

# INFINITE WISDOM

**INSIDE THIS ISSUE:**

*Appendix (Meet your)* 2  
*Narcotic Addiction* 2  
*Health "Care" Bloat* 3  
*Tennis Elbow* 3  
*Lifesaving Dentists* 4  
*Cardiac Risk Screen* 4

**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

Like us on Facebook  
 Follow us on Twitter  
 Follow us on Pinterest  
 @infinityhealth8

## WEIGHT LOSS-STEP 5-DIETS

In previous newsletters we have given some basic dietary techniques that could help with good health and weight loss. We talked about avoiding sugared beverages, avoiding snacking, managing portion control and resetting your "hunger and satiety" thresholds. For some it helps to tackle separate issues in a stepwise fashion. The fifth of the steps is dissecting what specific foods you actually eat. There is not enough room here to go over it all. Researching the DASH Diet and the Mediterranean Diet will bring you to more specifics. In general they keep you away from red meats and saturated fats and they encourage fish, poultry, vegetables and

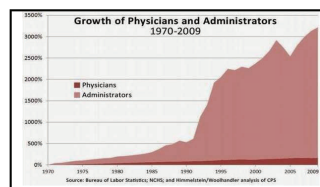


nuts. Those are the only two diets that really have a lot of good studies behind them. The beautiful part is that they are not expensive and there are loads of recipe ideas to provide variety. The reasoning behind their specifics are that fish and poultry are meats that are low in fats (unless you deep fry them). Note that we need some fats in our diet. Any oil product you use should be a liquid at room temperature. In a general sense they are healthier and less caloric than oils that are solids at room temperature such as

butter or margarine. Of course vegetables are very low in fats and carry plenty of nutrients. It appears that getting nutrients directly from fruits and vegetables is better than taking the nutrients in pill form. Fruits are good too although some fruits carry a lot of sugar, which is why mockingbirds eat fruits you grow and not the broccoli in your garden. All these ideas also are low in calories but are filling. Combine these diets with the previous four steps and that is all you can do. If you are overwhelmed by all these please contact a nutritionist or registered dietician for advice. Even if they are not "covered by my insurance" their advice is well worth it.

## HEALTHCARE BLOAT

I believe some of you have have come to know my stance. What is healthcare? It is the relationship of the physician to the patient. It is environment, behavior, hygiene, attitudes, habits and the group we hang with. A disturbing feature is the bloat of healthcare administrators. Those are the folks who do not actually



contribute to our health, who do not have areal impact on YOUR personal health situation. According to The Atlantic for the first time ever the number of health care workers exceed the number of retail work-

ers and the number of manufacturing workers. According to the Bureau of Labor statistics between 1970 and 1990 the number of physicians have grown by 100% (doubled) but the number of health-care administrators have grown by 3000% (you do the math). What is wrong with this picture? (Continued on pg 2)

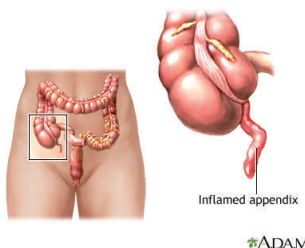
## ORGAN CORNER...APPENDIX

*“It doesn’t do anything as far as we know. All it does is cause a ruckus.”*

“This is not really an organ” I can hear the purists out there clamoring. Oh well, tough.

It is actually called the vermiform appendix. Vermiform means “worm like” as it looks like worm. It is hollow wormy structure that comes off of the large intestine right where the large intestine starts, the part called the cecum. So that makes it located in the lower right side of the abdomen.

When the appendix gets infected it causes pain (acute appendicitis)



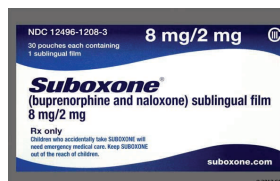
Sometimes it bursts and spills infected pus into the inside of the abdomen. That can be serious. A mildly infected appendix can be treated with oral antibiotics actually but it is almost always surgically removed. The thought is “get it out and be done with it.” Because it is

small (3-4 inches long) and tucked behind the colon at times it is difficult at times to diagnose appendicitis. But anyone with pain and tenderness in their right lower abdomen needs to be checked especially if you have fever or nausea. We don’t know what the appendix is for, sorry. There are a few theories. Removing it causes no issues and your GI tract functions fine. At times it is even removed when it is normal and a surgeon is doing something else in the neighborhood.

## NARCOTIC ADDICTION

*“I am licensed to provide medication assisted treatment of narcotic addiction ”*

There are many news reports that there are no options for people addicted to narcotics (Vicodin, Percocet, Norco, Heroin, Morphine, etc) in spite of the “Crisis” designation. Not sure where that is coming from as I am licensed to provide medication assisted treatment of narcotic addiction (or now opioid use disorder).



However very few have availed themselves of my licensure which allows me to prescribe buprenorphine to assist with addiction. It is not a principal part of my practice but felt it was the

right thing to do to go through the training to offer that service. There is a reasonable additional monthly fee beyond the typical Infinity Health membership fee. The medication is often covered by insurance. If you have a friend or family member who may be in need, please let them know.

## HEALTHCARE BLOAT

The picture is out of focus. When did the focus leave the patient? Loads of people, corporations, insurances, and pharmacy managers are taking their hefty cut out the whole monetary pool yet are not actually providing health care. Big industry gives handouts but that is because our leaders have their hands out. There is NO reason for any-

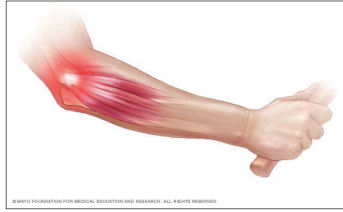
one to improve the efficiency of the basic concept of a doctor taking care of a patient as that would cut them out of the feeding trough. Many in medical-industrial complex and in the state and federal government will protect their turf at all cost. The patient is the last thing on their mind. Maybe PCPs are the second-to-last thing on

their mind. Many destitute patients can get health care for what it costs to run a Louisiana Medicaid program. Patients could have things much easier if the focus was doctor-patient, not administrator-bureaucrat. When you hear of the rising cost of health care, remember, it is not health care. It is health care administration.

# TENNIS ELBOW

Tennis elbow occurs most often in people who do not play tennis. You can diagnose tennis elbow at home fairly easily although I will be glad to do it for you. If the outside bony part of your elbow hurts and is tender, then you have tennis elbow, or ready for this?..."enthesopathy of the lateral humeral epicondyle." We like using big words.

What that means is that there is inflammation where some of the muscle tendons of the forearm anchor on that specific bony area. Even though



we don't think of bones having nerves the outer lining of the bones do have nerve endings and can feel pain. The muscle tendons anchor on a bony area. The term for this attachment site is called an "enthesis" (fair game for the upcoming Infinity Health trivia contest).

The muscles that anchor there are actually the muscles that go all the way down the fore-

arm to the wrist and hand. They help pull the wrist up (or back) and help straighten out the fingers. It makes sense why we see it tennis players a lot. It can hurt so much you can't grip anything. It hurts too much for those muscles to hold the wrist stiff.

Treatment is usually rest, a tennis elbow strap for the forearm, stretching, steroid injections (maybe), physical therapy and in severe cases, surgery. Ice and anti-inflammatories may be helpful. It often goes away on its own with no treatment but mild rest.

*"If the outside bony part of your elbow hurts and is tender, then you have tennis elbow."*

# DENSITISTS ARE PEOPLE TOO!

Some of my best friends are dentists! In the journal *Stroke* Dr Souvik Sen of the University of South Carolina School of Medicine reported that folks who saw dentists for their oral hygiene had a reduction of stroke risk by 50%! People that have periodontal disease (gum inflammation) had two or three times the stroke risk! The stroke risk



seemed to correlate with how bad the gum inflammation was. We already knew of the link between gum disease and heart attacks. Now add stroke to the list.

It seems that the issue revolves around the chronic inflammation caused by the gum disease may correlate with inflammation in the blood vessels of the heart and brain. Of course we really should not have to say brush and floss, but there, I said it. Add to that advice see your dentist twice a year for inspection and cleaning and for a healthier life.

*"People that have periodontal disease (gum inflammation) had two or three times the stroke risk!"*

# CONTACT INFO FOR US— SAVE THIS

A reminder to all Infinity Health patients on how to contact me. There are multiple ways. The important thing is contact me however you want! If you have a computer and have not created a Patient Fusion Medical Record log-in, let me know. Here are the contact options. Cut this out and keep with you or at home.

- Office mainline is (504) 467-3404. Call during regular office hours. If you call (504) 467-3404 after hours, just leave a message. I will return your call.
- After hours you can also CALL or TEXT me at (504) 535-5275 right to my cell phone directly.
- Email me at [DrKarl@InfinityHealth.MD](mailto:DrKarl@InfinityHealth.MD)
- Message me through the Patient Fusion Portal for non-urgent issues. (Let us know if you need a log-in)
- LIKE us on Facebook (@InfinityHealth8), but don't message any medical info there. I post updates at times but not a way to contact me for medical stuff.

Infinity Health, LLC  
200 W. Esplanade Ave.  
Suite 307  
Kenner, LA 70065

Phone: 504-467-3404  
Fax: 504-467-3244  
E-mail:  
contact@infinityhealth.md



*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](http://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: HEART RISK

We are always trying to find the best way to determine cardiac risk on you. That is, how can we predict how likely one will have a heart attack or stroke. For those of low risk we talk only of prevention. For those of very high risk we intervene with certain procedures or medications or other alterations. It is the folks in the middle risk group that we have a hard time deciding on how aggressive to get.

Medical opinion has a way of ramming treatments and procedures down our throat without paying a lot of attention to the evidence.

Most of us agree that, smoking, diabetes, high cholesterol, high blood pressure and heredity can have impact on a person's



health fate. In the recent past such items as checking a "C-Reactive Protein" (a blood test), a cardiac calcium score (an imaging procedure) and checking for leg blood vessel disease (using an ultrasound and BP cuff) can help us define a risk.

The USPSTF has reviewed the current literature and evidence and has issued a draft opinion that there is NO evidence that we should be checking the three items I listed. While they may seem to have some value in fine-tuning a risk calculation we are not

at that fine tuning level yet. Because of the human variability we probably will never be at that level. The results do not really add anything to help us make decisions. They can simply be viewed as unnecessary and wasteful. Of course they can lead to a whole host of other tests leading folks on a wild goose chase. Check with us to find what testing is likely to be beneficial.

*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.*