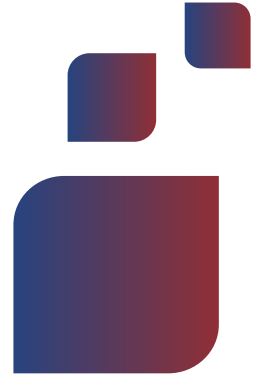


Your Health



Osler Quote of the Month:

“The young physician starts life with 20 drugs for each disease, and the old physician ends life with one drug for 20 diseases.”

Your Health

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Health Gem of the Month:

What ever happened to common sense?

Common sense needs to be taught to young doctors, because doctors generally have a major deficiency in that crucial element of care. Many patients come to us and say: how does what my doctor told me to do make sense? For instance, why would a doctor tell someone to be on a blood thinner when they fall often, have anemia, and are prone to bleeding? And yet doctors, often imbued with dogmatic one-right-answer thinking, don't see nuance and hence lack common sense. They identify a disease, they read that for this particular disease people need blood thinners, and hence any other issues brought up by the patient that contradicts the medical gospel falls off the radar of their thinking.

The truth is that most medical interventions lack the benefit often ascribed to them by doctors. Let's take blood thinners again. Patients with a condition called afib are told that if they don't take a blood thinner, they will get a stroke. That is the medical gospel. Few doctors know where such gospel derived beyond a few protocols, clinical guidelines, and drug-company produced studies. But the gospel is everything to them; it's more important than the patient sitting in front of them. They don't understand the data beyond what a guideline or book tells them, since such data would give them pause if they truly grasped its meaning. They typically discount any drug side effects, and they certainly don't know how to apply the data to their own patient. The idea of nuance, common sense, and patient-centric care dissolves when dogma rules the day.

In truth, the more we push tests, medicines, and procedures based on dogma deprived of nuance and common sense, the worse people do. Despite all the stents, cholesterol medicines, diabetes pills, blood thinners, screening tests and doctor visits we insist must occur, people are living shorter and are burdened by more chronic diseases. We are causing disease and harm through our thoughtless interventions because we see the medical world through a back and white lens lacking common sense. How do we get back on the train of common sense? That's up to us as patients. Be skeptical, ask questions, and understand the risks and benefits of everything you are told to do.

What's new at PPC

As we enter a new year, we have given thought to creating a patient education room.

On our website we have a large amount of information including videos about various health and nutrition issues, our newsletters and recipes, nutrition information forms, and so much more. We also have a variety of books in our office. We have thought about having a room where patients can see these videos and read our books and understand more about health and wellness.

Let us know what you think! We can also have healthy snacks there. And interactive AI. But in the end, the shape and content of the room will be up to you.

Long Term Care Corner

The Ambulance

It is a rare day in assisted livings and nursing homes that an ambulance isn't beckoned to care for someone deemed to be too sick to stay. A plethora of health care personnel fly in and out of these buildings, nurses and doctors submerge the residents of these facilities into a medicalized land of constant surveillance and illness, and in the end often the ambulance is needed to address the illnesses and abnormal measurements we uncover.

In the past, these facilities were called rest homes. But now they are anything but that. Who can rest with all the poking and prodding and measuring and scaring? Everyone is reduced to being a measurement—blood pressure, cholesterol, weight, labs—and everyone is under constant pressure to behave in a way defined for them by a “healthy” norm that frequently deviates from what is best for the elderly victim of excessive medical oversight.

This is not good geriatric care. But given the regulatory environment in long-term care, the facilities themselves are forced to act this way. This means it's up to you. You can say: I don't want my life to be medicalized. I don't want to be constantly measured and medicated. I don't want to go to the hospital. In fact, every study shows that the less elders in long term care are barraged by our health care system, the more they are allowed to live their lives and only treated and tested for bothersome symptoms, the more they are kept out of the hospital, the better they do, and the longer they live. You are in charge, so tell us and the nurses you want. Maybe then the ambulance can stay far away!

Medication Factoids

Narcotics

We are told every day that we have an opioid epidemic that the medical system largely created. We doctors again threw common sense in the wastebasket and listened to drug companies and their academic doctor flunkies who proclaimed that all pain must be treated aggressively and that narcotics are safe. And so, we created a crisis, and now narcotics are taboo.

But just how dangerous are they? Drugs such as oxycodone, tramadol, and even morphine do pose problems. They can cause confusion, falls, and constipation especially when given at high doses. But among people who are elderly or have no history of addiction, they rarely cause addiction. One study found that 1/2000 people become addicted who use these drugs appropriately.

In fact, narcotics can make the difference between being functional and being confined to a bed and a wheelchair. They are safer than other pain medicines, especially anti-inflammatories like Motrin and Advil. And at low dose, they rarely cause side effects.

It is time we stop living with a fallacious binary that pits some drugs as bad and others as good. Cholesterol medicines, blood thinners like Eliquis, blood pressure and diabetes medicine cause far more hospitalizations, deaths, and disability than narcotics in the elderly. Finding a balance and treating each person as an individual is how to best use medicines to help people.

Testing Corner

The total body MRI

In a past newsletter we discussed an article that looked at the total body MRI as a screening test to see if you have disease. In other words, if we put you under a magnetic microscope and tear your body into numbers and measurements, maybe we'll find a disease that's lurking and could kill you. We'll get to it early! We'll save your life!

But, as the article reasons, such is not the case. In fact, many people who get screening tests—cancer screening in the elderly (mammograms, PSA, colonoscopy), EKG's, stress tests, carotid ultrasounds, even CT scans—die more quickly than people who eschew such testing. When we find problems that are lurking, most of the time our bodies will clear them up, and when we intervene, we just mess up the works and cause new problems without fixing everything. Certainly screening tests can be appropriate based on your age and circumstance, but mostly we should look for problems when you tell us that something is wrong. The total body MRI will find problems, but it will not help us to live better or longer. It will only plunge us into the jaws of medical madness!

Nutrition Corner

The quick path to good health

Why even focus on diet these days? There's Ozempic! And all sorts of supplements that provide everything we need! And drugs to make our numbers look good! Heck, we can lose weight and feel healthy just through shots and pills, so why bother with all the hard work?

Ozempic may be a very dangerous drug; we just don't know. Yes, it gives us a chemical that leads to a drop in appetite, but it may also destroy muscle tissue, partially paralyze our stomach, and create a dependency on it—if you stop it, you gain back all the weight you lost. Also, it does not address what's important in our diet: feeding our gut bacteria, lowering our inflammation, and providing us with appropriate nutrients. Yes, we will lose weight, but at what price? Are we healthier? Will we have less chronic disease and live longer? Or are we falling prey to another snake oil that harms us under the guise of being a miracle cure? Remember, the best way to lose weight is to get cancer, and few of us want to take that approach. And we just don't know if Ozempic is a cancer in a needle, harming our body and causing weight loss in the most deleterious of ways.

Similarly, every supplement that claims to replace good food simply does not. Food is complex in how it helps us and extracting a few chemicals from vegetables and claiming that they will do as much or more than real food is pure folly. People who take these snake oils don't live longer or have less disease. Rather, they neglect what's really important: good food and exercise. Food is medicine. Ozempic and all these supplements are deception. Be wary of the hype!

In the News

🔗 A [small randomized study](#) looked at the impact of hops extract supplements on appetite suppressant. In addition to creating a bitter sensation that blocks appetite, these compounds contain GLP-1 which is the ingredient in Ozempic that suppresses appetite, and which also can be purchased over the counter as a supplement. The study did show a significant reduction in appetite, but it was not conducted long enough or with enough people to determine if any clinically relevant outcomes are apparent, such as sustained weight loss and improved health outcomes. Also, there were a few side effects such as nausea, but we don't know about long term side effects due to the short duration of the study. Beware!

🔗 The Lown Institute often publishes provocative well-researched medical reviews that target overuse of procedures and pills. A [recent piece on back surgery](#) is worth a look, but also it is worth skimming other studies in their registry as they are very good at distilling complex and often inappropriately presented data in a common sense, understandable format.

🔗 Is the RSV vaccine effective? RSV has been around for 100 years, so why now are we finding that it is so harmful to adults, and does the vaccine reduce that harm? Recent studies have been at most questionable. An [observational study](#) financed by the CDC (see the last word on dangers of these studies) suggests a small benefit in people over 60 with chronic illness. Although the authors attempted to randomize groups, the randomization was not convincing, and the data was derived by mining medical records and counting numbers. The overall absolute benefit was small. The study also didn't address if this vaccine works when given with other vaccines. In the end, the study tells us very little.

🔗 Nothing is worse than sloppy media when it comes to health care. The [Washington Post published](#) that two new Alzheimer's drugs may slow disease decline, and yet there is no data to support this. In fact, through the lens of common sense, how could you ever measure if there is a reduction in dementia decline? Several drug-company paid academic doctors are quoted, but again, in the absence of compelling data, these drugs, which cost up to \$50,000 a year and which can and do cause brain bleeds (not mentioned in the article), are a bonanza for drug companies and for those who advertise drugs (such as the Washington Post).

Recipes of the Month

Healthy Chocolate Mousse



Fall/Winter Sweet Potato Bowl



All Recipes Will Be On Our Website. Check Out Our Nutrition Videos, Nutrition Information, And Join Our Nutrition Program That Is Filled With Tasty Perks!

The Last Word

The danger of observational studies and why much of what you read is deceptive

In the media, the vast majority of medical facts being promulgated are based on observational studies. These studies are very easy to conduct and can derive conclusions that are preordained. The vast majority of observational studies are debunked after randomized trials are conducted, but during their lives they generate false proclamations that become so ingrained in the medical liturgy that even common sense and subsequent data can't unravel the myths they create. Many such studies, while designed and paid for by drug companies, are conducted by medical doctors at prestigious academic centers and published in prestigious medical journals thus giving them an air of legitimacy. Most doctors and all media outlets proclaim these studies to be valid even though they really tell us nothing at all.

Almost all rely on data mining—extracting data from electronic medical records and finding correlations. Recent studies of RSV vaccine, Paxlovid, and Tamiflu did this and, despite the fact that randomized trials negated the overwhelmingly positive results of the latter two drug studies, these drugs live on and are prescribed to the tune of billions of dollars a year, often causing more harm than good. In fact, the CDC and state medical societies mandate the use of these drugs in certain circumstances despite data which proves them to be ineffective and dangerous. Most observational studies are barely randomized (making sure both groups are equal) and none can prove cause and effect. But that's how the press reports them, and thus they have become omnipresent in our medical landscape, leading to over-treatment and over-testing based on fallacious data.

Let's design an observational study. Through our computers we look at all the people who came to a local hospital with heart attacks in the past year. We then ascertain (with phone calls or other avenues) which heart attack victims drive Subarus and which ones drive Ford F-150's. We find that out of 1000 people with heart attacks, 50 drive a Subaru and 150 drive an F-150. Subaru sponsors the study, but that information is not known. We then have a Harvard doctor write an article in the New England Journal stating that driving a Subaru cuts your risk of heart attack by a third. The media—which receives ample advertising funds from Subaru—reports this and has several academic doctors confirm it. All the sudden Subaru sales accelerate with the slogan: Drive a Subaru and Don't Get a Heart Attack. But it doesn't take an Einstein to realize that the correlation between one type of car and heart attack risk does not imply cause and effect; the people who tend to buy Subaru's are more active and healthier due to the car's marketing. But based on this observational study, the world now thinks that driving a Subaru cuts down your chance of having a heart attack.

If you think that this study is absurd, then you are correct. But this is how most studies today are conducted, and their results are equally absurd. Doctors don't understand this, and both drug companies and the media feast on these studies. And thus patients are left in a black hole of being told that a certain drug or procedure or test is life-saving, but not knowing that that conclusion derived from a bogus observational study.

It's worth reading Vinay Prasad's book *Ending Medical Reversals*, which explains the danger of using observational data to drive medical dogma. It's also worth listening to lectures by Stanford doctor John Ioannidis which can be [found on YouTube](#). We know that observational data is bad, but it feeds the medical system, enriches doctors and drug companies, and thus has become the primary means of feeding people false information.

Given the plethora of observational data that lines our medical landscape, and the lack of validity of this data, it is difficult to know how to differentiate the results of poor data from good data. Most doctors don't know the difference, so what they tell you could be invalid. How do we stop it, or at the very least, understand it? It is important to ask your doctor if what he/she is telling you is based on observational data. If they don't know, that's not a good sign. You can always ask us, since we do know! But always be skeptical of dogmatic proclamations by doctors. Usually, they are no better than thinking a Subaru can stop heart attacks.