

INFINITE WISDOM

INSIDE THIS ISSUE:

<i>Gall Bladder (Meet your)</i>	2
<i>Attorney Advertisements</i>	2
<i>Plantar fasciitis</i>	3
<i>Tax Cuts and Jobs Act</i>	3
<i>Big Lashes</i>	4
<i>Dementia Screen</i>	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 4

Last month we reviewed some basic weight loss techniques. We talked about avoiding sugared beverages, avoiding snacking and managing portion control. Those are all behaviors which require no real knowledge of food. The next step will take a little more insight. One has to control what your trigger point is to prompt eating. What is your threshold that you feel the need to quench your hunger? We all become “hungry” at some point. There is no need to act on the first hunger impulse. Retrain your brain so you don’t reach for food at the first sign of hunger. Progressively delay your starting of food consumption from when you first get



that hungry feeling. Trust me, you won’t starve or become malnourished. In some folks it appears that certain brain chemicals create quite a drive to eat. This is not simply you resisting an urge, it is establishing a new habit. Another behavioral point is to decide when you are “full”, when you stop eating. Many of us will eat until we become bloated or “full.” For some that can mean they eat until they become uncomfortable. It’s almost as if we need to stuff as much in as possible, then we are done.

This set point, this behavior needs to be changed. Part of this technique is to eat slower and to simply stop at a certain point, before we feel anything akin to being “full.” This is somewhat like portion control but more reflecting on impulse behavior rather than quantity you lay in front of you. Much of what I mention can be aided with various appetite suppressants but they don’t change the behavior by themselves. They may be part of a comprehensive plan to aid in the behavior change. These changes can actually also be helped with seeing a counselor or psychotherapist and of course, a nutritionist has valuable insight. Please note, that nowhere have I talked about specific foods to eat or avoid.

LSU MEDICAL SCHOOL

Most doctors around here are graduates of the LSU School of Medicine. How did it begin? There was a meeting of the LSU Board of Supervisors on January 3, 1931 at the Roosevelt Hotel (which became the Fairmont, then the Roosevelt again). The meeting was in the Huey Long Suite of course. Governor Long wanted a medical school within the LSU system.



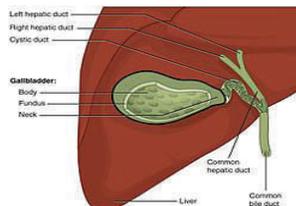
The Board voted to establish just such a school and selected Dr. Arthur Vidrine, the superintendent of Charity Hospital, as the first Dean. Dr. Vidrine was a Tulane Med School grad and served both positions

simultaneously! It is said that Huey Long was concerned about the doctor shortage and felt that Tulane was not able to supply enough physicians for the area. Most feel that Governor Long was not doing it to spite Tulane. The first students started there in October 1931, nine months after the ideal
(Continued on pg 2)

ORGAN CORNER...GALL BLADDER

“The bile (or at times referred to as gall) mixes with the partially digested food in the small intestine and aids with absorption of fats.”

In our continuing educational series I bring you the gall bladder. The gall bladder is pretty boring (how’s that for a lead-in). This organ is pretty simple. Your liver manufactures bile, a chemical that helps with the digestion of fats. The bile is secreted into a duct that leads to the gall bladder. The bile is stored in the gall bladder. It is normally a few inches in size and shaped like a pear. It can store about two ounces of bile. As you eat a meal, especially one that contains



fats, the gall bladder, being a muscular organ, squeezes the bile out into another duct that leads to your intestines, the part just downstream from your stomach. The bile (or at times referred to as gall) mixes with the partially digested food in the small intestine and aids with absorption of fats. Some fats are essential, so we

need those. While the bile is being stored in the gall bladder some of the water is removed by the gall bladder so the bile gets a little thicker. Because it gets more syrupy it can form a sludge or even stones! These gall stones can block the exit duct and when the bladder contract, much pain can develop. That is when your friendly surgeon has to go remove it. We can easily survive without one although there may be some gastrointestinal symptoms.

ATTORNEY ADS

“Don’t judge drugs by what you see on TV ads.”

We have all seen advertisements on TV where an attorney asks “have you ever taken this drug and has your hair ever fallen out? You may be deserve compensation.” Go ahead and ignore that. Most of the time they are trying to hook you in to a class action lawsuit to join with a ton of other people who took a drug. They do NOT



have to prove that drug caused any harm or that there is an cause and effect at all! If they can convince the drug company to settle out and not go to trial, the attorneys get at

least a third of that. The patients may get a gift card or something. In many cases the alleged issue is a known side effect and is clearly stated in the package insert. If you took a drug and think you have had a bad reaction we can look that up for you and see if there is a connection. Don’t judge drugs by what you see on TV ads.

LSU MEDICAL SCHOOL...CONTINUED

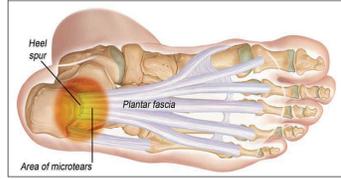
The school was built right next to Charity Hospital on Tulane Avenue and was very much an art deco type of building. It had a library that was sunk four floors below ground level. Most of the initial staff were Tulane grads too. The school was formally dedicated May 10, 1932. By then Long was a Senator and he was an avid supporter.

Senator Long was assassinated in 1935 and much turmoil in the school followed without its chief champion. In the early stages, until 1942, once you completed four years of medical school a student was given a “Bachelor of Medicine” degree. One only got their “MD” after an additional

year of internship. After that time frame a Medical Doctor degree was bestowed after the four years of medical school. The school built a new education facility close by between Perdido and Gravier. The original school was flooded by Katrina as was its neighbor Charity Hospital of New Orleans.

PLANTAR FASCIITIS

Should probably be called plantar fasciosis, but who's worried about that detail? The plantar fascia is a band of tissue beneath your sole that stretches from your heel bone (calcaneus) all the way to your toes. It is believed to help support the arch like the string on a bow (of a bow and arrow). It is probably not inflammation but a minor breakdown in the tissue caused by repetitive trauma. Other factors may include tendon inflammation near the fascia or strain at its attachment site to the heel bone.



We really don't have a precise explanation, sorry.

The symptoms are pretty tell-tale. The first step you take in the morning is greeted with intense pain at the bottom of your heel. Simple walking is a pain.

Some confuse this with "heel spur" but a heel spur is really just calcium being deposited in the inflamed part of the fascia so that the calcium shows

up on an X-ray. The "spur" is not the cause of anything, but the result of the inflammation.

Treatment involves wearing good arch supports, stretching your calf muscle so they are not tight, anti-inflammatories, ultrasound, steroid injections and even surgery. Splints can be worn at night to keep the calf stretched out and physical therapy to aggressively work on the region can be successful. It is easy to diagnose so give us a shout if your foot hurts!

"The first step you take in the morning is greeted with intense pain at the bottom of your heel."

TAX CUTS AND JOBS ACT

This December President Trump signed the Tax Cuts and Jobs Act of 2017 into law. It makes a lot of changes in the tax code. From a health insurance standpoint the main thing it does is eliminates the penalties for not purchasing and maintaining health coverage. This takes effect for 2019. Most people are still required to maintain



coverage throughout 2018 or pay a penalty when they file their 2018 federal income tax return. This effectively renders the Affordable Care Act impotent. This means

that the US Government cannot fine you for not purchasing something! This Act does not create any type of health insurance. The health care debate will rage on in 2018 and they will probably get it wrong. This tax cuts will put more money in people's pockets to pay for health related expenses. There is no movement in HAS-related legislation.

"eliminates the penalties for not purchasing and maintaining health coverage.."

BIG LASHES!

I have been asked this on many occasions since I do cosmetic procedures. There is a drug that used to treat glaucoma. The drug is delivered as a drop in the eye. It was noticed by many that the people who used this glaucoma drug developed thicker lashes as a side effect. So what did they do? They made it as a topical agent that you can apply to the



base of your eyelashes. You do not put it in the eye itself. After about a couple months, you have better lashes. It can cause some minor irritation in people. When the drug was used as a glaucoma drop it was noticed

that people with blue eyes would have their eyes turn brown. However, for lash use one does not put it in the eye, but on the lid, so the color change is not an issue (unless your are totally sloppy!). The brand name of the eyelash product is called Latisse and is made by Allergan. Dr. Karl does dispense that from the office as we do many other medications.

"the people who used this glaucoma drug developed thicker lashes as a side effec. "

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

We are on the web!
www.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

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.

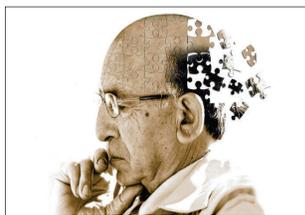
The concept of dealing or contracting directly with the patient is a bit of a throwback but it places the relationship where it should be, with the patient. There is no point in Dr. Hanson or our office wasting time interacting with insurance companies unless it directly contributes to your health. Instead 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: DEMENTIA

Dementia is the term for a decline in thinking, task handling, memory, reasoning and other mental abilities. There are many forms of dementia, Alzheimer's being only one of them.

As with any screening attempt we are seeing if we can find the disease in the early stage before it cause significant symptoms so that we may address it early and affect its course. The typical screening tool is some form of questionnaire that asks memory and calculation type questions. The tool does NOT diagnose dementia. In most cases there is not single test or scan that diagnoses any form of dementia, we aren't there yet. So the screening tool is not fully accurate.



Furthermore we really don't have good treatment for typical dementia. No effective remedy has been found and there is no way to alter its course.

One does have to be careful that certain medical condition such as hypothyroidism and depression can mimic dementia so a careful physical exam and certain laboratory testing may need to be performed. The current medications do not alter the course of dementia and only provide minimal effect if any. It is possible down the line that better genetic testing

and imaging studies may detect it early, but we still have no effective treatment.

If you feel that you or a loved one has dementia please bring it to our attention as it still deserves considerable investigation.

The USPSTF finds no evidence that routine screening for dementia is of any benefit.

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.