

LIBERTY HEALTH GROUP

CONSUMER DIRECTED HEALTH CARE

Educating and Empowering

Spring 2016



Cancer Risks

- Family History
- High sugar intake
- History of abortion
- Alcohol intake
- Obesity
- Sexually transmitted diseases
- Abnormal pap smears

Women's Health Care

There is so much confusion regarding the need for routine screening. Professional medical societies intimidate women to follow guidelines their society supports. Many insurance plans will pay for routine screening. So it is not surprising that it is commonly accepted that routine screening saves lives.

Routine mammograms and pap smears are considered integral screening tools. For decades, many assumed that they were beneficial. We now have enough data to advise women regarding the benefit vs. risk ratio for pursuing routine screening.

Is routine screening needed?

If we were confident that a screening procedure saved lives, all would be in favor of promoting the procedure.

Do the risks of the procedure outweigh the potential benefit?

This is the question that needs to be answered for all screening tests and procedures. The public should be informed regarding the risks vs. potential benefit. Patients should be informed and then allowed to make their own decision.

What if individuals do not want a test?

Some hospitals will not allow a woman to proceed directly to a breast ultrasound, unless they have had a mammogram. The Radiological Society has determined that the standard of care is to begin with a mammogram.

Those who elect to avoid a mammogram are often intimidated by the medical

community. Letters are frequently sent to those who avoid routine mammogram screening. This causes fear and confusion.

Is there information to support those who elect not to have a mammogram?

Our goal at Liberty Health Group is to attempt to be in the middle of extreme opinions of 'never' and 'always.' Rational conversations can provide the clarity needed to make a wise decision.

Recent research findings are questioning the credibility of accepted screening procedures. As more data becomes available, everyone be able to make the best informed decisions.

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"A person convinced against their will is of the same opinion still."

Unknown

Do mammograms save lives? nordic.cochrane.org (mammography leaflet)

The Cochrane Analyses have proven themselves to be a reliable source of information. In the mammography leaflet available, the authors conclude that there is no benefit to routine mammograms. The mortality rate for women routinely screened is not different from women who had regular mammograms.

What is a false positive?

A false positive test is when one suspects an abnormality, but further exploration determines there is no concern.

97% of positive mammogram findings are false.

False positive tests increase

anxiety and lead to more interventions.

During ten years of mammograms, approximately twenty percent of women will have a false positive test. This means billions of dollars are spent to look for the minority of significant findings.

Ductal Carcinoma in Situ

This is the most common finding on surgical biopsies. It is still not clear whether this abnormality is cancer. Surgery is the most common intervention. Radiation may be recommended. The harms from radiation may cause cardiac disease and an increased risk of lung cancer.

Do pathologists agree?

A recent study reported pathologists agreed 75% of the time when review breast biopsies (*JAMA*. 2015;313 (11):1122-1132) Pathology results determine the treatment course.

What should a woman do?

There may be certain age groups that benefit from routine screening. Mammograms are not proven to save lives. Women should be informed of all options for pursuing a suspected breast lesion. Physicians should not intimidate a woman to get an unproven test.

What are the problems with routine mammograms?

If the Cochrane Analysis is true that routine mammogram screening is not beneficial, then why are there so many forces strongly encouraging women to have regular imaging? Why do professional medical societies recommend regular screening mammograms?

There are still many questions that need to be answered regarding the most effective age group to screen, and which screening methods are the best. Professional societies are resistant to changing their long-held positions regarding mammograms. There are some who disagree with the Cochrane analysis. (Fletcher, et al. 2003. *NEJM*, 348,(17), 1672-80)

For decades, it was assumed the potential benefit of routine mammograms was good. Scrutiny of what happens to those who have routine mammograms compared to those who do not have regular mammograms reveals many complications that may not be reported.

Women should be aware of the potential benefits and harms of routine mammogram screening.

Potential Benefits - for every 2,000 women screened for 10 years, one will benefit from having her cancer diagnosed and treated.

The most reliable results come from trials where the women have been randomly assigned to be screened with mammography or not to be screened. About 600,000 healthy women have participated in such trials. (Gøtzsche PC, Nielsen M. Screening for breast cancer with mammography. *Cochrane Database Syst Rev* 2009;4:CD001877)

Half of the trials have been carried out in Sweden. A review of the Swedish trials from 1993 showed that screening reduced breast cancer mortality by 29%. (Nyström L, Rutqvist LE, Wall S, et al. Breast cancer screening with mammography: overview of Swedish randomised trials. *Lancet* 1993; 341: 973-8)

While this appears to be a large effect, here's what the 29% actually means.

The review noted that after 10 years of screening, this reduction in breast cancer mortality corresponded to one woman out of 1000 avoiding dying from breast cancer.

The benefit of screening is thus very small. The reason for this is that in a period of 10 years only 3 women out of 1000 get breast cancer and die from it. The absolute reduction in breast cancer mortality was therefore only 0.1% (1 out of 1000) after 10 years in the Swedish trials. Screening for more than 10 years might increase the benefit, but it will also increase the harms.

Potential Harms - for every 2,000 women screened for 10 years, ten will be treated as having cancer but they do not. Approximately 20% will have a portion or all of their breast removed, and may receive radiation and chemotherapy. Half of the women who have a portion or all of their breast removed will have chronic breast pain.

Ductal carcinoma in situ is the most common finding and more than half of these will not progress to cancer. (Zahl PH, Gøtzsche PC, Mæhlen J. Natural history of breast cancers detected in the Swedish mammography screening program; a cohort study. *Lancet Oncol* 2011 Oct 11 [Epub ahead of print].)

Mammograms may overlook a cancer. Women may be given a false assurance that they do not have cancer. Screening mammography may miss 25-50% of cancers noted later on reexamination of the films. (Ferris M. Hall, M.D. *NEJM* 2007; 356:1464-1466 April 5, 2007)

David Newman, MD suggests that if women in the United States undergo routine mammograms, we can estimate an additional seven thousand cases of breast cancer as a result of the radiation exposure. (*Hippocrates Shadow*, p 37. Feig SA1, Hendrick RE *J Natl Cancer Inst Monogr*. 1997; (22):119-24)

Practical implications:

So what should women and physicians do with so much uncertainty

regarding screening mammograms as the gold standard?

The time has come to re-assess whether universal mammography screening should be recommended for any age group. Declining rates of breast cancer mortality are mainly due to improved treatments and breast cancer awareness, and therefore we are uncertain as to the benefits of screening today. Over diagnosis has human costs and increases mastectomies and deaths. The chance that a woman will benefit from attending screening is small at best, and - if based on the randomized trials - ten times smaller than the risk that she may experience serious harm in terms of over diagnosis. Women, clinicians and policy makers should consider the trade-offs carefully when they decide whether or not to attend or support routine screening.

Clarity is needed regarding the pain that is associated with breast lumps. This pain may be the result of hormonal imbalances. The fact that many women have chronic pain after undergoing aggressive intervention might be the answer as to the cause for the abnormal finding on the mammogram. Nutritional research should be promoted that reverses the inflammation associated with questionable breast lesions.

Younger women have dense breasts. Ultrasound imaging or MRI may be better options to consider. Women with a strong family history of breast cancer and older women will probably benefit from close surveillance. A thorough breast exam by a well trained clinician is still the best option for monitoring.

We must continue to try and find the best screening methods. Diligent research that is free of bias is needed. Information on cancer sites may not be complete, and often misleading. It is not ethical to magnifying the potential benefit and minimize the potential harm for mammograms.

Pain Relievers - Increased risk of heart attack and stroke

In 2005, the popular pain reliever - Vioxx - was abruptly taken off the market due to safety concerns. Since then, there have been a lot of questions raised about other drugs in the class called COX-2 inhibitors - like Celebrex and Bextra - and whether the alternatives are as good or as safe.

Three large studies published in the March 17, 2005 issue of the New England Journal of Medicine help to clarify these questions. It turns out that other COX-2 inhibitors are also potentially dangerous.

The COX-2 inhibitors are anti-inflammatory pain relievers similar to the over-the-counter pain relievers like ibuprofen (Advil, Motrin, etc) and naproxen (Naprosyn, Aleve, etc), but seem to have a little less chance of stomach irritation. They quickly became top sellers.

Interestingly, randomized studies have shown that the COX-2 inhibitors do not relieve pain any better

than the cheaper alternatives - ibuprofen or naproxen.

Researchers in the three studies of the COX-2 inhibitors looked at the long-term and short-term safety of these drugs. In all cases, they found an increased risk of heart attacks and strokes in patients taking a COX-2 inhibitor compared with placebo.

FDA strengthens warning of heart attack and stroke risk for over the counter pain relievers - July 2015

FDA added a boxed warning to prescription drug labels for this risk in 2005. More recent data and information are prompting FDA to update NSAID labeling. Today we know that the risk of heart attack and stroke may occur early in treatment, even in the first weeks.

"There is no period of use shown to be without risk," says Judy Racoosin,

M.D., M.P.H., deputy director of FDA's Division of Anesthesia, Analgesia, and Addiction Products.

Achieving pain relief...

#1 Decrease sugar intake - Chronic pain is usually related to too much sugar intake. Sugar intake is responsible to promoting generalized inflammation. This inflammation is the common thread of all chronic diseases, such as hypertension, diabetes, obesity, and cancer. Replacing B vitamins, magnesium and trace minerals may eliminate sugar cravings.

#2 Regular Sleep - People who do not rest well have more pain. Magnesium deficiency is commonly associated with dysfunctional sleep patterns.

#3- Forgive others - forgiveness is a choice, not a feeling. Choosing to forgive does not mean forgetting or justifying bad behavior. Forgiveness cuts off the bitterness power supply.

Cardiovascular disease - Fat and Cholesterol are GOOD for you! - Uffe Ravnskov, MD, PhD

"The great tragedy of science—the slaying of a beautiful hypothesis by an ugly fact." Thomas Huxley

For some people the notion that fat and cholesterol can be good for you goes against much of what you have heard for decades. Dr. Ravnskov reveals the research behind the commonly promoted myth that cholesterol is the main cause for heart disease. Other authors have documented similar findings. These authors are well respected and credible.

Cholesterol is not a deadly poison. Rather it is important for the cells of all mammals. The cholesterol campaign has been considered medical quackery by many. George Mann, MD called it "the greatest scientific deception of this century, perhaps of any century."

In this book are references to the benefits of a high cholesterol. Dr. Krumholz at Yale University reported that old people with low cholesterol died twice as often as people with high cholesterol.

Dr. Vredevoe from UCLA evaluated 200 patients with heart failure and reported that mortality was higher in patients with the lowest cholesterol. Dr. Racchaus, a German researcher, noted that patients with chronic heart failure live much longer if their cholesterol is high.

Why is the Cholesterol myth so pervasive? It is hard to know where the pressure is coming from, but the food industry has much to gain from those who promote a low cholesterol diet.

If elevated cholesterol was the culprit for heart disease, then the scientific process should prove this to be true -

Actually, apply scientific reasoning to many of the studies confirms that one of the main reasons for heart disease is related to our immune system. There are signaling mechanisms that cause inflammation. Inflammation causes some of the lipid particles inside the blood vessels to form clot and obstruct blood flow.

High cholesterol protects against allergy - Dr. Pesonen and co-workers followed 200 children from birth to 20

years of age. They found that children with allergic disorders had lower total and LDL cholesterol than the others.

Ancel Keys' 7 Country study? - For reasons known only to Mr. Keys, he chose to 'ignore the data' that did not fit his hypothesis that eating more animal fat increases cholesterol. Raymond Reiser, PhD is a biochemist who did a thorough review of Keys' research and found many errors. It is easy to find many cultures that do not fit Keys' theory. The Masai, Samburu, and Somalia Shepherds in Africa eat more fat than anyone else. Most of this fat is from animal fat. In spite of this, their cholesterol is the lowest recorded in healthy people.

What should one do if concerned about their risks for heart disease?

Inflammation is the main culprit that causes clots inside the blood vessel wall. The lack of magnesium may contribute to muscle spasm around the coronary arteries. High carbohydrate diets contribute to increased inflammation and aggravate many chronic diseases.

How to evaluate and maintain your health

Having health insurance is not the same as health care. In another newsletter, I describe the difference. In a nutshell, actual medical costs and inflation have only increased 2-4% each year for the past few decades. But insurance premiums have increased two to three fold more than the actual medical costs during this same period. The reason for this is patients do not know that actual medical costs.

As a result of the Affordable Care Act (ACA), many people have moved to a high deductible policy. For some, their monthly insurance premiums have doubled. This is not what most people expected. This results in people avoiding to see their physician, because they have to pay out of pocket until their deductible is met.

If you are one who is struggling to pay your premiums, I want to give you hope! We can help you access affordable lab tests, imaging, and give you useful information to help you with your medical needs. It is impossible to cover everything in one newsletter.

How to order lab tests -

You may order a variety of tests from our website (www.directlabs.com/lada). If you want your physician to have a copy of the results, you may indicate this during the ordering process. *Note: not available in all States.*

General Health - The Comprehensive Wellness panel will provide you and your physicians with a broad panel (@\$100).

Concerns about heart disease? - you may order the **CardioPlus Advantage** panel (@ \$149). This will give you the

same information as the one for General Health, but it will also include the highly sensitive C reactive protein (hsCRP). This test may be able to predict your likelihood of having heart disease. In addition, you will be given the details regarding the LDL and HDL sub-fractions.

The more dense LDL sub-fractions seem to be more predictive of your risk for heart disease. Some call them LDL 'A' particles and LDL 'B' particles. I tell people that you want to get an 'A' on your test!

Inflammation concerns - Because inflammation is the trigger that causes blood clots and heart attacks, you may opt to order the hsCRP test by itself (@ \$45). Paul Ridker, MD promotes this test as a fairly reliable test to determine how much inflammation is in your body. An ideal result is between 1 and 3.

Diabetics - The hemoglobin A1C is the test you should order. You may check this every three months.

Cervical Cancer -

According to the Mayo Clinic, the following are risk factors for getting cervical cancer:

- Smoking
- Multiple sex partners
- Starting to have sex at a young age
- A weak immune system
- Having sexual transmitted disease

Avoiding these risk factors dramatically reduces the risk of cervical cancer. Pap smears DO NOT prevent cancer. A pap

smear simply reflects the presence or absence of abnormal cells or infection, primarily with human papilloma virus (HPV).

While condoms may decrease the risk of spreading infections and pregnancy, they are not 100% effective.

According to Dr. Ricky Pollycove, "UCSF researchers have shown these viruses to be present on genital skin with no symptoms that might prompt diagnosis and treatment. That means HPV and HSV can be deposited on the condom's outer surface from viral particles living on the scrotum, penile shaft not covered by the condom or vaginal/vulvar tissues."

Breast lump noted?

Have an examination by someone who is trained in breast disease. If further testing is needed, you may opt to have an ultrasound, MRI, or consider Thermography. The mammogram options was previously discussed.

Excessive caffeine and too much estrogen are the main causes for breast tenderness. Limit coffee to 1-2 cups/day. Do not put sugar in your coffee. If sweeteners are needed, you may have unhealthy taste buds. Consider taking 50mg of zinc daily for 1-2 months.

Estrogen is found in plastic bottles. Drink from a glass. Cauliflower has been shown to counteract excessive estrogen.



Liberty Health Group is a non-partisan group with a political agenda. We are a voice for those who have no voice regarding access to affordable health care. Our mission is to Educate & Empower regarding health care that treats the root of disease, instead of focusing on the fruit of a disease process.

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