non-influenza virus, a cold virus.

On the other hand, if you develop the abrupt onset of aches, fever and a cough...that is more likely from influenza. In general you feel real bad, not just a little under the weather.

It is not too late to get the influenza vaccine, I keep it in stock and keep giving it through January. In spite of vaccination you can still get influenza although you may have less intense symptoms than if you were

not vaccinated. If you think you have the flu please let me know. There are medications that if taken within the first few days may reduce the intensity or shorten the duration of the illness by a bit. The medicine is not a “cure” however. And of course, it is not an antibiotic.

A few other tidbits...we already are ordering our vaccines for NEXT flu season, 2017-2018. The influenza experts look at what influenza strains are going around now both here and overseas. They then use their judgment to predict what strains will be circulating next year. Sometimes they don’t “guess” right. The reason is that the influenza virus has a way of changing it-

self. We make the vaccine to create antibodies in our body that attack the surface of the influenza virus so our body’s own immune system can disable it. Sometimes after the vaccine manufacturing process is done the predominant influenza strain changes its surface so that antibodies we create don’t work against the newly transformed influenza virus. Also, the virus predictions we make now for next year might not be correct, a wrong educated guess. Typically the vaccine will be designed for the top three or four strains we predict but some lesser strains may also sneak in and go around. By the way, if you get the flu, don’t go to work or school and spread it! Your coworkers and classmates don’t need that.

ANTI-INFLAMMATORIES

Anti-inflammatory medications are used for a variety of reasons. Typically they are used for various forms of pain and for fever. Steroids (prednisone, cortisone, etc) are potent at reducing inflammation but carry a number of serious side effects if taken long term. Aspirin is the first commercially prepared agent which was shown to be effective. Since then



over a dozen prescription non-steroidal anti-inflammatory drugs (NSAIDS) have come out, two of which are now over the counter and do not re-

quire a prescription. Those are naproxen and ibuprofen. These agents are great at reducing inflammation in certain joint and muscle disorders but much of their chief effect is that they reduce pain, no matter what the source. Acetaminophen (Tylenol) can also reduce pain but has no anti-inflammatory (Continued on pg 2)

LAB CORNER...ELECTROLYTES

“people that take fluid pills...can have their electrolytes become abnormal”

Sodium, potassium, chloride and magnesium are parts of salts found in our fluids. Almost every time we do annual blood work we test for those. There probably is no real reason to check those if you feel fine and are on no meds. They stay very stable and our bodies do a great job of keeping those levels in a tight range. They are involved with process from digestion to nerve function. There are certain disease and conditions which make them abnormal. Either our body does not



absorb them from our diet (unusual) or they are lost in our urine (most common). For example, people that take fluid pills as part of a blood pressure regime or for purpose of reducing swelling can have their electrolytes become abnormal. As we induce urine flow electrolytes often follow. What most people don't know is that when we

first form urine many things in our blood fluid goes in the urine but our kidneys actively take things that spill into the urine and put them back in our bloodstream! Certain fluid pills and certain conditions prevent that re-absorption and we lose electrolytes in our urine. If you habitually drink way too much water you can dilute down your electrolytes. They can also be abnormal with dehydration, diabetes and medications. Some folks take potassium or magnesium pills to correct low electro-

DID YOU KNOW...?

CMS (Medicare, the government) likes to come up with arbitrary things. One affects hospitals. Here is but one item.

When a person gets discharged from a hospital then goes to the Emergency Department and has to get readmitted to that hospital, a penalty is applied against that hospital. This is called the Hos-



pital Readmissions Reduction Program (HRRP). The fine still applies against the hospital even if the hospital had nothing to do with the patient getting

readmitted. That's right! If a patient with chronic lung disease such as emphysema gets discharged from the hospital, resumes smoking and does not use their medication, gets worse, then gets readmitted to the hospital that hospital is fined by Medicare. Yet another way Medicare finds ways not to pay people.

NSAIDS...CONTINUED FROM PAGE 1

“NSAIDS can have an effect on reducing kidney function”

properties. NSAIDs are also very useful for reducing a fever although because of certain side effects we do not use them in little kids.

NSAIDs carry with them their own issues. Namely stomach and kidney side effects. They can cause stomach ulcers some of which can lead to serious bleeding issues requiring

transfusions and surgery. A couple NSAIDs seem to have less of that side effect and taking an acid-reducing medication along with the NSAID may be of some protection. NSAIDs can have an effect on reducing kidney function so this has to be monitored on folks taking NSAIDs on a daily basis. They can cause swelling and inter-

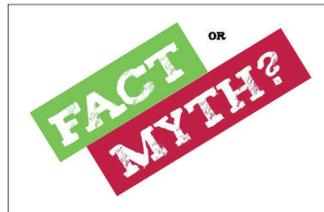
ference with effective blood pressure control so they must be stopped in someone with stubborn blood pressure.

So these agents are very effective and safe but they are not without risk. Even though NSAIDs are available OTC make sure to tell your doctor if you are using them on a regular basis.

MYTHS...A FEW

We do a lot of things based on advice that has no merit and is not supported by any real science. Sometimes it even flies in the face of common sense, but we do it anyway. Here are a few items.

Take vitamin supplements: Unless you have a specific vitamin deficiency or have a really unusual diet there is no need to take any vitamin supplements, you just excrete much of that. Example: A vegan diet is very deficient in B12 unless you eat a specific seaweed. Usually, taking vitamins simply creates expensive urine!



Drink 8 glasses of water per day:

Drink if you are thirsty, that's all. Water is obtained from other food stuffs. Stay hydrated before an event that is athletic or involves heat exposure. A person who has an average diet does not need to pay attention or worry about or measure their fluid intake.

Genetically modified foods are dangerous:

Every single thing on this earth is genetically modified, even you. Modifying a plant may make it resist disease or produce a more desired product. Genetic modification itself does not make a food toxic. The plants that make strychnine and curare are not modified. Even though they are not genetically modified, my advice: don't eat them.

Medicine is fraught with myths and I love dispelling myths and lies. Stick with the facts.

“Usually, taking vitamins simply creates expensive urine”

CERTIFIED PRESCRIBER

As a person licensed to practice medicine in Louisiana I am allowed to prescribe medications. However to prescribe “controlled substances”, those that may be addictive or habit-forming, we are required to get an additional license from the Drug Enforcement Administration and from the Louisiana Board of Pharmacy.

I have those.

Certain other medications require a special registration with the drug manufacturer indicating that we have gone through additional education concerning proper prescribing and side effects.

Dr. Hanson is a certified prescriber for isotretinoin (aka Accutane) for moderate to severe acne. It's major issue is the need for ladies to

avoid pregnancy while on the product.

He is also a certified prescriber of Addyi which is medication used for hyposexual desire disorder in premenopausal women (the “female Viagra”, although it is nothing at all like Viagra). Addyi's major issue is the absolute need to remain off of alcohol while on the product.

Dr. Hanson is a registered prescriber of Accutane and Addyi.

HOMEOPATHIC MEDICINE

Homeopathy medicine sort of sounds nice, seems like it is portraying a more “natural” way of medicine. Actually it is a bizarre method developed in the late 1700's on the concept of “like cures like.” That is, if a substance or chemical causes a disease or illness in healthy people, then a little bit of that same stuff would cure similar symp-

toms in sick people. Bizarre. Current docs like me are sometimes referred to as “allopathic” but that is a misnomer. Allopaths were kind of weird back in the day. Then there are osteopaths. These folks do much of the same medical training as most of us with some additional manipulative skills. So what is Dr. Hanson?

Probably the best description is “Evidence-Based Medicine” doc. Diagnosis and treatment that we chose is based on the best available evidence and research. Clinical judgment is a mainstay as is careful observation but any traditions or prejudices are trumped by evidence as to what is best or what we currently know from studies.

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*An Invitation:
If you know of a friend or family member that would be interested in becoming a member, please have them contact us for a free non-medical meet-and-greet visit.*



A

Direct Primary Care
Practice

Newsletter

written and published
by Karl N. Hanson, MD

Previous Newsletters
www.InfinityHealth.MD/documents

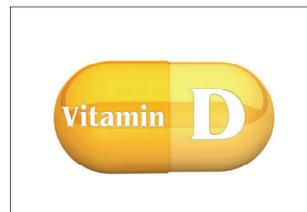
Infinity Health is a Direct Primary Care practice developed by Dr. Hanson. Dr. Hanson has been in medical practice since 1987 and has been a solo practitioner since 1990 in the conventional insurance-based model.

The concept of dealing or contracting directly with the patient is a bit of a throwback but it places the relationship where it should be, with the patient. There is no point in Dr. Hanson or our office wasting time interacting with insurance companies unless it directly contributes to your health. Instead we developed a medical home which has its focus on the patient's health regardless of their insurance status. Infinity Health is a product of Dr. Hanson and is not affiliated with any other organization. We are a membership-based practice. Direct Primary Care is not the same as typical "Concierge" practices which charge a fee AND bill your insurance company.

Dr. Hanson is Board Certified by the American Board of Family Medicine, a Fellow in the American Academy of Family Physicians and a member of the Alpha Omega Alpha Medical Honor Society. He completed his recertification process in April 2016.

USPSTF CORNER: VITAMIN D

Vitamin D is not a vitamin. It is more akin to a hormone as it is synthesized in our own bodies. It was termed a "vitamin" simply as a result of an experiment that was taking place with vitamin A. It was the fourth "vitamin" discovered, hence "Vitamin D." Exposure to certain wavelengths of sunlight allows our skin to make this product. However what is made (or eaten even) is not active. The liver and the kidney are involved in modifications of the molecule to make it "active." In the active state it is principally involved with calcium and phosphate regulation. Inadequate amounts can cause weak and thin bones which can lead to fractures or deformities. Since it is so important, we



wonder whether we should measure the levels in our bloodstream as a matter of a regular checkup. That is, if I do a blood test, find a low vitamin D, should we recommend that you take supplements? The answer is no. Studies done have not been conclusive. Giving vitamin D to a person with a low D level has not been shown to improve the way they feel or prevent any illness. So if you feel fine, no need to check or take vitamin D.

It is routine to check these levels in certain folks who have kidney disease or

who have undergone bariatric surgery. We also routinely recommend Vitamin D and calcium supplements for osteoporosis treatment but that does not depend on blood levels.

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for vitamin D deficiency in asymptomatic adults.

The U. S. Preventive Services Task Force (USPSTF) is an expert panel which reviews the current evidence to help us docs recommend counseling, medical screenings and preventive medications. It is funded by the U.S. Department of Health and Human Services.