



"Primum non nocere"



Number 16

HEALTH CARE REFORM

A 2,000 page, \$1.2 trillion health care reform bill is before Congress. It is hard to understand how such an important, complex, and expensive bill can pass without extensive public debate and discussion. Undoubtedly the present system needs fixing. It seems to me however, that there are more immediate priorities such as: getting unemployed people back to work; moving the banks to loosen credit so that businesses can invest in development and hire new workers. Also there are two wars in progress draining our resources, which need to be brought to a conclusion. The brave and selfless military personnel who are fighting for us overseas need to have jobs available when they come home. Nevertheless, since there is a drive to pass health care reform now, I would like to share my perspective.

Our medical care system is the best in the world when it comes to dealing with acute crises such as trauma, injuries, infectious diseases, cancer surgery, reconstructive surgery, heart attacks, and strokes. Unfortunately our system fails miserably when it comes to helping our citizens establish good health. Our medical care costs keep rising steeply because Americans are the unhealthiest people on earth. We cannot blame this entirely on the health care system. The pharmaceutical and food industries share the blame as well.

The drug manufacturers want us to believe that we need their expensive products to ameliorate every symptom or discomfort we experience. Our bodies develop symptoms to show us that we have imbalances that require correction. If we simply eliminate symptoms with drugs instead of correcting the underlying problem, the underlying problem will continue to undermine our health. A wise professor once taught me to think of drugs as poisons, which occasionally have positive side effects.

Just as the pharmaceutical industry is good at marketing overpriced and unnecessary drugs, the food industry is good at marketing unhealthy products. The food industry is skilled at creating foods from flour, high fructose corn syrup, omega-6 polyunsaturated vegetable oils, chemical flavor enhancers and preservatives. These foods fill the central aisles of our grocery stores. Some examples are cereals, pop tarts, Twinkies, bread, pasta, soda pop, pretzels, chips, fruit roll ups, candy, cookies, and crackers. These foods are ideal from the manufacturer's point of view, because the ingredients are plentiful and cheap, and the products have a long shelf life. These foods are tasty, addictive, and require little or no preparation. The government heavily subsidizes the wheat, soybeans, and corn crops from which these foods originate. Since these highly refined foods are responsible for promoting obesity, diabetes, hypertension, and hyperlipidemia, our government is directly implicated in degrading our health.

Due to the enormous amount of money circulating in the health care system, corruption, self-interest, and scheming abounds. I can relate the following examples from my own personal perspective as a family doctor.

Childbirth Options

When I was doing home births, I was able to save each family at least \$7,000 per birth. There were no hospital bills, no nursery bills, no anesthesia bills, and no medication bills. I was always curious about why the insurance companies didn't contact me to find out how they could expand home birth services and save themselves a lot of money. I was surprised to learn that they didn't mind paying higher prices for the equivalent service, because then they could justify charging exorbitant premiums to their customers for maternity coverage. The Cesarean section rate in the US is now an outrageous 35% of all births. My Cesarean section rate was 6.3% overall, due to my very healthy and well-informed patient population. Let's say that an attainable nationwide rate could be 15%. Since there are 4.6 million births per year in the United States, and if 20% of the Cesareans are unnecessary, then there would be 920,000 unnecessary Cesarean sections performed every year. Let's estimate the additional cost of a Cesarean section to be \$15,000. Then the annual cost of those unnecessary Cesarean sections would be \$13.8 billion! This is only one example of an unnecessary cost. You can see how a plethora of unnecessary expenses sends costs spiraling out of control.

Breast Cancer

When I was a medical student 35 years ago, I was taught that breast cancer was exclusively a disease of postmenopausal women. What changed since then to make breast cancer occur in women in their 20's, 30's, and 40's? One obvious answer is the introduction of synthetic hormones in the birth control pill since the 1960's. These hormones, which do not normally exist in a woman's body, are known carcinogens. The oral contraceptive pill was the first drug in history approved by the FDA for long-term use in a healthy person. We also now know that if we proactively treat symptoms of estrogen dominance such as PMS, heavy menstrual bleeding, fibroids, and endometriosis with bioidentical progesterone in physiologic doses, we can prevent breast cancer from

occurring.

Studies regarding the benefits of progesterone appear in the medical journals. Since 35,000 women die in the US each year from breast cancer, why isn't this important information widely available to women? The answer lies in the existence of a "breast cancer industry". Research scientists, charitable organizations, the American Cancer Society, radiologists, oncologists, and surgeons receive funds to investigate their particular areas of interest. They promote more mammograms, more surgeries, more chemotherapy, and more diagnostic technology. No one in the group seems interested in *preventing* breast cancer. Scientists, clinicians, and technologists become entrenched in their narrow areas of expertise in which they have invested many years. They have little interest in pursuing alternatives that may lead them away from where their current livelihoods are derived.

Cholesterol

Total cholesterol levels have never been well correlated with mortality from cardiovascular disease. A much better index of cardiac risk would be the serum insulin level or the ratio of triglycerides to HDL (good) cholesterol. You can quickly improve these numbers by following a diet that has 40% of its calories from carbohydrates, 30% from protein, and 30% from fat, and by taking a fish oil supplement.

The pharmaceutical industry is making a huge profit on their statin drugs, like Lipitor, which artificially lower cholesterol levels. The drug companies have convinced doctors and patients that these drugs are better than dietary and life style changes, despite their potential serious side effects.

Vaccines

In previous newsletters I have discussed how new vaccines are massively promoted without proof of safety or consideration of long-term consequences. These programs are very expensive and of questionable value.

Malpractice

The high cost of malpractice insurance in Illinois forced me to stop delivering babies. Only doctors in groups that carry high patient loads and perform other surgical procedures are able to pay these high premiums for obstetrical coverage. The high rates of Cesarean section are partially due to doctors thinking that they could defend themselves better in a lawsuit if they performed a Cesarean. Similarly, doctors order costly additional tests and procedures that they may feel are not really necessary, in order to protect themselves in the event of a malpractice suit.

The above examples of merchandising and special interests in the health care industry give you an idea of the wealthy and powerful forces that obstruct us when we try to improve the quality or decrease the costs of health care via alternative methods, such as prevention.

It is possible for Americans to improve our own health. But, we must take personal responsibility for creating our own good health through better nutrition, adequate exercise, and positive life style choices. No government or insurance company can do this for us. If the new law will require all

Americans to carry health insurance, there should be rewards granted to those who remain healthy due to their own good efforts. One example would be a discounted premium to those who stay healthy and don't over-utilize the system. Or what about a subsidy for women who commit to exclusively breastfeed their babies? No doubt, if we create new entitlements without requirements for personal responsibility, the system will eventually collapse, face bankruptcy, and drag down the rest of the economy. *

SWINE FLU

The news media and the Center for Disease Control (CDC) continue to whip the public into a frenzy about H1N1 influenza. Unfortunately we have precious little data available to help us make rational decisions about what we should do. Meanwhile on the news we see lines of people, blocks long, queuing up at clinics for many hours to get the H1N1 vaccine. Most of them are turned away when the supply runs out. Why don't we just calm down and ponder some facts.

1. The flu season has ended in the southern hemisphere and we know that the cases of H1N1 there have been relatively mild.

2. Here in Lake County, only hospitalized patients are being tested for the H1N1 virus. There is no readily available test to specifically diagnose H1N1. Therefore people with influenza like symptoms are assumed to have H1N1, not confirmed by laboratory testing. We can test for influenza A and B in the office, but this test doesn't specifically identify H1N1. Therefore we don't really know how many cases there are. The number of cases quoted in the media is probably being greatly overestimated. Running sensational news about H1N1 generates more viewers and readers. This news also satisfies the pharmaceutical industry that is among the media's largest advertisers. Think about all those "Ask Your Doctor About [DRUG NAME]" ads that run during the news programs.

3. The deaths that are being reported are mostly a result of bacterial pneumonia, not directly a result of influenza. As always, cases of bacterial pneumonia should be treated swiftly and aggressively.

4. We in the medical community do not have access to the medical histories of the patients who have become very ill or have died after contracting H1N1. Therefore we are currently unable to identify those individuals who are at the highest risk. We are told that pregnant women and young children are more susceptible to complications, but we know that most pregnant women and children who catch the flu recover without incident.

5. The H1N1 vaccine was rushed into production and released without the usual clinical testing required of most drugs. Presently the vaccine has been in use for only several weeks. Since it is being administered in schools, public health clinics, and drug stores, there is no vaccine adverse event reporting system to which doctors who administer vaccines are required to report. If adverse events occur, it will take longer for us to hear about them.

6. Because the government has declared a "public health emergency", the pharmaceutical companies that manufacture the vaccines have been granted immunity from product liability lawsuits resulting from this vaccine. Then what pressure do they now face to produce a safe product? We know the sales of the H1N1 vaccine alone are expected to top \$1.5 billion, in addition to the \$1 billion already booked for the seasonal flu vaccine. These vaccines are part of a wider and rapidly growing \$20 billion global vaccine market. When that much money is involved there can be political meddling involved in creating medical mandates for the vaccine.

7. There are two versions of the H1N1 vaccine. The nasal spray contains live viruses that a person will harbor in their nasal passages for weeks after inoculation. These viruses can be passed on to others they contact. The injectable form of the vaccine comes in multiple dose vials and is preserved with thimerosal, which contains mercury, a known neurotoxin.

8. Some doctors are recommending Tamiflu, an anti-viral drug to be given within 40 hours of the onset of influenza symptoms to lessen the severity or duration of symptoms. Since 99.9% of flu sufferers make an uneventful recovery anyway, the wisdom of using Tamiflu is questionable. A few years after its approval by the FDA, 25 people under the age of 21 were reported to have died while using Tamiflu. Around 600 reports came in about abnormal behavior, hallucinations, and convulsions in people between the ages of 10 and 19 who were taking this oral neuraminidase inhibitor. (Most of these took place in Japan, where these medicines are much more widely used.) In two separate instances, a 12-year-old and a 13-year-old jumped out of a second-floor window after taking Tamiflu; others fell from windows or balconies or ran into traffic.

I am not opposed to all vaccines. During my lifetime I have witnessed vaccines help to conquer deadly and debilitating diseases such as smallpox, polio, tetanus, and HIB infant meningitis. Just because some is good, doesn't mean that a lot is better. I question whether immunizations should be promoted for

all illnesses regardless of their severity. We do not have adequate information about the long-term effects of mass immunizing against the less serious diseases such as chicken pox, HPV virus, and influenza.

The natural way that healthy people achieve immunity is by being exposed to viruses or bacteria in their environment. The pathogen enters the nose or the mouth. The body then fights the infection by mounting an antibody response. The antibody response is memorized and upon future exposure to that pathogen, the antibodies respond quickly to prevent a repeat infection. Injecting viral proteins with a needle into the body for the purpose of creating an antibody response is not nature's original method of creating immunity. We know that vaccine induced antibodies tend to "wear off"; whereas community acquired infections can create lifelong immunity. I predict that those individuals, who get an annual flu shot, have much poorer immunity to novel strains of influenza such as H1N1, than those who opt out of annual vaccination.

At the present time I am planning not to carry influenza vaccines in my office. They will be widely available in our community at local drug stores, schools, and county clinics. Those with chronic health problems or suppressed immunity are more at risk for suffering complications from influenza. For these people immunizing may offer a measure of protection. For healthy people, remember the following immunity boosting advice:

1. Use the neti pot with warm salt-water solution regularly after all public contacts. The neti pot irrigates the nasal passages and removes some of the bacteria and viruses breathed in during the day. This will reduce the viral load with which your immune system has to cope.

2. Maintain adequate vitamin D levels. Most of us are deficient in vitamin D during the winter due to the lack of sunlight exposure on our skin.

3. Eat a diet adequate in protein. Avoid sugar, starchy carbohydrates, and omega-6 polyunsaturated vegetable oils from soybeans, corn, and safflower. Eat plenty of fruits and vegetables.

4. Supplement with a high quality ultra-refined fish oil.

5. Get adequate sleep. We require more sleep in the winter when the nights are longer.

6. Get some moderate regular exercise.

7. Take a probiotic to help maintain a favorable internal microbial balance.

8. Wash your hands before eating.

What should you do if despite of your excellent health habits, you still feel yourself becoming ill? Here are some suggestions for natural remedies:

1. Before the discovery of antibiotics, doctors used colloidal silver extensively as an antimicrobial agent. It is still useful, and unlike antibiotics it treats viruses too, without encouraging the growth of resistant microorganisms. Try 1 teaspoon of a 10 ppm solution, three times daily at onset of symptoms.

2. Echinacea, an herbal remedy.

3. Oscilloccinum, a homeopathic remedy - take every 4 hours at onset of symptoms.

4. High doses of vitamin C, starting at 3 grams daily.

5. Suck on zinc lozenges

6. Go to bed earlier and get some extra sleep.

7. You can use your neti pot up to 4 times daily if you feel yourself becoming ill.

8. Oil of oregano 4 drops, held under the tongue for a few minutes, followed by a glass of water. Repeat several times throughout the day. *

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