The Guide:

A Pocket Guide For Managing Medical Symptoms

DOUGLAS M. LAKIN, MD
FOREWORD BY MERVYN LAKIN, M.D.

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Medical Symptoms

By
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Foreword

What do you do when you find yourself in a medical emergency? How do you handle a medical problem that arises?

Doctor Doug Lakin has been board certified in internal medicine, and has practiced it since 1990. During that time he has been at the forefront of computerized medicine. He is a graduate of Johns Hopkins School of Medicine in Baltimore. He is constantly on the Internet staying connected to his individual patients.

This book summarizes what he has learned over the years in his practice of medicine. The book offers solutions to many medical problems that may arise. Dr. Lakin has been recognized by his peers as one of the best doctors in Phoenix. So, here is a recognized expert telling you how to handle most medical situations in a book that you should always keep handy to reference. You will be glad you possess it.

Sincerely,

Mervyn Lakin M.D.

Dr. Mervyn Lakin was born in London, Ontario and inspired to study medicine by the most famous Canadian medical scientist, Dr. Frederick Banting, the discoverer of insulin. A scientific prodigy, he entered medical school at age 18 and graduated from the University of Western Ontario School of Medicine with Honors in 1956. He then focused his studies on internal medicine and diabetes, completing his formal training at the world famous Joslin Clinic in Boston. Dr. Lakin then went into private practice in Detroit and practiced there for 15 years. He moved to The Valley of The Sun in 1975. He set the highest standard for medical care in Paradise Valley and Scottsdale before retiring in 1990 for health reasons. He lives with his wife of 54 years and is the father of three sons.

Dear Patients,

This guide is one in a series of MiniBüks—books meant to provide simple answers for day-to-day health questions. It is my effort to pass on 50 years of wisdom accrued as the child of a physician and as a Johns Hopkins-trained internist with over 20 years in practice.

I hope this advice is useful to you and your family. It's actually meant for my own.

Doctor Doug

Table of Contents

Home Medical Kit 1
- For Cough and Colds 2
- For Fever/Aches/Pains 3
- For Diarrhea 4
- For Nausea 4
- For Constipation 5
- For Indigestion 6
- Allergy Medications 6
- Topical Medications 7
- Motion Sickness 8
- About Expiration Dates 8

Travel Medical Kit 9
- For Cough and Colds 9
- For Aches/Pains 10
- For Diarrhea 11
- For Nausea 11
- Anxiety/Stress/Sleep 12
- Altitude 13

Vitamin Recommendations 14
- Legitimate Supplementation 16
- Possible Legitimate Supplementation 17

Dressing Wounds 18
- Wet to Dry Dressing 19
- Topical Antibiotic Dressing 20
- Non-Stick Dressings 21

Debriding Dressing 22
Skin Conditions 24
Wounds 24
Dressings 25
Dry Skin 25
Excessive Bruising 25
Rashes 27
Minor Burns 28
Torn Skin 29
Animal Bites & Scratches
Insect Bites & Stings 31
Animal Bites/Scratches 31
Scorpion Stings 32
Spider Bites 33
Bee/Wasp/Hornet Stings 36
Snake Bites 37
Yeast/Fungal Infections 38
MRSA—Resistant Staph Infection 40
C. Diff Infection 44
Nausea, Vomiting & Diarrheal Illness 48
Abdominal Pain 54
Constipation 59
Diet Changes 61
High Fiber Diet 61
Lifestyle Changes 65
Treatment 66

Taking Care Of Bottom (TCB Or Rectal & Anal Issues. 70
Rectal Itch/Irritation 70
Hemorrhoids 73
Irritable Bowel Syndrome 76
The Mechanism of IBS. 77
Treatment for IBS 80
A Last Thought About IBS. 82
Diabetes Wisdom 83
General Goals for the New Diabetic Patient: 92
Upper Respiratory Infections (URIs) 95
Sore Throats 95
Sinus Symptoms. 97
Ear Pain/Fullness 99
Cough, Mucus & Bronchitis 101
Epistaxis (Nosebleeds) 104
Safe Use Of Aspirin 107
Taking Aspirin Properly 108
Safe Use Of Tylenol/Acetominophen 110
Taking Tylenol/Acetaminophen Properly 111
Safe Use Of Anti-Inflammatory Medications 112
Taking Anti-Inflammatory Medications Properly . . 113
Safe Use Of Coumadin/Warfarin 115
The Protime Blood Test 116
Know Your Coumadin Dose By Color 117
Coumadin Diet Recommendations 117

Coumadin and Other Medications. 118
Kidney Safety 121
X-Ray Dye Testing 122
Colonoscopy Preparation 123
Cleaning Eyelids During Times Of Allergy Or Irritation 124
The Pain Scale 125
Macular Degeneration Check 126
Sleep Hygeine 128
Travel To Places Of Elevation 130
Vertigo 131
About Shingles 135
Recognition & Treatment. 136
Shingles Pain Relief 137
How Shingles Runs Its Course 138
Shingles Vaccine. 138
Urinary Tract Infections (UTIs). 140
Risk Factors 140
Symptoms 140
Evaluation 141
Treatment. 141
Expectations. 142
Prevention 143

Bone Health—Treating & Preventing Osteoporosis 144
Medications 144
Calcium in the Diet 145
Calcium Supplements 145
Vitamin D 146
Exercise 147
Treatment Of Acute Joint Injuries 148

Home Medical Kit

This is a short list of over-the-counter supplies to have handy at home in case of various medical needs. It is not a complete list, but rather a practical summary. It is also a great list for kids away from home or college students.

Here is the shopping list:

- Sudafed 30mg tablets
- Chlor-Trimeton 4mg tablets
- Claritin 10mg tablets
- Pepcid AC tablets
- Milk of Magnesia
- Advil 200mg tablets
- Robitussin DM syrup
- Imodium AD tablets
- Cortaid 10 cream
- Bacitracin ointment

For Cough and Colds

Sudafed (pseudophedrine) 30mg: This little red tablet is super for congestion and drainage. Taken at this small dose, once or twice daily, it provides nice symptom relief and is safe for everyone (including those with high blood pressure). It may require a signature for purchase, as the pharmacist keeps it behind the counter.

Chlor-Trimeton (chlorpheniramine) 4mg: This antihistamine is great for allergy relief for a few hours, and is also good for congestion and drainage from colds. It is drying (too drying for some), but is safe for everyone in this low dose. Taking it at night is preferred, but not required, as it can make you a little sleepy.

Robitussin DM or Delsym: These cough syrups can be helpful for mild cough. They do not help congestion. The DM (dextromethorphan) is the only over-the-counter product generally effective for cough.

Triaminic Night-time Cough and Cold: This is an all-in-one product and I like it when taken in low doses (1–2 teaspoons). It is safe and effective for congestion, drainage and cough with cold symptoms.

For Fever/Aches/Pains

Advil (ibuprofen): This is my preferred anti-inflammatory, although Aleve can be used as well. Taking 3 pills 3 times per day is a good, solid anti-inflammatory dose for fever, aches or pains. Although you can overdo such medications (see individual chapters for safe uses of medications), taken for brief periods of time (3–5 days) it is safe in almost 100 percent of people.

Tylenol (acetaminophen): This is a fine pain and fever medication, but provides no anti-inflammatory effect. The dose of 650–1000mg at a time is effective for most people, and can be taken for 3–5 days without concern. Do not take more than 4000mg total per day.

For Diarrhea

Imodium AD (loperamide): This is a very effective medication for diarrhea and can work quickly. For severe diarrhea, take 2 pills immediately and then 1 after each loose bowel movement, up to 8 per day. You can take them one after another if you require, until symptoms resolve.

For Nausea

There are no effective over-the-counter medications for nausea and vomiting. It is nice to have a prescription around if you are prone to developing these symptoms with infections (some people are more prone than others). Suppositories (medication taken rectally) are preferred for nausea and vomiting, so that the medication can absorb into your system. Compazine or Phenergan suppositories are preferred and used immediately with significant symptoms and then repeated in 4–6 hours if need be.

Suppository facts: These medications look like little torpedoes. The pointed end is not

the end to insert into the anus…insert the flat end. This will allow the body to retain the suppository best as the pointed end will gently 'close the door' once inserted rectally and will prevent it from being expelled quickly.

For Constipation

Milk of Magnesia (liquid form or magnesium oxide 400mg tablets): These are the single most effective medications for immediate relief of constipation and it is the best medication to have around the house for this purpose. For urgent relief: 2 tablespoons every 2–4 hours until you 'clear out' (or 2 pills of magnesium oxide every 2 hours until effective.)

Glycerin suppositories: These are also quite effective when taken rectally to get a quick resolution of constipation. When taken rectally, the suppository acts as an irritant and generally results in reflexive evacuation and a bowel movement within 30 minutes.

For Indigestion

Pepcid AC: For indigestion, heartburn, reflux, or general 'sour stomach' I prefer Pepcid AC. You can take 1–2 times per day to keep the stomach settled.

Mylanta: 2 tablespoons are good for digestive upset and sour stomach or heartburn. You can dose repeatedly every hour if you need it, but be aware that too much can result in abdominal cramping and diarrhea.

Allergy Medications

For allergic reactions, the following are preferred:

Chor-Trimeton 4mg or **Benadryl** 25mg: Either of these are great for itching eyes or itching skin, sinus congestion and drainage from allergies, or any allergic reaction to a medication. The only drawback is that some people get very sleepy from these types of antihistamines.

Claritin 10mg: Great to have for longer lasting effect without any sedation. Use with

seasonal allergy symptoms (nasal drainage, itching eyes, cough and drip), or an allergic reaction of the skin. This helps to suppress allergy symptoms for 24 hours and can safely be taken for several days in a row.

Cortaid 10 (1 percent hydrocortisone cream): This is a good, general, mild steroid cream for any skin rash or if hives develop. It is safe to apply to all parts of the body (except directly in the eyes).

Topical Medications

Cortaid 10 (hydrocortisone cream): This is good for general irritations and itches when applied topically (see above).

Bacitracin ointment: This is the best of the over-the-counter anti-infectives and is good for scrapes and burns or bites.

Hydrogen peroxide: This is good for topical application to scrapes and wounds or bites. Use it with the initial injury, but it is not ideal to use on a repeated basis. Pouring this on a scrape or bite initially can act to remove bacte-

ria and cleanse debris material from the area.

Motion Sickness

Dramamine or **Bonine** (meclizine): Either of these medications is effective for nausea that develops from any type of motion sickness (car, boat, plane). They are most effective when taken 30–60 minutes prior to travel. Dramamine is a sedative; Bonine less so.

About Expiration Dates

Although there is an official expiration date for medications, I feel comfortable taking medications for up to 3 years after the expiration date. Knowing this will allow you to fill your home kit and not feel the need to renew the medications on a constant basis. This is both safe and will save you money.

Travel Medical Kit

This is a more advanced list of medications that is useful for travelers who might be far away from medical care.

Here is a short list of medications for stocking your kit:

- Z-Pak (Zithromax)
- Cipro (Ciprofloxacin)
- Lomotil (diphenoxylate/atropine)
- Compazine (prochlorperazine) suppositories
- Hydrocodone
- Valium (diazepam)

For Cough and Colds

Z-Pak: Zithromax is a general antibiotic in the erythromycin family but is easier on the stomach. Antibiotics are not to be used for all coughs and colds as most are due to viruses and will not be helped by antibiotics.

It is worthwhile to have this around during travel for lingering upper respiratory symptoms that are transforming into a more seri-

ous infection in the ears, sinuses or lungs.

Codeine-containing Cough Syrups (promethazine with codeine or Hycodan/Tussionex): These prescription cough syrups with codeine or codeine-derivatives, are much more effective than over-the-counter preparations and are useful in people who tolerate such. They are stronger and can cause constipation when used repeatedly, so do be aware of these effects. Using a Vicodin (hydrocodone tablet) is also an effective treatment for severe cough if you had those, but not cough syrup, on hand.

For Aches/Pains

Hydrocodone (Vicodin/Lortab): This is a narcotic painkiller and is useful to have around if you will be out of touch with medical assistance. Taken sparingly, for severe pain, it is quite effective, but you need to know that you are tolerant of narcotic medications, as it can cause nausea. (It can also be used for severe cough.)

For Diarrhea

Lomotil (diphenoxylate/atropine): This tiny anti-diarrhea pill is more effective generally than Imodium (loperamide) and good for travel as it works a bit quicker and stronger. You take 2 immediately when severe diarrhea occurs and then 1 after each loose bowel movement, up to 8 in a day.

Cipro: Taken for 3 days (twice daily) it can be useful for traveler's diarrhea and is fine to have and use if you are having a very severe diarrheal episode that lingers or overwhelms. Please know that as most diarrheal illnesses during travel are related to stresses and food changes, Cipro is not to be used at the first signs of diarrhea, but rather for more severe cases.

For Nausea

Home remedies for nausea are of limited use and can be tried for mild symptoms. Warm tea, flat ginger ale, or ginger root, can provide some degree of relief, as can a cold pack to the forehead or back of the neck. If stronger

remedies are required, it is nice to have a prescription around if you are prone to developing these symptoms with infections (some people are more prone than others to this).

Suppositories (medication taken rectally) are preferred for nausea and vomiting, so that the medication can absorb into your system. Compazine (prochlorperazine) or Phenergan (promethazine) suppositories are preferred and used immediately with significant symptoms and then repeated in 4–6 hours if need be. Check "suppository facts" above in the Home Medical Kit section for proper use.

Anxiety/Stress/Sleep

Valium (diazepam) 5mg: One of the original relaxers, Valium, is effective in many situations that induce anxiety or require assistance with relaxation such as severe stressful family or life events or during long distance travel. Just 5mg…one or two pills at a time, is an excellent relaxer. Do not use if you are driving.

Ambien (zolpidem) 5–10mg: This is very effective to assist with sleeping in difficult

or unusual situations that may develop during travel (on a plane or train or in an unfamiliar bed).

Altitude

Diamox (acetazolamide) 250mg: Two pills of this medication taken with a potassium pill are useful when traveling to altitude above 8,000–9,000 feet. Everyone is different as to how well they accommodate to altitude, but these medications are very safe and effective. You take the pills 1 day prior to travel to altitude then for 3–5 days while at altitude. Diamox can prevent headache, nausea and shortness of breath that develops at altitude in some people.

Vitamin Recommendations

As a rule, I do not recommend much in the way of supplemental vitamins for healthy adults. I certainly do not recommend herbal supplements generally.

Here are the reasons I am critical of vitamin/mineral/herbal supplements:

The data for supplementation is, at best, mixed, and at worst, there may be negatives for supplementation.

There is little to no scientific evidence of the benefits of vitamin supplementation, except for specific disease states, which I will list below. Yes, vitamins in their natural forms in foods are beneficial but not isolated as specific supplements.

The production of vitamins and supplements may be suspect.

Regulation of vitamin production is not FDA sanctioned, which means that you are depending on the good graces of the manufacturer to provide the supplements

in the quantities that are mentioned and to confirm that the processes of production are safe and without tainting from potentially toxic byproducts or contaminants. Given the concerns about production in foreign countries, I feel there is legitimate reason for concern.

There may be negatives from significant vitamin supplementation.

The logic is as follows: Cancer cells grow at a faster rate than normal cells. To grow quickly, cells require the 'building blocks' of cell growth, of which vitamins are a key element. Providing supplementation of needed materials would seem to benefit cancer cells more readily than normal cells, as the cancer cells are growing fast and uncontrolled, while normal cells area growing slower and in a controlled manner.

Vitamin and supplement peddlers are focused mostly on profit.

Their ultimate motive is profit and thus they will sell the benefits of their products.

They avoid discussing any negatives. They are not objective.

The advertisements for vitamins depend on testimonials.

Hearsay and endorsements rarely involve legitimate scientific validation. When science is invoked, it is generally done so in a non-rigorous context and conclusions from suspect experts and labs are always uncertain.

In certain situations, supplementation is valid but it must be analyzed. Here is what I look for when a need for supplementation seems necessary.

Legitimate Supplementation

Calcium and Vitamin D in the setting of osteoporosis (see "High Calcium Diet" on page 24 of The Diets MiniBük by Douglas Lakin, M.D. & Debbie Landau-West, R.D.).

Vitamin B-12 supplementation in pernicious anemia (this must be given as an injection

since the oral medication is not well-absorbed in patients who are deficient).

Iron supplementation in the setting of iron deficiency anemia (see "High Iron Diet" page 40 of The Diets MiniBük by Douglas Lakin, M.D. & Debbie Landau-West, R.D.).

Lutein in cases of macular degeneration

Vitamin E (400–800 units daily) in a diagnosis of fatty liver.

Possible Legitimate Supplementation

Omega 3 fatty acids (fish oil, 1000– 3000mg daily) may be helpful in heart disease, atrial fibrillation, high cholesterol.

Glucosamine chondroitin (1500mg daily) for osteoarthritis in the knees, hips and hand joints.

Coenzyme q10 (10–100mg daily) in the setting of treatment for cholesterol with statins (as statin drugs may deplete this vitamin).

Milk thistle may be useful in liver disease (200mg total per day in divided doses…3 times per day).

Dressing Wounds

Treating an open wound properly is very important in preventing infection and speeding the healing process. There are variations in wounds that develop due to trauma, burns, injury or surgery and thus there are various treatment approaches.

It is impossible to tell you which dressing is most appropriate for your injury, but this is a list of various dressings that you can use to help heal a wound. You will likely need an evaluation to know which dressing(s) to use, but it is helpful to have a list of needed supplies. Below are the various dressings we provide in the office for wounds.

In particular, shin wounds are slow to heal and a difficult issue as we get older, so dressing them right is key to proper healing.

Before you begin:

- Assemble materials.
- It is advisable to use non-sterile gloves in most settings, but washing your hands with

soap and water before and after dressing changes can be done instead if gloves are not readily available and if infectious issues are not known to be a concern.

Wet to Dry Dressing

This type of dressing is used when there is a minor amount of material to be removed from the wound area due to excess weeping of the area, development of undesired scabbing, or overlying irregular tissues (grummous) material that is preventing complete healing.

The wet to dry dressing is a 'debriding' dressing that removes extraneous surface material. This material adheres to the moist gauze, then dries out and sticks to the gauze, allowing removal when the dressing is changed.

Materials:

- Gauze pads (2 x 2 or 4 x 4)…these can be sterile or nonsterile
- Sterile saline (bottle) or contact lens solution
- Kling wrap (gauze bandage rolls)

- Paper tape

Instructions:

1. Wash hands then soak gauze pads with saline solution and wring.

2. Apply moistened gauze directly over wound.

3. Cover moist gauze pad with a dry gauze pad.

4. Wrap with Kling/gauze.

5. Use tape to close.

6. Change dressings in the mornings and again in the evenings.

7. Wrap and dispose used dressings in trash not meant for recycling.

Topical Antibiotic Dressing

Materials:

- Gauze pads (2 x 2 or 4 x 4)…these can be sterile or nonsterile
- Coban wrap (a self-adherent elastic wrap

that functions like a tape, but sticks only to itself; available in any pharmacy)

- Topical antibiotic (one of the following): Bacitracin ointment—over-the-counter Bactroban (muporocin) ointment—prescription

Instructions:

1. Apply one of the topical antibiotics to the wound with your finger or a Q-tip.

2. Apply a gauze pad over the wound.

3. Wrap with Coban tape.

4. Change dressing once a day.

5. Dispose of used dressing in trash not meant for recycling.

Non-Stick Dressings

Materials:

- Gauze pads (2 x 2 or 4 x 4)
- **Adaptic covering** (this is a Vaseline covered mesh dressing material that can sometimes be found in the pharmacy or ordered by the pharmacist; each Adaptic dressing is in an

individually wrapped package)

- **Coban wrap** (self-adherent elastic wrap that functions like a tape, but sticks only to itself; available in any pharmacy)
- Topical antibiotic (one of the following):
- Bacitracin ointment—over-the-counter
- Bactroban (muporocin) ointment or cream—prescription

Instructions:

1. Apply one of the topical antibiotics to the wound with finger or Q-tip.

2. Apply Adaptic covering (cut to size).

3. Apply gauze pad.

4. Wrap with Coban tape.

5. Change dressing once a day.

6. Dispose of used dressing in trash not meant for recycling.

Debriding Dressing

This type of dressing is used when there is more significant material to be removed from

the wound area due to excess weeping of the area, undesired scabbing that is preventing deeper healing, or overlying irregular tissues (grummous) material that is preventing complete healing.

Materials:

- Silvasorb gel or Bactroban cream—prescription
- Gauze pads (2 x 2 or 4 x 4)
- Coban wrap (self-adherent elastic wrap that functions like a tape, but sticks only to itself; available in any pharmacy)

Instructions:

1. Apply a small amount of Silvasorb gel or Bactroban cream over the entire wound, using your finger or Q-tip.

2. Cover with gauze pad.

3. Wrap with Coban material.

4. Change dressing once a day.

5. Wrap and dispose used dressings in trash not meant for recycling.

Skin Conditions

Wounds

Small injuries from trauma are readily managed at home. Proper treatment is important for healing and to prevent infection. Of course, if severe, attention in the Emergency Room is important, but simple steps can be taken at home to manage these issues.

Compress the area and stop the bleeding. Be patient. This can take several minutes.

Cleansing: If the injured area is dirty, gently rinse with water, again being patient, and cleansing the area thoroughly. A little soap (any type) can be used to clean the area.

Deeper cleaning: Application of hydrogen peroxide is fine in an effort to clean the wound more thoroughly, but this is best used for the first cleansing and not on an ongoing basis because it irritates and injures the skin, preventing healing over time.

Dressings

See the section above regarding wound care for specific instructions on keeping the wounds properly covered for healing.

Dry Skin

I'm often asked for the best creams for dry skin and best treatments. I don't know that these are the best, but general recommendations include:

Gentle/Effective Soap: I recommend Dove bar soap (not the liquid) or Cetaphil Liquid cleanser (in the bottle).

Creams: There are a variety of creams, but I generally recommend Vanicream. This is a good moisturizing cream and is inexpensive and generally available. Neutrogena and Aveeno products are also very good.

Excessive Bruising

As you age, your skin becomes more sensitive to injuries and bruising. This is commonplace and expected. It results from thinning

of the skin and accumulation of damage to capillaries from sun exposure. Generally, such bruising is not a sign of any serious medical illness, and is to be ignored.

Here are some factors that can contribute to excess bruising and which can be stopped if possible:

Blood thinners: aspirin, Coumadin, Plavix, Pradaxa, Xarelto to readily thin out the blood and promote bruising. Stopping such medication is a consideration if being done for routine 'prevention' reasons, but if you have a medical condition that requires these medications, do not stop them on your own.

Steroid creams and nose sprays: Steroid creams and sprays are absorbed into the body and can have an effect throughout the entire body to a small degree. They can make capillaries more fragile, and if you are using these creams or sprays, perhaps reduce the dose.

Vitamins and supplements: Vitamin E, fish oil, and Ginko biloba can cause mild bruising and should be eliminated.

Cosmetics and skin creams (non-perscription): Various topical skin products can have aspirin-like compounds in them. Manufacturers will not list this in the ingredients, but these compounds can contribute to bruising. If bruising has developed or has increased since trying a new cosmetic product, it may be useful to eliminate the product for two weeks to see if bruising improves.

Rashes

Rashes are skin inflammations that can be caused by many and various processes. Allergic reaction is usually the most common, but there is so much variety here that it is impossible to mention all the various types and causes.

That said, RIBS (red itchy bumps) or hives (itchy patches) can be treated with home remedies.

Antihistamines: Any of the antihistamine medications can help with this issue. I prefer the non-sedating antihistamines such as Claritin (loratadine), Allegra or Zyrtec. In

addition, Benadryl and Chlor-Trimeton can also be used, but they tend to cause sleepiness, so do be aware of this. Look at packages for dosing instructions.

Topicals: Steroid containing creams (Cortaid 10…over-the-counter) or prescription steroids (Triamcinalone 0.1 percent is my favorite) are also useful. Apply a small amount to the area topically and repeat twice daily if needed.

Minor Burns

Burns can happen by accident at any time and can be cause for concern if extensive or if significant amounts of skin are lost or slough. Most minor burns at home can be treated with simple measures.

Minor/First Degree Burns: Generally these cover a small area of the skin, about the size of a CD case, and are red and very painful. Cool compresses are all that is needed to deal with these or soaking in cool water for pain relief (particularly fingers or hands). Wash gently with soap and water and then use aloe

vera gel, a moisturizing cream (Vanicream, Eucerin) or Cortaid 10 cream can be used for comfort. Burn Gel (over-the-counter) is a comforting topical available at the local pharmacy. It also helps treating and in relieving pain.

Minor/First Degree Burns with Blisters: If the blisters have not ruptured, leave them intact. Treat as above; wash with soap and water and use cool compresses or mildly cool tap water to relieve pain.

If there are areas where skin is lost, you may apply some topical ointment to the areas. I prefer Bacitracin ointment. Either leave open or cover with a non-stick gauze and wrap with paper tape or Coban wrap.

Torn Skin

As you age, skin becomes thinner and more fragile, resulting in tearing with minor bumps or injuries. When the skin separates from the underlying tissues, a large defect can be created and there can be a good bit of bleeding.

To treat at home, rinse the area with cool tap water and then gently push the flap of skin back over the open area, using your fingertip or a Q-tip. Once it is reapproximated as best you can, you can place Steri-Strips over the torn skin to keep it in place. This is a special tape product available at the pharmacy. Once placed on the skin, it is left there until over a few days to a week it slowly sloughs off with washing. **Do not try to remove it by pulling or you will tear the skin again.**

Alternatively, you can apply some topical antibiotic ointment like Bacitracin over the open area and then cover with a non-stick pad and wrap, changing the dressing daily.

- Do not use a Band-Aid over this area. On removal, it will cause a worse tear.
- Do not use a dry gauze pad over this area. When the blood dries on it and you have to remove it, it will cause more tearing.

Animal Bites & Scratches
Insect Bites & Stings

Animal Bites/Scratches

Cat and dog bites and scratches, or wounds caused by other domestic pets are always a concern and generally should be treated with antibiotic pills plus a topical dressing if the wound is large enough to require one.

If you have not had a tetanus shot within the past 10 years, that too should be obtained (within 48–72 hours).

- Wash with soap and water
- Apply topical antibiotic (Bacitracin is the preferred over-the counter topical antibiotic)
- Cover loosely
- Call your doctor for an antibiotic prescription

Of course, if the bite or scratch is deep or more severe, it is best to be seen in the hospital Emergency Room.

Scorpion Stings

Welcome to Arizona. This arachnid is one of our 'special creatures' that we all run into from time to time. It's almost a rite of passage to have a sting story yourself or in the experience of someone you know. Fortunately, this is not a worry in 99 percent of cases in adults. There have been no deaths from scorpion venom in Arizona in the past 20 years.

The sting can be witnessed or presumed and is usually an intense burning pain on the skin, typically the hand or foot most commonly, as the scorpion is hidden and disturbed by movement of a limb, stinging it as a reflexive response.

Mildly severe stings can be associated with numbness and tingling sensations in the affected limb or the local area. Sometimes this can spread up the arm or leg a short ways and even be felt slightly in the opposite limb or back. Such mild symptoms are not cause for concern and do not require any treatment. (*If you notice confusion, dizziness, blurred vision, or shortness of breath that per-*

sists for over 15 minutes, it is advisable to seek treatment in the Emergency Room for monitoring, just to be safe.)

Pain will increase over a 2–6 hour period and then subside. Treatment is for pain only; nothing but time removes the venom. Pain medication (Tylenol, aspirin, Advil/Aleve) and or stronger pills are fine if you happen to have any extra prescription-strength pain medication.

You can use Benadryl or another antihistamine if you like, but this is probably not helpful unless there is itching and an allergic-type reaction developing. It will not help resolve the scorpion sting.

Topical treatment does not have any specific role, but you may apply ice to the area to reduce spread of the venom as well as to provide some topical relief.

Spider Bites

Although feared more than other stings/bites, because of the concern of a necrotizing skin

injury (death of tissue at the site of the bite) spider bites/stings are very uncommon and only rarely seen.

Spider bites initially are pale, then can appear much as a bee sting with a red and swollen area that is painful. This can last for hours to days (up to 10 days) but they generally resolve without any worrisome complications (98 percent of the time).

Treatment addresses the symptoms caused by the venom. Applying ice can ease the pain, as can taking Tylenol, aspirin, Advil or Aleve. In addition, Benadryl can be used if there is surrounding itching.

Many skin lesions are reported by patients as spider bites, but this is rarely the case. Unless the bite is witnessed, the claim of a spider bite is suspect and uncertain.

If there are multiple bites reported, or bites in various locations, the problem is almost certainly not due to spider bites. True spider bites occur as single lesions in virtually 100 percent of cases.

Recluse spider bites and black widow bites are the most feared. Here's why:

Recluse bites, if witnessed, are a concern. They can become necrotic, but this takes a few to several days and does not occur within hours of the bite. Observation is the key approach initially, with supportive treatment in the Emergency Room if symptoms become worrisome.

Black widow bites appear quite unremarkable, most often with a blanching (whiteness) of the skin in the location of the bite. Systemic symptoms develop after about 40 minutes with muscle spasms and pain in region of the bite.

Treatment for all spider bites is the same:

- Wash the local area of the bite with soap and water
- Take pain medications if needed (Tylenol/aspirin/Advil)
- Take Benadryl if itching occurs
- Observe for other symptoms, but the likelihood for more symptoms is remote

Bee/Wasp/Hornet Stings

Typically, these stings are witnessed, but sometimes one has to presume that this is the type of sting received. The vast majority of the time there is an acute pain and redness that develops over 15–30 minutes, and then it resolves over 4–6 hours.

Topical treatment includes removing the stinger if still present and icing the area for pain relief. Pain relief can also be found with Tylenol, aspirin, Aleve or Advil.

You can consider additional measures including an antihistamine such as Benadryl, Claritin, Zyrtec or Allegra. This will prevent itching and irritation from developing as the result of the sting.

Rarely, infection can occur from such a sting and should only be considered if the area remains hot, red and warm for over a day and progressively increases with time. If that is the case, you should be seen by a doctor to get an antibiotic prescribed.

Snake Bites

Are you kidding? Don't look into this book for advice…go to the Emergency Room!

Yeast/Fungal Infections

Yeast and/or fungal infections on the body commonly occur in folds of skin…the groin, breasts, under arms. They are caused by ongoing moistness of the skin in those areas and can result as a secondary infection.

Here are the basics of topical treatment:

Do not use soap.

There is no way to sterilize the area and generally speaking, your skin is happiest when it has some nonthreatening germs around, as is the normal situation.

Wash with plain water or Cetaphil Liquid. Cetaphil liquid is available over-the-counter at any pharmacy. Avoiding soap will prevent dry skin and further irritation in the area.

Dry thoroughly. Probably the best way to do this is to use a blow dryer on medium heat. Alternatively, you can pat the area with a dry towel or allow to air dry if you have the luxury of time and privacy.

If the above measures are not proving effective, then Lotrimin, topical antifungal cream that is over-the-counter, can be used.

Beyond the above, a prescription is needed. Generally, I use a small amount of prescription Nystatin powder. Just sprinkle a small amount of powder to the area...and that's it.

This approach is 95 percent likely to fix your irritation/infection.

MRSA—Resistant Staph Infection

Antibiotic resistance is becoming an increasing problem as antibiotic use has increased in both humans and in animals (for food production).

Among the most important and common of the resistant germs is MRSA (pronounced 'mersa'). This stands for Methicillin Resistant Staph Aureus, a common skin bacteria that is resistant to many common penicillin-based antibiotics that have been used in the past.

MRSA can cause infections of various organs in the body, but in over 90 percent of the time it is related to skin infections.

Typically MRSA causes deep-skin infections resulting in boils or furuncles (large zits). These tend to be large red nodules without a white center. These can occur on any part of the body and are generally recognized when they persist, enlarge, and multiply in an area of skin despite patience, washing and perhaps

a trial of 'routine' antibiotic pills.

Definitive diagnosis can be difficult, but given the widespread nature of MRSA these days, we may attempt to culture the infected skin lesions, but often a different approach will be taken.

Treatment:

Warm/hot compresses: These can help resolve the infection, but compresses are generally inadequate on their own.

Squeezing/lancing the infected lesions: This can help, but generally there is no 'whitehead' or pocket of pus to extrude. Still, squeezing the lesions may result in quick resolution by breaking up the underlying infection and tissues.

Topical antibiotics: These are occasionally helpful. None of the over-the-counter topicals such as Neosporin, Triple Antibiotic or Bacitracin are effective. Bactroban (muporocin), a prescription topical antibiotic, may be needed and can help a bit.

Antibiotic pills: Pills may be required and

are often, but not always, effective. Bactrim (Sulfa) and Doxycycline (tetracyclines) need to be prescribed. They are taken either singly or in combination for 7-14 days. If these do not work, then IV antibiotic are sometimes considered. A very expensive oral medication Zyvox (linezolid) can be considered (approximately $1,000 in cash for a 1-week supply).

Prevention:

Once a person has had MRSA they are prone to repeat infections in the future. Once you have been diagnosed, it is important to always consider this possibility in future infections of the skin or other parts of the body. Most of the time, such infections are not related to MRSA, but it is important to at least consider this possibility.

To protect yourself and others from additional MRSA infection, follow these simple rules:

- Wash your hands regularly and often; in particular, after you have tended an MRSA infected skin lesion.
- Keep cuts and scrapes clean and covered.

- Do not touch other people's wounds or bandages.
- Do not share personal items such as towels and razors.
- Wash clothing effectively with a little extra detergent and dry under hot conditions in the dryer.
- Use hand sanitizer often.

C. Diff Infection

C. diff Infection is shorthand for an antibiotic-induced diarrhea caused by the bacteria Clostridium difficile.

This germ is becoming increasingly common as the cause of persisting, recurring, difficult-to-treat diarrhea. Mostly found in older patients who have been hospitalized and on IV antibiotics, it is spreading in the community among special populations (nursing home residents) but also can be seen among the general public.

This is another infection that is an increasing problem due to the overuse of antibiotics.

C. diff diarrhea is characterized by severe and persisting watery bowel movements occurring after a course of antibiotics (either oral or IV form). Although diarrhea is not uncommon after antibiotics due to the effects on the normal bowel bacteria (flora), this diarrhea is much more severe, often causing extremely urgent liquid bowel movements or even accidents in your underwear.

Recognition/Diagnosis:

Think of C. diff diarrhea if you have persisting diarrhea lasting more than 2 weeks after you complete a course of antibiotics or if you have diarrhea that is so extreme it results in accidents during the day or at night-time.

The diagnosis can be confirmed by a stool test for C. diff toxin, but this test is imperfect. Under suspicious conditions I will often treat empirically.

Treatment:

There are two primary treatments for C. diff diarrhea and they are both antibiotics that preferentially eliminate the C. diff bacteria and allow normal intestinal bacteria to remain safe. These medications are:

- Flagyl (metronidazole)
- Vancocin (vancomycin)

Flagyl (metronidazole): is inexpensive but many people find it causes nausea. As a result this is often the 'first line' therapy, but many times you will have to stop this antibiotic due to intolerance of side effects. That said, it is

still very safe and if it works for you…great.

Vancocin (vancomycin): is an expensive antibiotic but is wonderfully effective for treating C. diff and has virtually no side effects.

To get around cost issues we often have a liquid form made up by the formulating pharmacies (Civic Center Pharmacy, Avella Pharmacy, Ranch Pharmacy, Camelback Village Pharmacy). This is much less expensive.

Treatment regimens are 10—14 days typically, but many patients have persisting symptoms and require either a second round of antibiotics or a prolonged tapering regimen of antibiotic in which you use the medication for several weeks or months in a gradually declining dose.

Sachromyces boulardii: This 'good' germ, a type of yeast, can help in resolution of a bout of C. diff diarrhea and can also prevent future infections. It provides a competitor to the C. diff germ, enhancing the body's own protection mechanisms.

This product is now over-the-counter in the

form of Florastor. It is generally available at pharmacies and grocery stores.

Prevention:

To prevent spreading and future bouts of C. diff do the following:

- Wash your hands regularly and use an alcohol-based cleanser often
- Try not to share the bathroom of the patient during the first few weeks of treatment; otherwise, a thorough cleaning with bleach-based products of the toilet and basin area is critical
- Avoid additional courses of antibiotics for infection; take antibiotics only if essential for curing a highly probable or documented infection
- Florastor (Sachromyces boulardii) daily may be protective, but this is not proven

Nausea, Vomiting & Diarrheal Illness

Acute Gastrointestinal Illness (AGI) is generally caused by either a virus or the bacteria that cause food poisoning, and results in the three cardinal symptoms of acute GI distress:

- Nausea (feeling sick to the stomach)
- Vomiting (regurgitating food)
- Diarrhea (loose, watery excrement with bowel movement)

During the acute phase of these issues it can be difficult to nearly impossible to keep food and liquids down or in, but is critical that this be attempted and accomplished or dehydration will develop and the illness will begin a downward spiral, requiring either an Emergency Room visit for IV fluids, or hospitalization for correction of fluid and electrolyte (mineral) imbalances.

The keys to relief are:

- Settling the stomach…so that liquids can be taken

- Focusing on consuming liquids…so that dehydration does not set in
- Eating light foods…if possible (to provide energy for healing)

Eating is not a requirement for healing from an acute GI illness…so don't feel that the sick person needs to eat food. The only requirement is liquid intake!

Do be aware that abdominal cramping, to a mild degree, can be associated with these issues, but if the pain is intense, other medical complications may be occurring (such as partial or complete small bowel obstruction or appendicitis). So if you are having very intense pains that are much more severe than you have experienced in the past, or if those pains are persisting for several hours, it is best to be checked in the office or Emergency Room.

Settling the Upset Stomach

This is the most difficult issue to treat at home as there is very little one can do to settle the stomach during the acute phase.

Coca-Cola with the carbonation eliminated by leaving the bottle open at room temperature (flat Coke), ginger ale, Emetrol (an over-the-counter sweet syrup), or ginger root can be tried.

If the vomiting does not stop after 4 hours, then calling for a prescription medication is often a good idea. Compazine (prochlorperazine) and Phenergan (promethazine) are the most commonly prescribed medications and they work by quieting the nausea center in the brain. Best given as suppositories (rectally), they will break the vomiting cycle.

Alternatively, these medications can be given as pills but often this is useless as the medications themselves are thrown up and unable to be effective. That said, sometimes the oral form will work, and in addition to the above medications, there are others including Reglan (metoclopramide) and Zofran (ondansetron). These can be quite effective if they are kept down for 15-30 minutes, but if thrown up immediately, then a suppository is necessary.

Consuming Liquids

Preventing dehydration is of utmost importance in this situation so focusing on drinking liquids is the key to successful resolution of the acute phase of the GI illness.

Clear liquids (any liquid that light can easily shine through) are the best liquids to use. These include:

- Plain water
- Gatorade (or other electrolyte solutions that are similar); do not use sugar-free or zero calorie versions of these drinks as the calories in these drinks are helpful in treating the illness and may be the only calories the person can absorb for the first hours or days
- Tea
- Cranberry juice, apple juice (watered down…mixed half and half with water), white grape juice
- Broth from chicken soup, matzo ball soup, bullion
- Popsicles

Allowing ice chips to melt in the mouth, sip-

ping liquids…sip, sip, sip…and pushing the fluids progressively with time is the most important treatment you can provide for nausea and vomiting. Focus on this above all else!

Eating Light Foods

When the stomach has remained settled long enough to consider food intake, then trying some simple to digest items is worthwhile. That said, it is not imperative that a person eat at all during the acute phase of illness. So long as they are taking in good amounts of fluids that have calories in them (sugary drinks are fine when sick) then there is no need to worry about the timing of starting on solid foods.

Light foods include:

- Toast (plain white bread)
- Crackers
- Plain noodles
- Macaroni (no cheese)
- Plain rice
- Bananas
- Applesauce

As the acute phases of nausea and vomiting resolve, diarrhea may persist for a few weeks. This is commonplace and not a concern. Increase the diet as you prove you can tolerate your usual foods. Over time, the digestive system will right itself, but do not be concerned about ongoing diarrhea if it lasts for 3–4 weeks. If diarrhea goes on longer that that it is best to come in to the office to review the particulars surrounding your illness and confirm that there are no other issues at play.

Abdominal Pain

Abdominal pains are very common and everyone will have them at some time in their life. If it persists long enough or is intense enough, it will make you consider seeing the doctor.

Abdominal pain can occur all on it's own, or in association with other symptoms. This makes a big difference, because pain that is associated with diarrhea is much less likely to be something that will ultimately require surgery than say pains that are accompanied by nausea or vomiting.

The most common of the abdominal pain syndromes that occur, are best understood by the locations where they are felt:

Right upper quadrant: Above the navel and to the right.

Right lower quadrant: Below the navel and to the right.

Left lower quadrant: Below the navel and to the left.

Left upper quadrant: Not associated with particular abdominal pain syndromes.

Right upper quadrant abdominal pain that is severe and colicky (comes in waves): This can be gallbladder pain and is a concern if very intense (7 or above on the pain scale) and associated with nausea and vomiting. Milder symptoms can be associated with a more lingering course, so if symptoms persist for over a day or two, it's best to be seen by the doctor.

Right low abdominal pain that is severe and persistent: This can be appendicitis. If intense (5 or more on the pain scale) and lasting several hours without relief, it is a reason to be checked. Nausea and vomiting can be associated with pain in this area. Certainly you will lose your appetite and feel a bit bloated or constipated. Diarrhea is rarely seen here, if ever.

If the right lower quadrant pain is colicky pain (cramping pain that comes in waves), it can be a sign of a kidney stone and should also be considered. Typically, with this pain

you will get waves of pain that are 7 or above on the pain scale and the pain will generally cause you to want to move around to find a comfortable position. If you want to just 'sit still' this is typically not a kidney stone pain. Associated blood in the urine also helps with diagnosis of a kidney stone.

Left lower abdominal pain that is severe and persistent: The major concern here is diverticulitis. This is typically a persisting and near constant pain in the abdomen that can last for hours or days. It is associated commonly with constipation and difficulty moving the bowels. The pain is moderately severe (5 and up on the pain scale). Kidney stone pain may arise in this area if the pain comes in waves.

Diffuse cramping abdominal pains associated with nausea and vomiting: When severe and intense (7 or more on the pain scale) consideration is given to small bowel obstruction. In this situation, the small intestine gets trapped under an adhesion (scar) from a previous surgery on the abdomen,

or it will get trapped in a hernia. The pain is colicky and severe—generally causing a person to writhe around in pain when intense.

Colicky left or right lower abdominal pains: Consider kidney stones. This is listed above but is important to consider as it is so common. Pain is colicky (comes in waves), is severe (7+ on the pain scale) and is accompanied by periods of complete, or near complete pain resolution, only to have the pain return. Kidney stone pain 'respects the midline' meaning that it's either all on the right side…or all on the left side, but it will not be on both the right and left sides during one attack. So…if the pain stays 'sided'…this is a consideration. If the pain 'generalizes' across both sides of the abdomen, it is not a kidney stone.

Mild abdominal pains: For milder pains of the abdomen of various sorts that are less then 5 on the pain scale and which only a few hours, the general recommendations include:

- Keep the diet light…focus on liquids, not solids
- Use a low level heat from a heating pad on and off (30 minutes at a time with 30 minutes rest)
- Tylenol or Advil for mild pain relief
- Use Pepcid AC to reduce acidity and relieve the digestion of work

Constipation

A person's own knowledge about bowel movements is fairly limited. You know your personal experience and that of your family (to some extent). If you have children, then your experience is a bit broader, but still, this gives most people only a limited range of knowledge and experience.

Variations in bowel movement pattern, form, and color is commonplace and it is rather common for people to think that their bowel movement pattern is unusual or even a sign of serious health issues. Generally this is not the case but rather is the result of the following that can alter bowel motility. This includes:

- Change in diet
- Lack of physical activity
- Travel
- Medication changes
- Medical conditions that develop

Bowel movement frequency and consistency

vary in most people. Although there are those lucky few who are perfectly regular, moving their bowels daily and readily, most of us will have more variation than that. This is completely normal and should not be a cause for concern.

The normal range of bowel movements is anywhere from 4 times per day to once every 5 days. Most people are happy to know what is considered within the normal range.

When your bowel movements become less frequent you may feel bloated, full and uncomfortable. To resolve this there are several ways to go and I will list them below, starting with dietary changes as the first effort, and then listing all the various supplements, over-the-counter medications and then even prescription meds. I will list then in sequential order, going from the milder ways to assisting with bowel movements, to the more aggressive methods.

It is normal to use the more advanced methods on rare occasion, but it is best to not become habitual with these efforts on a daily

basis or you will become dependent on such treatments to move your bowels regularly. Of course, if you have chronic constipation or are on medications that can chronically slow down the bowels, then you may need to use various methods on daily basis…and this is acceptable.

Diet Changes

Increasing fiber in the diet is the first step to help with mild constipation and it also helps prevent ongoing issues that can recur. It is recommended that your diet have 25 grams of fiber in it daily, but most people get less than half of that routinely.

High Fiber Diet

Fiber is the non-digestible component of fruits and vegetables. The body cannot break down fiber, as it does proteins, carbohydrates, and fats. As such, the fiber passes through the colon and enhances the amount of fluid in the waste material (feces) and enhances the transit of the feces through the 24-foot

length of the intestines.

High Fiber Bread, Cereal, Rice and Pasta:

- Bran Cereal (any cereal with more than 5 grams of fiber per serving)
- Whole Grain/Whole Wheat Bread
- Oatmeal
- Whole Grain Rice/Wild Rice
- Whole Grain Pasta
- Graham Crackers
- Quinoa
- Buckwheat
- Millet

High Fiber Fruits (1/2 cup servings unless indicated):

- Prunes, 5 dried
- Raisins
- Figs
- Apricots, 4 whole
- Apple, unpeeled
- Avocado, 1/2
- Dates, 3

- Pear, 1 unpeeled
- Blackberries
- Blueberries
- Mango
- Orange, 1 medium
- Raspberries
- Lower Fiber Fruits:
- Strawberries
- Peach, peeled
- Cherries
- Mango
- Applesauce, cooked
- Tangerine, 1 medium
- Nectarine
- Banana, 1

High Fiber Vegetables:

- Brussels sprouts
- Artichokes
- Pumpkin, canned
- Potato, with skin
- Sweet potato

- Okra
- Jicama
- Lima beans
- Pork and beans
- Kidney beans
- Mushrooms, canned
- Carrot
- Turnip greens
- Rhubarb
- Spinach, cooked or raw
- Broccoli
- Green peas

Lower Fiber Vegetables:

- Peppers
- Celery
- Onions
- Green beans
- Cauliflower
- Asparagus

Lifestyle Changes

One of the best lifestyle changes you can make is to increase physical activity. Even a small change such as the commitment to take a 15 minute walk sometime during your day, every day, will help prevent internal sluggishness.

Another change is drinking more liquids. If you are having constipation, then ingesting more liquids makes sense. Increase an additional 16 ounces (2 cups) more than your usual liquid intake to make certain you're not developing dehydration.

Look at the medications and supplements you take. Although constipation can be a side effect of any medication, some are more apt to slow bowel movements. Generally, medications are not the major cause of constipation, but they should be considered or adjusted. The list of supplements and medications to be aware of constipation as a side effect include:

- Iron tablets

- Calcium supplements or antacids with calcium (Rolaids, Tums)
- Pain medications (narcotics)
- Antidepressants (amitrytilline/nortryptilline only—Prozac, Zoloft, Celexa, Lexapro do not generally result in constipation)
- Blood pressure medications (Norvasc, Verapamil)
- Parkinson's disease medications

Treatment

Medications and supplements for the relief of constipation are listed here in progressive levels of effect and strength. Each individual's response to medications for constipation treatment is unique, but generally speaking there are some products that are milder in effect than others.

Fiber Supplements: Fiber supplements, also termed bulk-forming laxatives, are mild and fine for ongoing use if needed. Fiber increases the bulk of the bowel movement and enhances the amount of fluid in the bowel.

By doing this, it makes it easier for the bowel movement to move through the colon.

To increase the fiber content beyond what is readily available in foods, many people use fiber supplements. These are commonplace and known to all of us. The various supplements have different sources of fiber and thus provide different amounts of fiber.

These include:

- Bran fiber
- Psyllium husk
- Metamucil (psyllium based)
- Citrucel (methylcellulose)
- FiberCon (polycarbophil)
- Benefiber (guar gum)

Stool Softeners: These are mild and approved for ongoing use if needed.

I recommend Colace/Surfak (docusate sodium 100mg) to enhance the amount of liquid that remains in the bowel movement to make the bowel movement easier and quicker. Take one or two pills per day.

Osmotic Agents: Osmotic agents add keep more water in the matter that is moving through your intestines and bowels.

MiraLAX is a powder that dissolves in any liquid. Made of PEG (polyethylene glycol) it is essentially just a small amount of the same substance used in bulk for preparing for a colonoscopy. Taken in small amounts regularly, it will draw more water into the bowel movements and quicken the pace. MiraLAX is mild and approved for continual use when necessary.

Some osmotic agents, such as Milk of Magnesia or magnesium oxide pills, bring moderate to strong and fast-acting relief. They are only for short-term use; more frequent use is for severe underlying issues that require ongoing treatment. This is only acceptable when approved by a physician. Milk of Magnesia or magnesium oxide pills use the properties of magnesium salts to draw large quantities of fluid into the intestines and create rapid movement of the feces through the colon.

Stimulants: Moderate in strength, stimulants are okay for short-term use. They may be appropriate for ongoing use but only if given the go-ahead by the doctor. These medications act as irritants to the bowel and cause contraction of the muscles within the bowels, moving the bowel movement along more rapidly. These medications include:

- Ex-lax
- Sennakot
- Senna teas
- Swiss Kriss (herbal laxative)
- Dulcolax (pills and suppositories.

Taking Care Of Bottom (TCB) Or Rectal & Anal Issues

Your bottom is not clean. No…I'm not trying to make you feel bad. Seriously, nobody's is. I can say that because all of us have bacterial germs living on our bodies and in the rectal area, we have a whole slew of germs in the vicinity of the anus and it cannot be sterilized. It's impossible!

That said—relax—it's not a worry. In fact, it is completely normal. Getting used to the fact that we are covered with germs, more or less, will allow you to understand how to TCB (Take Care of your Bottom) when you have issues.

Rectal Itch/Irritation

This is a common experience and occasionally it is so bothersome that it rises to a level that requires attention from the doctor. A patient will come in complaining specifically

about this issue and there are a variety of conditions that can cause rectal itching, but generally it's just an irritation. Other possibilities include a fungal/yeast infection, hemorrhoids or even (rarely) pinworms.

Figuring out what irritant is causing the problem may be necessary, but without worrying about the specifics, we can try a treatment approach that works for all issues in general. If this suffices, then no need for further investigation.

Basics of TCB

- Do not use soap. This may come as a surprise, but remember, your bottom area has germs. There is no way to sterilize the area and generally speaking, your bottom is happiest when it has some germs around, as this is its normal situation.
- Wash your rectal area with plain water or Cetaphil Liquid, which is available over-the-counter at any pharmacy. Avoiding soap will prevent irritation in the area and it will keep skin in the area from getting dried out.
- Dry your bottom thoroughly. Probably the

best way to do this is to use a hair blow dryer on medium heat. Alternatively, you can pat the area with a towel or air dry by leaving your underwear off and let nature dry things up.

- Try a small amount of cortisone cream (Cortaid 10). If you have been doing items 1–3 for a few days and nothing is working, then using a small amount of steroid/cortisone cream is fine. Best to apply a small amount to the fingers and then while the bottom is moist after a shower, apply the cream. Then dry the area using the methods listed above.

This approach is over 90 percent likely to heal your bottom irritation, no matter what the cause. In fact, it works on the groin areas as well and should be tried if you have irritation in that area as well (or for women with mild irritation in or around the labia).

Hemorrhoids

Hemorrhoids can be very bothersome if they become painful or if they start to bleed. If you are reading this, it's likely that you've finally had a run in with this problem and can now better understand what all the fuss is about when people mention hemorrhoids or complain about them. Before that, you probably wondered why there was so much talk and advertisements for relief products.

Hemorrhoids are swollen veins in the rectal area and can occur inside the rectum (bottom portion of the colon; internal hemorrhoid) or outside the anus (the opening from the rectum; external hemorrhoid).

Typically, they occur during times of changes in bowel habits, in particular with constipation or straining to move the bowels. That said, they might come on out of the blue or related to other issues that irritate the backside (sitting for prolonged periods, sitting on an irritating surface). Some women experience them during pregnancy, and afterwards.

If you've tried on your own and failed to achieve resolution of hemorrhoids, I have listed below the simple methods you should use as the next steps in treatment.

Basics of Hemorrhoid Care

Follow the basic rules of TCB listed above (Taking Care of your Bottom).

Soak in a bath of plain warm water. Warm water in the bathtub (or use a sitz bath—a plastic tub that fits over the toilet bowl) will provide immediate relief that is impressive. Do this one to several times a day—as often as you need. You cannot do this too much. *Do realize that sitting in a Jacuzzi hot tub or swimming in the warm water of a pool is not good for hemorrhoids and will cause increased symptoms due to the chemicals in the water.*

Apply a topical cream such as Anusol HC (prescription) in a small amount to the inflamed area around the rectum. This works much better than Preparation H (an over-the-counter product that I think is not very effective).

You can try a mild cortisone cream such as Cortaid 10 which is available at any pharmacy or grocery store.

Keep the bowel movements soft. Use either a softener such as Colace (docusate sodium), Metamucil (fiber product), or MiraLAX (over-the-counter constipation aid) to keep the bowels moving easily. This prevents straining at movement, which can perpetuate the hemorrhoids.

Use suppositories if symptoms of bleeding are bothersome. These are Anusol HC suppositories (prescription) and they are sometimes necessary for more vexing cases of irritation or bleeding.

This combination of treatments will generally handle most mild to moderate hemorrhoids when used consistently for a few to several days. If symptoms continue despite these efforts, it is time to come in for a check and possible referral to a proctologist (rectum/bowel specialist).

Elvis lived by the philosophy of TCB…. Taking Care of Business. Now you too can TCB (only a in a little different way)!

Irritable Bowel Syndrome

It is said that the most common reason patients see their doctor is in regards to problems with their bowels—and the most common diagnosis that is responsible for their symptoms—is Irritable Bowel Syndrome (also called IBS).

Irritable Bowel Syndrome? Yes, that's right. This phrase may be unfamiliar to you because the names that people commonly used for this condition in the past included spastic colon, spastic colitis or just plain colitis. But IBS is not colitis! Colitis is, by definition, an inflammation of the colon, and IBS does not include inflammation.

IBS is characterized by a wide variety of symptoms:

- Diarrhea (defined as more that five bowel movements per day, or watery or soft bowel movements)
- Abdominal bloating
- Abdominal pains

- Excessive gas
- Constipation
- Nausea

These symptoms typically occur spontaneously, although times of stress can precipitate their onset. They last from several days, to weeks or months (sometimes years). Often, they appear to be caused by food intolerance, but despite eliminating specific foods, the symptoms do not uniformly disappear and the direct connection between food and symptoms is inconsistent.

Women are more likely to develop IBS, as compared to men, but this is by no means a woman's illness. IBS often occurs during the 20s through the 40s, but can develop later in life.

The Mechanism of IBS

The underlying problem in IBS is one of uncoordinated bowel activity, and is not due to a specific anatomical defect. What this means is that every possible test that is done to look

at the anatomy of the intestinal tract (upper and lower endoscopy or upper GI, lower GI, abdominal ultrasound) comes back normal and there are no changes in the anatomy that cause the problem. Instead, IBS is due to a functional problem in which the GI system does not interact harmoniously.

Let me give you an example. All of us have at one time or another, taken our car in for repairs, only to be told that everything is in good shape. This means that the mechanic has run a battery of tests and the performance of the car meets specifications. But we know that despite these tests, there is a problem and that just because the testing did not reveal a defect, there is something wrong with the car.

Such problems are often functional. That is, they are not due to a specific defective part, but rather they occur when the car parts, all seen as normal, do not interact correctly, thus causing the problem.

I can't tell you how many times patients have come into the office reporting a symptom that has been bothersome to them for several weeks,

but much to their chagrin, the symptom has conveniently disappeared on the day of their visit—just like the noise that won't make itself known to the mechanic, but is always popping up when you are alone in the car.

The anatomy of the intestinal tract is very complicated, but the process by which digestion is coordinated is even more complex. Digesting the various foods in our diet, from mechanically breaking them down into a liquid mixture (called chyme) in the stomach, to breaking that material down into its constituent parts, and then absorbing the nutrients, is a very intensive project, and is coordinated by the nerves in the intestinal tract (called the autonomic nervous system).

This nervous system is very ancient and evolutionarily dates back millions of years. It is one that we share in common with all animals—with striking similarities between our digestive systems and those of reptiles, such as alligators and crocodiles. Many scientists refer to this system of nerves as the "gut brain" in control of the intestines.

Interestingly, and not surprisingly, researchers have found many similarities between the chemicals in the "gut brain" and our own brains. There are several chemicals that help our "gut brain" nerves to communicate that were originally identified in the intestines, only to later be found in normal brain centers. Unfortunately, aside from this interesting connection, detailed understanding of the "gut brain" is lacking.

In our current understanding of IBS, the "gut brain" does not work properly. Because of this, intestinal activities are not coordinated properly, resulting in variations in intestinal contraction pressure which leads to cramping and pain. In addition, uncoordinated peristalsis—the process of directional squeezing of intestinal muscles that propels digested food forward—causes diarrhea and bloating or constipation.

Treatment for IBS

Despite the fact that our understanding of IBS is rudimentary, there are some treat-

ments that have been shown to work.

First, is the use of "bulk" agents, such as fiber (High Fiber Diet, Metamucil, Citrucel). This has been shown in many studies to be the most effective treatment for IBS. By giving the intestines something to "squeeze on," fiber (which is not digestible) reduces pressures in the intestines and leads to reduced pain. It also can add bulk to the bowel movement, resulting in fewer bouts of diarrhea.

Second is to use low doses of anti-depressant medications (Elavil, Pamelor, Sinequan). These medications alter "nerve traffic" in the intestines (remember, there are common chemicals that are shared by the "gut brain" and or normal brain). This often will reduce pain and bloating, but it is less effective on the diarrhea symptom. This medication has been shown to be effective in several studies.

Third is to try probiotics. These are 'good bacteria' that are taken by mouth. The desire is that they will repopulate the GI tract with friendly bacteria that are soothing to the intestines. Various products can by tried such

as: Align, Culturelle, Philips Colon Health, Florastor and the more generally available acidophilus.

Finally, anti-spasmodic medications (Donnatal, Bentyl, Levsin) can be used with some success. By reducing intestinal contractions, some people note reduced pain and bloating.

A Last Thought About IBS...

Before leaving this subject, there is one side issue that should be mentioned. In the latest research, there has been an increasing incidence of histories of sexual abuse in childhood and adolescence noted in patients with IBS. Although some people may feel this is just another example of false memories confusing another issue in people's lives, the premier researchers in this area are convinced that there is a connection in many patients between their symptoms and their past, which adds a psychological component to treatment for IBS. If you have tried the remedies I've listed here but have not achieved relief, do not be surprised if it is recommended that you see a therapist for help.

Diabetes Wisdom

Diabetes is elevated blood sugar (glucose). It results when your body does not make enough insulin (a failure in the pancreas), your body resists insulin (due to too much fat…meaning you weigh too much) or due to a combination of both of these factors.

Eight percent of the population in the United States has diabetes and 25 percent have pre-diabetes.

Diabetes is diagnosed by:

Testing for elevated blood sugar and finding a glucose level of over 140 after fasting or post-meal sugar levels consistently over 200.

Elevated blood sugar over an extended period of time requires a special blood test (called a glycohemoglobin…a 90 day glucose average), and for that reading to be over 6.0.

Symptoms:

Generally, when diagnosed, most people have no symptoms of diabetes. They do not know they have it, but rather are told they have

it based on blood test results as mentioned above.

Symptoms can be a sign of diabetes and these symptoms are known as the "Polys," as in:

- Polyuria (frequent urination)
- Polydypsea (excessive thirst)
- Polyphage (excessive eating that results in weight loss, not weight gain)

Other symptoms of diabetes relate to complications from the disease (vision changes, tingling in hands or feet) but these are rarely seen at diagnosis, so they are not usually considered related to diabetes if you are recently diagnosed.

Treatment:

Diet is the cornerstone of treatment. Losing 5-10 pounds alone can result in a dramatic improvement in blood sugar.

The focus of diabetes care is about diet:

Balancing the diet: Spread out calories throughout the day (3 meals and 2 snacks). Spread out the calories by reducing portion

sizes of carbohydrates/starches. Eat more lean meats as a protein source.

Reducing the diet: Less calories in total food consumption. Less calories from starches, in particular, limiting white bread, potatoes, pasta, white rice. Less simple sugars in the forms of soda pop, other sugary drinks and candy.

Adjusting the diet: Choose more green vegetables. Choose more complex carbohydrates (whole grains). Avoid processed foods in favor of natural foods (and know how to shop because packaged foods found in the 'middle' of the grocery store are replaced by natural foods found on the perimeter of the grocery store).

Exercise:

Burn calories with exercise. Do 30-60 minutes, 5 days a week. It can have a profound impact, but do what you can, when you can.

Just make it a habit to get exercise.

Active muscles burn sugar more effectively.

Exercise reduces fatty tissue and makes insulin more effective.

Medications:

There are four basic 'classes' of pills for treating diabetes, and two forms of injectable medication.

Pills:

Metformin (Glucophage)
Amaryl (Sulfonylureal)
Actos (TZD)
Januvia/Onglyza (DPP4 Inhibitor)

Injectibles:

Byetta/Bydurion/Victoza (GLP1 Analogs)
Insulin (various forms)

Metformin: This medication has been around for over 50 years and is extremely safe. It reduces the body's own sugar production in the liver.

Pros:

- Safe, inexpensive, does not cause low blood sugar (hypoglycemia); may have anti-cancer

properties; can lead to weight loss.

Cons:

- Cannot be used with kidney issues and is less than ideal for patients over 80 years old (although can be used over 80 years old).

Sulfonylureals (Amarily, Glyburide, Glipizide): These medications are also over 50 years old and are very safe. They reduce blood sugar by enhancing insulin production from the pancreas.

Pros:

- Safe, inexpensive, strong.

Cons:

- Can cause low blood sugar (hypoglycemia). Kidney issues can limit usefulness.

Actos: This medication is 20 years old. It works by enhancing the body's sensitivity to insulin.

Pros:

- Just has gone generic; very effective; can improve cholesterol parameters; does not cause hypoglycemia.

Cons:

- General safety is established, but some questions of long-term safety-even at this late date (risk of bladder cancer); requires blood monitoring when you begin the medication.

DPP4 Inhibitors: These medications are the new pills and have been around for 5 years. They appear safe and work by increasing hormones that enhance insulin effects.

Pros:

- Appear safe; last option before resorting to insulin.

Cons:

- Expensive.

GLP1 Analogs (Byetta/Bydurion, Victoza): These medications work by enhancing insulin effects. They mimic hormone GLP1 that assists insulin in controlling blood sugar

Pros:

- Weight loss is guaranteed; safe.

Cons:

- Injection; will cause some degree of nausea; expensive.

Insulin: Insulin is the exact hormone lacking in diabetes. The genetically engineered hormone is provided through a very fine needle injection.

Pros:

- Safe; virtually identical to your body's own hormone.

Cons:

- Expensive; injection; can be associated with weight gain.

Monitoring: There are two ways to monitor your progress in treating and controlling your diabetes.

The Scale:

- If you are overweight, then losing weight is the simplest key to treatment. Monitoring you weight and accomplishing weight loss is the single most important thing you can do.

Goals:

- If you can return to 'normal body weight' diabetes can often be eliminated, but losing 5-10 pounds can have a major impact and

will improve your blood sugar.

Blood Glucose Monitor: These simple devices are quite accurate and virtually painless. Monitoring sugar is done regularly at first, but often can be done only occasionally, once diabetic control is obtained.

Testing the blood first thing in the morning, prior to eating, is the most important time to check. Other times are prior to meals and prior to bedtime.

Occasionally, checking a blood sugar 30 minutes after eating will allow one to see how much certain foods affect the blood sugar.

Goals: Fasting (morning) blood sugar should be under 140, preferably 120 or below.

Before meal sugars should be under 140, but definitely under 200.

Glycohemoglobin (also called HBA1C): This is a 90 day average for your blood sugar and is measured by a different scale than the other blood sugar testing. It is performed by a routine blood test or a special finger stick

blood test done only in the office.

Glycohemoglobin levels:

6.0 and below is normal. The most excellent control.

6.1—6.9 Excellent blood sugar control.

7.0—8.0 Solid blood sugar control.

8.0—10.5 Too high. Levels

of 10.6 or greater are severely out of control and must be lowered.

A glycohemoglobin below 8.0 is a definite goal for all diabetic patients because control that results in numbers of 8.0 and below result in less overall complications of diabetes over the years.

Some patients will use this as their preferred test for monitoring so that they can perform limited glucose testing at home. This is quite acceptable.

Hypoglycemia: Hypoglycemia is low blood sugar (below 80) and can result from treatment of diabetes. This is the result of overactive medications, either pills or shots.

Hypoglycemia symptoms include: shakiness, tremor, confusion, cold sweating, general weakness.

Treatment: Eat something sugary quickly. Sugared soda, fruit juice, candy, sugar itself (or glucose tablets) will readily resolve low blood sugar and resolve the symptoms associated with it.

Prevention: Reduce your medication or eat at proper intervals to avoid low blood sugar.

General Goals for the New Diabetic Patient:

Education: Diabetes is a lifelong illness. It is critical that you understand your condition, it's treatment and proper diet. This book provides only a cursory introduction. More resources can be found at:

http://doctordoug.com/health-information-for-our-patients/recommended-medical-resources/

Diet: Learn about carbohydrates and balancing your diet to both lose weight and reduce

blood sugar excursions.

Lose weight: If you are overweight, the single most important way to get your diabetes under control is lose weight. If you can possibly return to a normal weight, this is the best possible treatment as it often can result in the complete resolution of diabetes. Of course, if you gain the weight back, you will get your diabetes back as well, so you will never be without the potential for diabetes.

Losing 5-10 pounds will make a difference in your blood sugar, but losing even more is better.

Monitor glucose: Check your blood sugar regularly until you have an understanding of your general levels. Start off with checking before breakfast (fasting), before lunch, before supper and before bedtime. Reduce to twice daily (fasting and before supper); then reduce to once daily (fasting only). If control is generally present, checking sugar once or twice a week, fasting, is reasonable.

Glycohemoglobin: Check this every 3 months after beginning treatment (this is do-

ne at the office). Once control is clear, then you can check this every 6 months.

Upper Respiratory Infections (URIs)

Upper respiratory infections include sore and strep throats, sinus congestion and sinusitis, ear pain or fullness, middle ear infections, coughs, mucus production and bronchitis.

Sore Throats

A sore throat is probably the most common symptom of a respiratory tract infection and is usually part of a group of symptoms.

Although strep throat can occur in adults, it is generally seen only in children and adolescents. Be concerned about strep throat if:

- Your only symptom is a sore throat—there are no sinus symptoms of drainage or cough
- You have a mild or high fever (99.0 or above)
- You have been around children 1 to 14 years old who have been diagnosed with strep throat
- Your significant other has strep throat

If your sore throat is accompanied by other symptoms including sinus congestion, drainage, cough, chest congestion…then you are unlikely to have strep throat and should be treated for a more general URI.

If strep throat is more likely due to the above symptoms or history, then either a strep test should be obtained, or you should be treated with antibiotics without culture. A doctor's advice is best and will be needed anyway for a prescription for antibiotics.

At-home symptom treatment for sore throats is meant to reduce pain and fever and to improve energy and function.
Home treatments include:

Salt water gargling: 1 teaspoon of salt in a glass (any size) of warm water. Gargle for 15 seconds and spit. Do this repeatedly during the day for pain relief.

Pain relief medications: Tylenol (2 pills, up to 4 times per day not to exceed a total dose of 4000mg per day), Advil (2—3 pills taken 2—3 times per day, not to exceed 2400mg per day), or Aleve (1—2 pills twice daily, not to exceed 1000mg).

Sinus Symptoms

Sinus pressure, congestion and drainage are the second most common symptoms in the URI complex. They can be severe, but rarely indicate a bacterial infection that requires antibiotics.

Be concerned about bacterial sinusitis if:

You are around young children who have documented sinus and ear infections and then you develop symptoms involving the sinuses

You have severe sinus pressure associated with high fever (over 100 degrees)

Sinus symptom are the overwhelming symptoms you are experiencing, and there is very little sore throat or cough

You have severe pain over the cheeks, forehead and nose when leaning forward

If the sinus symptoms are accompanied by sore throat, cough and/or chest congestion, then you are less likely to have a sinus infection that requires antibiotics.

Antibiotics are only indicated when items on the above list of bacterial-related symptoms is present. It is nearly impossible to diagnose sinusitis on examination at the office, so treatment with antibiotics is based on educated guesswork.

Symptomatic relief can be obtained at home with:

Decongestants (Sudafed 30mg): Take 1 pill 1—4 times per day for relief of congestion and drainage. This is best taken earlier in the day or afternoon as it can keep you awake.

Drying antihistamines (Chlor-Trimeton 4mg, Benadryl 25mg): Take 1 pill 1—4 times per day for relief of congestion and drainage. These are best taken later in the day or at night as they tend to make you tired.

Mucus elimination agents: Mucinex has mixed results, but some people do find it effective. Taking 2 pills twice daily can help mucus thin out and resolve more quickly, but this varies person-to-person. I generally do not recommend this medication very much.

Neti pot: Rinsing the sinuses can give symptom relief to some patients. Neti pots are now generally available in the pharmacy and allow rinsing of the sinuses.

To make the sinus rinse, use the following directions:

You will need: salt (kosher, canning, or pickling salt), baking soda, nasal irrigation pot, measuring spoons (1 tsp. and 1/2 tsp.) and a pint container.

Mix the solution: Measure 1 tsp. of salt and 1/2 tsp. of baking soda into the pint container. Add one pint of lukewarm tap water, stir.

For more information you can go to the following website:

http://www.fammed.wisc.edu/research/past-projects/nasal-irrigation

Ear Pain/Fullness

Ear pressure and congestion, with accompanied decreased hearing (not loss of hearing) are sometimes seen in the URI complex.

They rarely indicate a bacterial infection that requires antibiotics.

Be concerned about middle ear infection if:

- You are around young children who have documented ear infections that are being treated with antibiotics
- You have intense ear pain

If the ear symptoms are accompanied by sore throat, cough, chest congestion, then you are less likely to have an ear infection that requires treatment with antibiotics.

Antibiotics are generally not indicated unless there is evidence of infection on exam or you have definitely been exposed to a child with ear infections prior to developing your specific symptoms. Ear infections are straightforward to diagnose and this is best done in the office, with examination.

Symptomatic relief of ear pain and fullness at home can be obtained with:

Decongestants (Sudafed 30mg): Take 1 pill 1—4 times per day for relief of congestion and drainage. This is best taken earlier in the

day or afternoon as it can keep you awake.

Drying antihistamines (Chlor-Trimeton 4mg, Benadryl 25mg): Take 1 pill 1—4 times per day for relief of congestion and drainage. These are best taken later in the day or at night as they tend to make you tired.

Pain relief medications: Tylenol, 2 pills up to 4 times per day not to exceed total dose of 4000mg per day; Advil, 2—3 pills taken 2—3 times per day not to exceed 2400mg per day; or Aleve, 1—2 pills twice daily not to exceed 1000mg daily.

Cough, Mucus & Bronchitis

Cough and mucus production from the chest are very commonly seen in the URI complex. They can indicate the need for antibiotics with a bacterial infection, but generally this is not required.

Be concerned about bacterial bronchitis if:

- Your illness is progressively worsening and has lasted over 5 days without showing

improvement

- Cough is the primary symptom and is associated with yellow mucus production
- Other colors of mucus may indicated infection, including grey, green or brown mucus
- There is high fever (over 100 degrees) and it not flu season

Sometimes antibiotics are indicated in the setting of persisting mucus production and fever. Bronchitis can be difficult to diagnose with certainty on examination and the purpose of the exam is to make sure pneumonia is not present.

Symptomatic relief can be obtained at home with:

Cough suppressants: (Robitussin DM or Delsym): Take 2 teaspoons as indicated on the bottle to prevent excessive coughing.

Drying antihistamines (Chlor-Trimeton 4mg, Benadryl 25mg): Take 1 pill 1—4 times per day for relief of congestion and mucus production. These are best taken later

in the day or at night as they tend to make you tired.

Mucus elimination agents: Mucinex has mixed results, but some people do find it effective. Taking 2 pills twice daily can help make mucus thin out and resolve more quickly, but this varies person-to-person. I generally do not recommend this medication.

Epistaxis (Nosebleeds)

Nosebleeds can occur for a variety of reasons, but a spontaneous nosebleed is not a worrisome issue, just bothersome. Irritated mucosa (tissue lining the nasal cavity/sinuses) is the general cause of such bleeding. Do not worry about cancer or other dangerous possibilities, just treat the bleeding and that is all the attention that is required.

If your nose should start bleeding:

- Sit down and gently squeeze the soft portion of the nose between your thumb and finger (so that the nostrils are closed) for 5—10 minutes
- Lean forward to avoid swallowing the blood and breathe through your mouth
- Wait at least 5 minutes before checking to see if the bleeding has stopped; almost all nosebleeds can be controlled in this way
- You can place a cotton ball in your nostril after soaking it in a topical decongestant spray (i.e. Afrin) or you can just spray Afrin in the nostril that is bleeding

- It may help to apply cold compresses or ice across the bridge of the nose
- If the bleeding continues for more than 30 minutes, despite the above efforts, it is best to be seen in the Emergency Room or at the ENT physician's office.

General tips for after a nosebleed:

- Avoid nose blowing (sneeze with your mouth open)
- Avoid picking or putting fingers in your nose
- Stop taking intranasal medications
- Take it easy; elevated blood pressure can make nose bleeds worse (but is generally not the cause of a nosebleed)
- Avoid aspirin or medications containing aspirin; this thins out the blood and a single aspirin can thin the blood for up to a week
- Avoid blood thinners of all types (Coumadin, Plavix, Pradaxa, Xarelto)
- Avoid smoking as this irritates the nasal surfaces
- Moisturize the nostril(s) afterward with Bacitracin Ointment, Vaseline or Ponares

nose moisturizer (available at the local compounding [pharmacies—Civic Center Pharmacy, Avella Pharmacy)

If seen by the ER or ENT physician and your nose was cauterized but no packing was placed:

- Apply antibiotic ointment (i.e. Bacitracin, Bactroban, etc.) to your nasal cavity, three times a day; this can be accomplished with a Q-tip or by filling your nostril with the ointment and then massaging the soft part of your nose

If seen in the Emergency Room or ENT physician and you have packing in your nose after your visit:

- It is important to spray saline liquid in your nose at least 3 times a day (Ocean Spray, Ayrs, or similar over-the-counter product)
- Do not remove the packing
- Take antibiotics if prescribed

Safe Use Of Aspirin

Aspirin is a very effective and useful medication. It is useful both as a treatment for inflammation and pain conditions, as well as a preventive for heart attack and stroke in people at risk.

The key to safe and proper use is making sure you stay within appropriate dosing guidelines. Here are the pros and cons of aspirin use:

Pros:

- Effective for pain relief
- Effective for heart attack, stroke prevention
- Reduces colon polyp and colon cancer rates if taken regularly

Cons:

- Can irritate the stomach when used for even a few days
- Can bother the kidneys when used in higher dosages over extended periods of time
- Can cause excessive bleeding or bruising if trauma occurs

Taking Aspirin Properly

Dosing: Total aspirin intake should not exceed 4000mg in a day. This includes all forms of aspirin that may come in cold preparations or pain medications.

Proper dosing: 650mg, up to 4 times daily (not to exceed the 4000mg maximum above).

Monitoring: Take with food if possible, but fine to take on an empty stomach if need be.

If taking regularly for longer than 1 week, take with Prilosec 20mg daily or Prevacid 15mg daily, or a prescription equivalent of these proton pump inhibitors (PPI) medications.

I recommend that anyone over the age of 60 who takes aspirin regularly use a stomach-protecting medication to prevent ulcers.

PPI medications such as Prilosec or Prevacid are effective.

Pepcid, or ranitidine, are not effective for ulcer prevention.

If you are taking aspirin for longer than 3 months, check kidney function through blood work.

If you are taking a dose over 1000mg per day on an ongoing basis, it is recommended that you assess kidney function twice yearly as a precautionary measure, via the blood.

Safe Use Of Tylenol/ Acetominophen

Tylenol is an effective and useful medication. It is found in many pain relievers, both alone and in combination with other medications.

The key to safe and proper use is making sure you stay within appropriate dosing guidelines.

Tylenol is a very dangerous medication if taken in excessive dosage. It is particularly capable of injuring the liver when taken in massive doses with intention to harm oneself yet, it can be used safely if you use your head. It has its own set of pros and cons:

Pros:

- Effective for pain relief
- Does not bother the stomach
- Does not interact with other medications, including Coumadin (warfarin)

Cons:

- Long-term use can bother the kidneys (over

several months time)

- Not effective for inflammation

Taking Tylenol/ Acetaminophen Properly

Dosing: Total Tylenol/acetaminophen dosing should not exceed 4000mg total in a day. This includes all forms of acetaminophen that may come in cold preparations or pain medications.

Proper dosing: 500—1300mg per dose, up to 4 times daily (not to exceed the 4000mg maximum above).

Monitoring: If you take the medication regularly for more than 3 months, I recommend a test of kidney and liver function to confirm safety.

Ongoing use: If you take Tylenol continually, then twice-yearly blood testing is appropriate for safety.

Safe Use Of Anti-Inflammatory Medications

Advil, or ibuprofen and Aleve, or naproxen, are among the most important medications doctors use and recommend on a regular basis, and they are potent over-the-counter medications.

They are great for a myriad of conditions and can be used effectively and safely if used properly. Below I will list the pros and cons of these medications, and the proper way to take them.

Pros:

- Great for relieving inflammation both short term and long-term
- Great for various musculoskeletal pains
- Probably prevents colon polyps and colon cancer
- Probably prevents Alzheimer's dementia to a small degree

Cons:

- Can be irritating to the stomach, causing

ulcers (this is particularly a concern in women over 60 and if used continuously for over a week)

- They have an associated risk of stroke and heart attack (this is very small, but statistically present)
- Long-term use can bother kidney function and requires monitoring if used for over one month

Taking Anti-Inflammatory Medications Properly

Take with food if possible, but it is fine to take on an empty stomach if need be.

Correct dosages are as follows:

Advil/ibuprofen: 400—800mg at a dose, up to 3 times per day (maximum daily dose 2400mg)

Aleve/naproxen: 220—440mg at a dose, up to 2 times per day (maximum daily dose 1000mg)

If taking for longer than 1 week, take with Pri-

losec 20mg daily or Prevacid 15mg daily (or a prescription PPI medication). I recommend that anyone over the age of 60 who takes these medications regularly use a stomach-protecting medication regularly, to prevent ulcers in the stomach. PPI medications such as Prilosec or Prevacid are effective. Pepcid/ranitidine is not effective.

If taking for longer than 3 months, check kidney function through blood work.

If you are taking these medications on an ongoing basis, it is recommended that you assess the kidney function twice yearly as a precautionary measure.

Safe Use Of Coumadin/ Warfarin

Coumadin (warfarin is the generic name) is a blood thinner that works by blocking the effects of Vitamin K in the liver. Vitamin K allows for production of clotting factors—Coumadin blocks this effect.

Coumadin begins to work 3—5 days after first starting the dose. Prior to that, it can cause alterations in the Protime (blood test for blood thickness that is monitored for Coumadin), but it will not actually thin the blood.

Coumadin is used to prevent blood clots in:

- Atrial fibrillation (Protime best scores between 2.0 - 3.0)
- Pulmonary embolism—blood clots in the lungs (Protime 2.0 - 3.0)
- DVT (Deep Venous Thrombosis)—blood clots in the legs (Protime 2.0 - 3.0)
- Congestive Heart Failure (Protime 2.0 - 3.0)
- Peripheral Vascular Disease (Protime 2.0 -

3.0)

- Strokes (Protime 2.0 - 3.0)
- Mechanical Heart Valve (Protime 2.5 - 3.5)
- Post-operative blood clot prevention (Protime 2.0 - 3.0)

Facts and Recommendations for taking Coumadin:

The Protime Blood Test

The name of the blood test for monitoring Coumadin is called the Protime. It is a finger stick, not a draw from a vein. This test is expressed as a ratio of normal blood clotting versus blood clotting in your body on Coumadin. Normal people have a Protime score equal to 1.0.

Generally speaking, monthly Protime blood tests are appropriate. Special exceptions are:

- When you begin Coumadin, at first, blood level testing is frequent until your baseline is established
- If you are demonstrating wide fluctuations in the Protime scores

- If you have consistently perfect Protime scores, you can go to every other month testing
- Home monitoring can be arranged if you are interested—ask us about this

Know Your Coumadin Dose By Color

1mg = Pink
2mg = Purple
2.5mg = Light green
3mg = Brown
4mg = Blue
5mg = Peach
6mg = Teal/Dark Green
7.5mg = Yellow
10mg = White

Coumadin Diet Recommendations

I do not make any specific recommendations and dietary restrictions. We will adjust

your Coumadin dose to your diet. That said, if you eat a very large and unusual quantity of Vitamin K-containing vegetables then a check of your Protime may be indicated.

Vegetables High in Vitamin K:

- Brussels sprouts
- Collard greens
- Green onions
- Kale
- Mustard greens
- Parsley
- Spinach
- Swiss chard
- Turnip greens

Coumadin and Other Medications

Coumadin does interact with other medications often, but the amount of interaction tends to be mild. Testing the Protime if you are on an antibiotic for a week is a reasonable thing to do, but is not required. Often the

pharmacist will mention interactions of other medications with Coumadin. This is rarely a concern.

Aspirin: Aspirin is not to be used with Coumadin unless you ask specifically and get the okay. We do combine them on occasion in patients with heart disease, but only for specific purposes.

Tylenol: This is fine to combine. No worries. Tylenol is the preferred mild pain medication for patients on Coumadin. If you use high dosages (4000mg daily) for over a week, then checking the Protime blood test is sensible, as Coumadin can interact with high dosages and repeated use of Tylenol.

Advil or Aleve: Generally, these medications are avoided when you are on Coumadin, but they can be used at times. Generally, this should be under medical direction. If you choose to use these medications, the safest way to do so is to take a stomach protector pill like Prilosec or Prevacid. This will prevent excessive bleeding in the stomach. Ranitidine (Zantac) and famotidine (Pepcid) will not

prevent such bleeding and are not used as a stomach protector in this situation generally.

Kidney Safety

This is a simple list of ways to keep the kidneys healthy, particularly if you have some reduced function that has been noted on blood testing.

Avoid excess pain medications. Too much Tylenol, Advil, Aleve or any other NSAID (anti-inflammatory medication) can have negative effects on the kidneys. When used in high dosages for a short term, there can be temporary reductions in kidney function that occur but which will reverse upon stopping the medications. Long-term usage of such medications, for months or years, can have lingering negative effects on the kidney function.

I recommend:

- Use the least amount of these medications that is effective
- Use for the shortest time that is effective
- Do not avoid these medications if they are very effective in treating your symptoms—

just make sure you use them safely

Proper dose for pain medications are as follows:

Tylenol (acetaminophen): No more than 4000mg daily on average, over the long-term. Try to use the least possible and do note that Tylenol is present in other pain pills including Vicodin (hydrocodone) and Percocet (oxycodone) among others.

Advil (ibuprofen): No more than 2400 mg daily on average, over the long-term. Do be aware if you are over 60 then consider a stomach protector (such as Prilosec) if you are taking these for longer than 2 weeks continuously.

Aleve (naproxen): No more than 1000mg daily on average, over the long-term.

X-Ray Dye Testing

Although uncommon as a kidney irritant, these injections can negative affect the kidneys and can cause reduced kidney function. Using dye with testing is often necessary with

CT scanning, but do ask if it is necessary and avoid it when possible.

Note that MRI injections do not have this negative effect on kidney function.

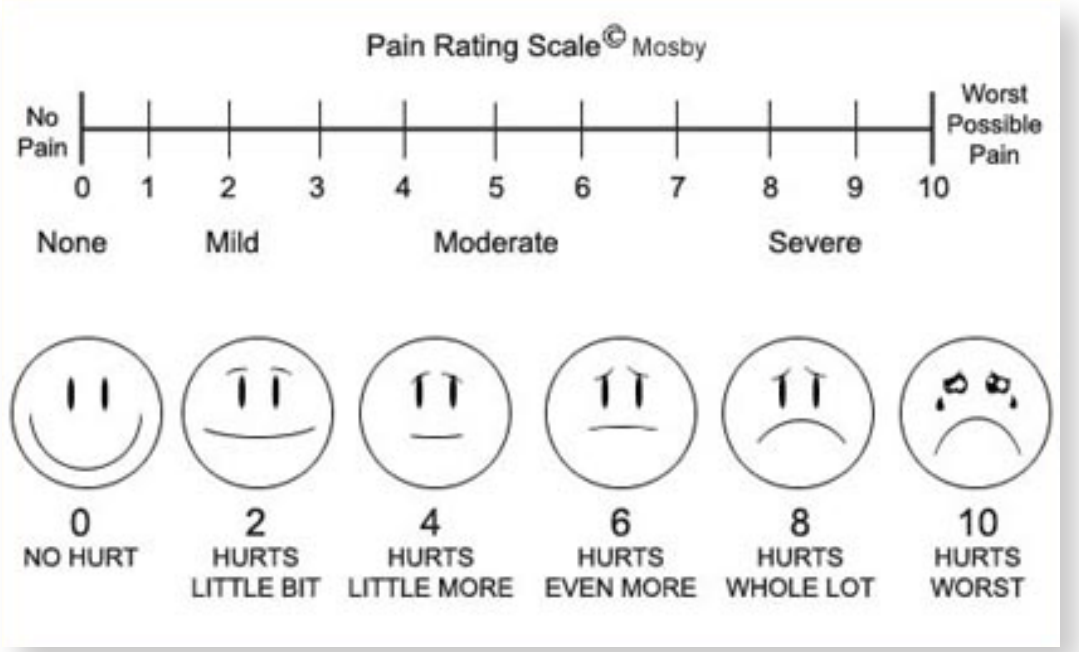
Colonoscopy Preparation

Avoid certain colon preparations that have a potential to reduce the kidney function. These include Fleet's Phosphosoda and Visicol (20+ tablets combined with high volumes of liquid). Both of these preparations can injure the kidneys so I recommend avoiding them and using the 'big jug' which is either GoLYTELY or NuLYTELY.

Cleaning Eyelids During Times Of Allergy Or Irritation

Purchase a travel-sized bottle of Johnson's Baby Shampoo. Fill the cap with water and place 2 drops of water into the cap. Stir with a Q-tip. Place the moistened Q-tip on eyelid and rub gently to remove dirt, irritants, makeup or any debris around the eye. This can be done twice a day.

The Pain Scale



Macular Degeneration Check

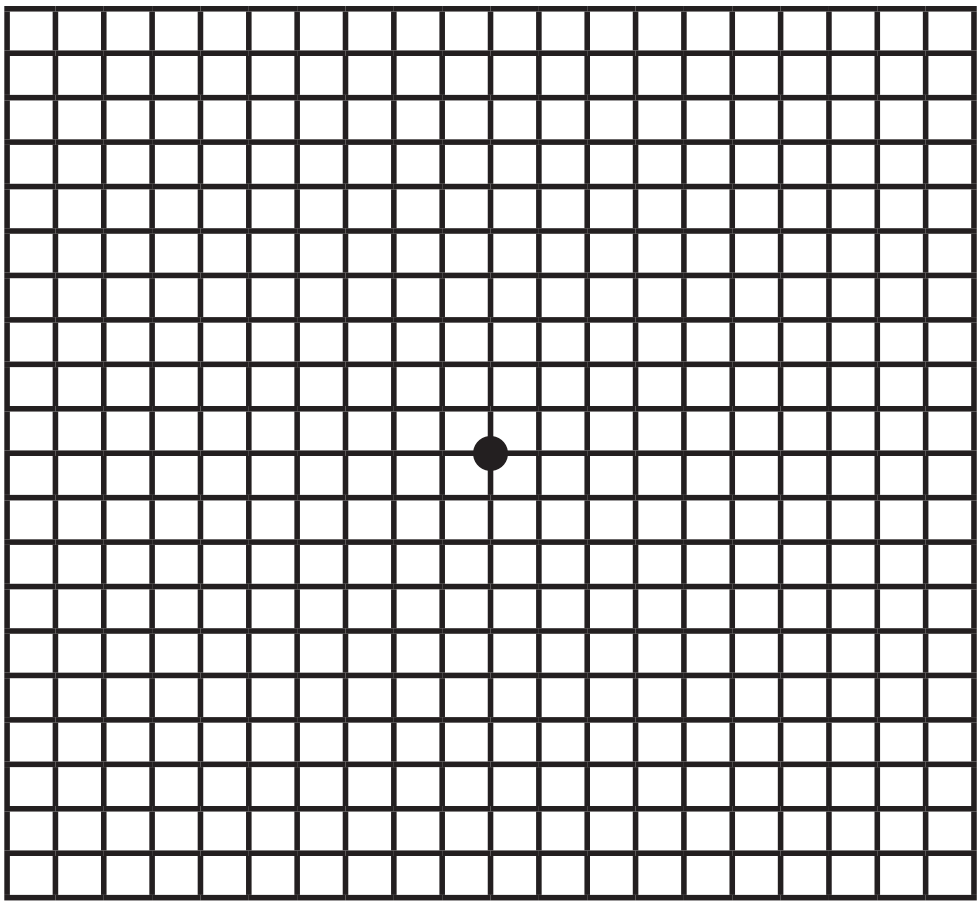
Here's how to use the graph/grid:

Wear your reading glasses, if you normally use them, and sit about 14 inches away from the book.

Focus on the dark dot in the center of the grid.

While looking at this dot, you still should be aware of the lines of the grid.

If you notice any blurred, wavy or missing lines, contact your ophthalmologist.



Sleep Hygeine

Getting proper and effective sleep is key to general well being. Although sleeping medications can used to help sleep on occasion, it is best to develop proper habits to enhance sleep. I call these habits the Sleep Hygiene Rules.

Here is the list of what they are and how to follow them:

- Limit caffeine. Coffee first thing in the morning is fine, but it has been said that one cup is medicine—the second cup is poison.
- Limit alcohol. Even a little in your system will disrupt your ability to sleep well.
- Push through your day and resist any temptation to take a nap.
- Make it a goal to get to bed and sleep through the night.
- Exercise. Even a short walk every day is beneficial to a night of good sleep (but not before bedtime).
- Remove all distractions from your bedroom,

especially electronic devices such as your computer, television, telephone.

Also, you may sleep better if you give up reading before bed.

If you cannot fall asleep, or if you wake in the night, leave your bed and go sit in another room until you feel sleepy again.

Then go back to bed and let that sleepy feeling overtake you.

Travel To Places Of Elevation

If you are travelling to a place of high altitude (above 8,000 feet) you may want to take medication to prevent altitude sickness. This will avoid issues that can develop for some people, which include: headache, nausea, shortness of breath and severe fatigue and muscle aching.

Here are some helpful medications:

Diamox (acetazolamide 250mg): Take two pills daily for 5 days; begin regimen 1 day prior to travel.

Potassium chloride (10meq): Take with Diamox, one pill daily for 5 days.

Vertigo

Everyone has experienced vertigo at some point in their life, typically when they were young. This is the sensation you can remember from childhood when you would spin too long or too rapidly and would feel a sense of severe dizziness characterized by continued circular motion (and perhaps nausea), even after having stopped moving.

As an adult, unless you are seeking an unusual thrill, you will not actively seek experiencing the sensation of vertigo, but it may find you—unexpectedly. When the balance center in the brain (called the inner ear) is disturbed by an infection, vertigo and dizziness can result and this sensation is very disturbing and can be incapacitating.

The inner ear is an organ located in the skull, adjacent to the middle ear (where the bones that conduct hearing sit) and is deeply embedded in the bones of the skull. The inner ear, or labyrinth, is responsible

for maintaining balance by sensing the body's movement in relation to gravity.

If the inner ear becomes inflamed, balance can be thrown off. The brain can be deceived into perceiving motion when none exists. In this situation, the brain is confronted by contradictory information. The eyes inform the brain that the body is not in motion, but the inflamed inner ear tells the brain another story—that the body is moving. Unable to make sense of this conflicting information, the brain spins out of control and all sense of balance is lost.

Much like the hum of feedback from an amplified microphone, the information from the inner ear becomes distorted and magnified beyond recognition and is unable to be interpreted by the brain.

Inflammation of the inner ear occurs almost exclusively as a result of a virus infection. Because viral germs are not killed by antibiotics, such medications are useless in treating this condition.

The symptoms of vertigo last anywhere

from one to two weeks. Rarely, the symptoms will persist for several weeks.

The only method of improving the symptom of vertigo and dizziness is Antivert (meclizine), an antihistamine. This medication is particularly useful in calming down the abnormal sensations being emitted by the inflamed inner ear. The medication works about 50 percent of the time, and when taken regularly, can result in significant sleepiness. But if you are fortunate to find this medication effective, it can be quite useful.

Head turning exercises can get the brain used to the abnormal vertigo sensations of dizziness. The nerves from the inner ear become habituated to the movement and lose their excitability. To do head turning exercises:

- Sit down comfortably in a chair.
- Begin by tilting your head straight back, and then to the normal, upright position.
- Repeat this movement slowly, 10 times.
- Next, tilt your hear downward and touch your chin to your chest, then bring it back to

the normal, upright position.

- Repeat this maneuver slowly, 10 times.
- Next turn your head to the right (touching your chin to your right shoulder if possible), then back to the normal, upright position.
- Repeat 10 times in a row.
- Finally, repeat this process turning the head to the left.
- Do this exercise 3—4 times each day.

Additional treatments:

For severe and persisting symptoms, there are a variety of options including:

- Betahistine, a medication from Europe that can be made by our compounding pharmacists
- Physical therapy or head turning maneuvers (Semant/Epley)
- Low doses of antidepressants

About Shingles

Shingles, also known as herpes zoster, is reactivated chickenpox virus in a nerve from the spine. It manifests itself as a unilateral (one-sided) rash of red spots/tiny blisters.

Shingles is a reactivation of an infection in your own body—it is not caught from someone else. The cause of shingles is the chickenpox virus from childhood, but why reactivation occurs is unknown. It can be related to a suppressed immune system due to medication or illness, but in an otherwise healthy person, there is no definite explanation, and no testing is needed to look for an explanation.

Shingles occurs in about 0.3 percent of adults under 50 and 1 percent of adults between the ages 50—90.

There is virtually no risk of 'catching' shingles from someone else or of giving it to someone else. Shingles is generally not contagious unless a person is directly exposed to skin that has erupted with shingles and who has never

had chicken pox. This is very unlikely, so for all practical purposes shingles is not contagious.

Recognition & Treatment

How do you know if you have shingles? Pain associated with a rash that occurs in a strip-like distribution on only one side of the body is 'classic' for shingles. Sometimes, pain will precede the rash by a few to several days. Often, after the rash occurs, pain increases.

Early treatment is best. As soon as it is diagnosed, I treat with an antiviral medication in pill form. Topical antiviral creams are not effective. The medications are Acyclovir, Famcyclovir and Valcyclovir. All are effective.

Acyclovir is generic and less expensive but has to be taken 5 times per day. Famcyclovir and Valcyclovir are taken three times per day. They may be slightly better than Acyclovir.

These medications are extremely safe and there are no major side effects to mention. They are taken for 1 week only and then

stopped, even if the rash is still resolving.

Shingles Pain Relief

The pain from shingles is different than other pains as it is a neuralgia—a nerve pain. For this type of pain you can use the following medications:

Tylenol, aspirin, Advil or Aleve—these standard pain pills can be effective but are rather weak and may not work well enough.

Narcotic pain pills, such as Vicodin/hydrocodone or Percocet/oxycodone—these are strong prescription pain pills and are often needed for treatment.

Tricyclic medications (amitryptilline/nortryptilline)—these medications quell pain from the nerve and are particularly good for nighttime pain.

Neurontin/gabapentin and Lyrica/pregabalin—these medications are similar and also are good for nerve pain in particular.

How Shingles Runs Its Course

Courses are variable, but these general observations are true:

Rash tends to last 2—3 weeks until it resolves, but gets significantly better after 1 week.

Pain tends to increase with time and will linger for several weeks.

The first 4 weeks is when it's most painful generally, but this varies a great deal and some pain can linger over the longer term, but this is relatively rare.

Shingles Vaccine

There is a new vaccination to prevent shingles called Zostavax. It is generally recommended for people above age 60, but can be given as young as 50 years old. Exceptions include anyone on steroids or immune-suppressing medications.

Since 99 percent of adults over 60 have had

chickenpox, virtually all patients are eligible for the immunization. If you feel certain that you did not have chicken pox as a child, a blood test can be done prior to immunization. This will prove with certainty that you have had the viral infection in the past (Herpes Zoster IgG Antibody testing).

The immunization is an attenuated virus, which means it is a weakened, but alive. This is similar to the Sabin polio immunization (given by the sugar cube). Rare occurrences of chickenpox have been noted in housemates of people recently immunized and this should be considered when determining timing for the immunization.

The shingles vaccine is over 70 percent effective. It is not a perfect vaccine. If you do get the shingles after being vaccinated, you'll probably have a much milder case, so taking the vaccine is a good decision.

Urinary Tract Infections (UTIs)

Bladder infections, also called urinary tract infections (UTIs), are commonplace in women. Although they may occur in men, this is rare.

Risk Factors

Most urinary tract infections occur spontaneously and are not the result of personal habits of hygiene. Risk factors for recurring infection include:

- Previous UTI
- Sexual intercourse
- Lack of hormones (post-menopausal state without hormone supplementation)

Symptoms

Most people are aware of these, but if you've not had a UTI previously, here is the list:

- Frequent urination

- Burning with urination (painful)
- Cloudy urine
- Blood in the urine
- Fever (low grade or high temperature)

Evaluation

If possible, it is best to have a urine specimen checked for infection. This is the simplest way to diagnose a UTI. If you have had UTIs in the past and are familiar with the symptoms, then testing the urine is not required. Typically, the urine specimen shows the presence of white blood cells or red blood cells. A culture can confirm the specific bacterial germ involved.

Treatment

Antiobitcs are the required treatment. As most antibiotics concentrate in the urine as they are cleared by the kidneys, these drugs tend to be very effective for treatment and are a virtually guaranteed cure, so long as the causative bacteria is not resistant.

Antibiotics include:

- Keflex (cephalexain)
- Cipro (ciprofloxacin)
- Macrobid (macrodantin)
- Amoxicillin

In addition to an antibiotic, we often prescribe an anesthetic agent called Pyridium (phenazopyridine). This medication provides immediate relief as it acts directly on the surface tissues of the bladder. It turns the urine an orange color, so do be aware of this. Treatment with Pyridium requires that an antibiotic be used as well, or the Pyridium will suppress symptoms but let the infection progress unabated.

Expectations

Symptoms of UTI resolve quickly, often within 12—24 hours. Certainly symptoms should be markedly improved by 48 hours. If they are not, please call and the antibiotic selected will have to be changed.

Prevention

There are not perfect methods of prevention but here are several that are used, depending on the situation:

- Voiding (urinating) after intercourse
- Antibiotic (single dose) after intercourse
- Antibiotics daily to prevent recurrent infections
- Use of hormones (pills or topical) to reduce the chances of germs entering the urethra (bladder drainage tube)

Bone Health—Treating & Preventing Osteoporosis

With recent concerns about bisphosphonate medications such as Fosamax, Actonel and Boniva, there is a greater emphasis on alternative approaches to bone building, using supplements for calcium and Vitamin D.

Medications

Bisphosphonate medications (Fosamax/Actonel/Boniva/Reclast IV): These medications have come under fire, primarily for the concerns of negative effects after prolonged use (over 10 years). It appears that after that period of time, the benefits of the medication wane and there are negatives that develop (decreased bone strength resulting in spontaneous fractures.)

This said, using the medication for less then 5 years, or from 5—10 years appears to be safe and helpful.

Remember, initial research has shown a 50

percent reduction in bone fracture from these medications and the concerns about the negatives do not eliminate these benefits that are proven in multiple scientific studies.

Calcium in the Diet

Diet or diet and supplements would ideally yield 1500mg per day, although lower amounts are still acceptable.

Our first focus is on foods that naturally contain calcium in solid quantities. To get a list of calcium rich foods, please see a copy of the MiniBük, *Diets by Doug the Doctor & Debbie the Dietitian: A Self-Help Pocket Guide for Managing Medical Symptoms*, available from my office.

Calcium Supplements

There are many calcium supplements available, each with various claims of superiority. Calcium basically divides up into two categories: calcium carbonate and calcium citrate.

Calcium citrate (Citrical brand) is the best

and most easily absorbed of the calcium supplements and as such, is my preferred recommendation. Taking the Citrical 250mg tablets 2 at a time, 2—3 times per day is the ideal calcium supplement.

Calcium carbonate (OsCal, TUMS) is a solid form of calcium but may not absorb perfectly. That said, generic forms of calcium carbonate are known to be difficult to dissolve, and in fact many will not absorb at all, yielding an ineffective calcium supplement. If you choose to take them, use 500mg at a time; up to 1500mg daily is recommended.

Do be aware that calcium can cause digestive issues, either gassiness or constipation. Reduce the dose if this occurs.

Vitamin D

Vitamin D is easily absorbed and the manufacturer is not as important as it is for the calcium supplement. There are only a few manufacturers of the various vitamins worldwide.

Dosing is 1000-5000 units daily, but no more. These are over-the-counter dosages. There are few side effects from Vitamin D and it will help the body absorb calcium to its maximum. Dosing of 50,000 units weekly by prescription is another option and should be considered only in patients with documented low vitamin D levels.

Exercise

In addition to supplements, exercise is a key ingredient in keeping bones healthy.

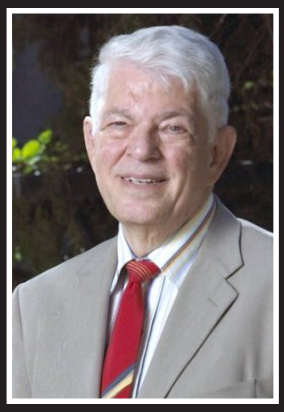
Exercising is the first key, as noted in The Keys Minibük (that is the first book in this series), so doing exercise that stresses the bones (weight bearing exercise such as running, bicycling, cross-training, ball sports) are effective exercises that will build bone.

Treatment Of Acute Joint Injuries

Traumatic injury of a joint may require special attention in the Emergency Room or by an orthopedist, but the simple and first principles of management are exemplified by the acronym R.I.C.E.

- **Rest**—Reduce or eliminate activity or pressure on the joint involved.
- **Ice**—Cool the joint topically with ice at intervals of 20-30 minutes at a time; very cold, but not enough to cause a skin burn… do be careful of this.
- **Compress**—Wrap the joint with an ACE bandage to reduce swelling in the first 24 hours.
- **Elevate**—Keep the joint above heart level if possible. This will decrease swelling and pain and will give a better short-term result.

Douglas Lakin, M.D. is the son of Mervyn Lakin, M.D. Like his father he has had a long career in internal medicine.



Both doctors measure success in terms of something that cannot be calculated scientifically—and that is how their patients feel about the treatment received…and how their patients feel after being seen in the office. Now, with this book in the hands of his patients and others, Dr. Lakin is able to make both his expertise and concern available all the time.

Dr. Lakin is a graduate of ASU's Barrett Honors College, Johns Hopkins School of Medicine, and the University of Iowa Hospitals and Clinics. He has been a general internist in private practice in Scottsdale, Arizona for the past 22 years.

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