

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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WEIGHT LOSS-STEP 5

Low carb or low fat?? We previously reviewed several behavior modifications to help with a sound diet and weight control. Those modifications are at the crux of anything we do. There was no detail involved and you really don't need to "know" anything. The typical debate I hear is whether a low carbohydrate (sugars & starches) diet or a low fat diet is better. It is a rather boring discussion as the bottom line is total calorie intake. If your diet contains 3000 calories of SweetTarts or 3000 calories of bacon fat, let's say you are going in the wrong direction. In a study called the Diet Intervention Examining the Factors Interacting With Treatment Success (DIETFITS)



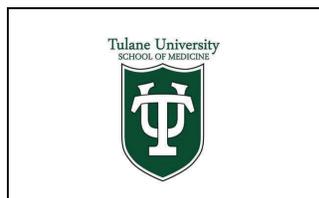
by Christopher Gardner, PhD it was found that even in people with high insulin levels, the type of diet did not matter. There was no predictability of low fat vs low carbohydrate. There were certain people who seemed to do better with one over the other but it was not a meaningful difference. The study was published this past month in the *Journal of the American Medical Association* and was done at Stanford. In the same month, in the journal *Circulation*, Dr. Francesco Sofi reported that a Mediterranean diet

and a vegetarian diet had the same weight loss and heart protection effects. This vegetarian diet allows dairy and eggs.

The point is not to get lost in the morass of what exactly is the best. All roads lead to a general concept of certain diets having benefit. Those diets have tons of written and online recipes and ideas. They are based on research and not something "that my friend's friend said was best." Simply follow the recommendations of the Mediterranean diet or the DASH diet. If you do not want any meat, then there are vegetarian plans that also allow adequate protein intake. Stay organized, ignore the buzz out there and follow a few simple, well defined diet patterns.

TULANE MEDICAL SCHOOL

Last month I shared some information about my Alma Mater, LSU Medical School. Now some history on our colleagues at Tulane, the source of many of LSU's original faculty. Tulane Medical School began in 1834. It's origins were in the malaria and cholera-ridden city of New Orleans. Drs. Thomas Hunt and Warren Stone were the impetus to start a



school as they settled in to work at Charity Hospital. At that time (the 4th) Charity Hospital was where the Roosevelt New Orleans Hotel is now. That hospital was completed in 1815 and

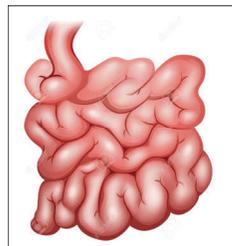
eventually moved to the current location on Tulane Avenue. Drs. Hunt and Stone collaborated with Drs. Harrison, Ingalis, Mckie, Cenas, Smith and Luzenberg to found the school and make it operational. The school moved next to the "current" Charity in 1930 but before that was on Canal Street starting in 1893.

(Continued on pg 2)

ORGAN CORNER...SMALL INTESTINE

“The small intestine averages about twenty five (25) feet long! ”

The small intestine is the first thing the swallowed food sees once it leaves your stomach. It is divided into three different sections, the duodenum, jejunum and ileum. No need to get into too much detail but the intestine is where most of the chemical digestion and nutrient (and medication) absorption takes place. The small intestine averages about twenty five (25) feet long! If is just all coiled inside your abdomen. Why so long? That gives plenty of surface area for nutrients to be absorbed as the di-



gested products slowly make their way through the small intestine. The inner lining of this is not a flat tube but a folded and frilly lining. Actually the first part of the small intestine, the duodenum is where much of where digestion, the breakdown of foodstuffs into absorbable

molecules, takes place. Acid from the stomach, digestive enzymes from the pancreas, and bile from the liver and gallbladder all mix in there. Under normal circumstances, by the time the contents makes it to the end of the small intestine, the ileum, all the good stuff has been absorbed and the leftover contents then make it to the large intestine where stool is formed. Certain diseases can affect the ability to absorb nutrients and sometimes ulcers can occur in the duodenum.

DIRECT PRIMARY CARE PODCASTS

“The podcasts give an inside look at what doctors and even insurance professionals see on the horizon, and the battles we leave behind.”

A good friend of mine and pioneer of our direct primary care movement, Dr. Landon Roussell has resumed his direct primary care (DPC) podcasts. They give great insight into the DPC movement and he has lined up excellent interviews with a lot of folks who are taking their own personal risks to reinvent what it is to be a doctor.



The podcasts give an inside look at what doctors and even insurance professionals see on the horizon, and the battles we leave behind.

Dr. Roussell has his office, Communitas Primary Care in Lutcher, upriver from me.

Search for his podcasts on any podcast app. Look for “The Direct Primary Care Podcast Show.” I had the honor of being invited to speak on the February 26th edition about spreading the word to medical students.

TULANE MEDICAL SCHOOL...CONTINUED

The original Tulane Medical School Building was in the French Quarter in 1844. The school originally had the name of Medical College of Louisiana. It was originally founded as a public medical college but then became a full-fledge university in 1847. It became a private facility after funding from Paul Tulane and Josephine Newcomb created

the new entity know as Tulane. Tulane Medical School has lead the way in public health and tropical medicine in the region and the world. It tends to select students from wide areas of the country. The yearly medical school tuition for Tulane is approximately \$62,000. LSU Medical School is about \$31,000 yearly for Louisi-

ana residents but is about the same as Tulane for non-residents.

Tulane Medical School always played an integral role in the function of the “old” Charity. They covered Charity on “T” nights, while LSU covered on “L” nights. Tulane has played a role in the new University Medical Center in Mid-City.

THUMB ARTHRITIS

Everybody's hands hurt at one time or another. Probably the joint in the hand that gives the most trouble and pain is the basilar joint of the thumb. The knuckles (joints) of our fingers can get a bit enlarged, tight, and painful at times but that is usually mild. Certainly some severe forms of osteoarthritis and of rheumatoid arthritis can hurt but the basilar joint of the thumb can really be painful once it gets arthritis. Rarely is this a result of trauma or injury. It may be an overuse injury but that is hard to tell.



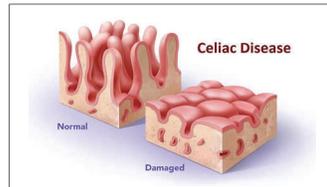
The thumb is a weird joint in that not only can the thumb curl like the other fingers but it can also "oppose" or fold over the palm of the hand, something unique to advanced primates. As will a lot of joints that are very flexible, it seems to be more likely to have issues. If you have this basilar

joint arthritis it hurts to grip, pinch, write and a perform a number of other tasks. At times anti-inflammatories and ice can help. A splint that immobilizes the thumb can help but that is tough if it is involving your dominant hand. We will even give steroid shots into the joint although that can be a bit painful. There is even surgery to replace that joint. If you feel pain in your thumb, there can be other causes so make sure you come in to get it checked out if the pain or swelling persists.

"If you have this basilar joint arthritis it hurts to grip, pinch, write and a perform a number of other tasks."

CELIAC DISEASE

Celiac disease is principally a disease of the small intestines. It is a condition where our body's own immune system overreacts to innocent substances we ingest as is the case with many diseases and even simple hay fever. In some folks, they develop an allergic sensitivity to various proteins, glutens, found in natural grains like barley



and rye. Certain proteins are also part of the processing of bread. Their bodies develop antibodies that change the normally frilly lining of the small intestine into a flat,

less functional lining. We then see symptoms of diarrhea, cramps, food intolerance and even skin rashes. We can diagnose it by looking into the intestines with a scope and doing a biopsy or more often measuring levels of certain types of abnormal antibodies in the blood. The treatment is to stay away from anything with gluten or gluten-like substances.

"develop an allergic sensitivity to various proteins, glutens, found in natural grains"

DOUBLE CHIN, NO CHIN?

"Double chin" simply means a fat pad makes one look like they have a second chin. Some people also just have loss of the definition of where their chin is and where their jaw line is. There is a fat pad right under your jaw called the submental fat pad. It is the pad that fattens up and hangs a bit. The pad is between the skin under your jaw and a muscle. It



can get large and saggy even in people who are of normal weight. At one time, the only way to remove it was to cut it out or suck it out. Well no more! There is a product that I use called Kybella. A series of injections is given

into that fat pad with a very skinny needle. That is repeated a month or more later and maybe even again. The injections actually permanently destroy the fat pad so it does not come back. It gives folks a better neck contour. It is one of my favorite cosmetic procedures to do. If you are interested set up something to come by and I can assess you for Kybella.

"injections actually permanently destroy the fat pad so it does not come back"

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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-*



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: CELIAC DISEASE

We discussed earlier in this newsletter about celiac disease, also known as sprue and gluten enteropathy. It turns out that it is a rather common condition that can cause a lot of gastrointestinal and even dermatologic stress.

Can we detect it early? Does it matter? Researchers tried to figure this out, whether we should get celiac antibody tests (blood work) on people to see if they have celiac disease. The rationale would be that if the antibodies are present, then we can tell people to stick to a gluten-free diet. In doing so we may be able to prevent some of the intestinal changes that lead to absorption problems, cramps, diarrhea and other conditions.



So there is an easy test, the blood work. There is a solution which is diet. I would not call the diet easy as gluten-free is not always easy to stick with.

The issue is that if a person is not having symptoms, there is really no need to go looking for this. Even if you found some celiac antibodies but the person was not having symptoms, there is no point in doing anything. Waiting for symptoms to appear is good enough before a workup starts. I would add that we have to have our "celiac radar" on

as we can easily forget this in folks who have a myriad of gastrointestinal complaints.

So even though there is an easy and noninvasive test (blood work), and benign "fix" (avoiding gluten) the current recommendation is that there is no evidence to suggest we need to start checking people who are not having any symptoms (the definition of screening).

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