

# How *Not* to Get Sick

10 Critical Keys to Preventing Disease



*Save Your Pocketbook and the Health Care System by Not Needing Them So Much*

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## Introduction

**WARNING:** This book is biased. If my desire is to convince you of something, I will scour the internet and literature to find data to support my viewpoint – and conveniently leave out those that do not. Then, I will present you with a long list of these references – and it will be difficult, even for seasoned scientists, *not* to be convinced. Alas, welcome to what some call “research.” That is why everyone is so confused, and that is why charlatans have a very strong foothold in the medical system. Right now, you do not know if I am one. I hope that as you read, whether I am or not will become clear.

The reality is that everything you read in the world of health/wellness/medicine, including this book, is a combination of three primary things: ***Science, reasoning, and secondary gain.*** I’ll address *secondary gain* first.

It should go without saying that if someone is selling something (e.g., supplements, products, services, or...a book), you would be a fool not to ponder how that might cloud his or her judgment. Advice coming from, or comments made by, such a person must be received with great skepticism, more readily discounted, and/or carefully verified before giving it credence.

Science, which could be defined as *the systematic quest for knowledge*<sup>1</sup>, does not yet have all the answers, so once we rule out secondary gain and other conflicts of interest, we must fill in “the blanks” with reasoning. Conclusions based primarily on well-designed scientific studies deserve much more merit than those based mostly on reasoning.

Since scientific studies vary greatly in design, with different methods, interpretation, power, and bias, the sad reality is that one can find a “study” to support just about any viewpoint or opinion. The less well-designed the study, and the more hand-picked to support the author’s(s’) opinion, the more I call it “pseudoscience,” or perhaps “true science *fiction*.”

For example, you may quote a study that suggests a certain intervention drops one’s cholesterol level, but the drop may be short-term or may not actually decrease the incidence of cardiovascular events or death; worse, the intervention may actually cause greater harms in other areas down the road.

Something that causes many to stumble is confusing the word *correlation* with *causation*. In fact, this is one of the most important distinctions that truth-seeking (which should be *all*) scientists must try to delineate. The classic example is thinking that potatoes are bad for you because increased consumption

*correlates* with poor health. However, when you look at the whole picture, you realize that the correlation likely exists only because of *how we prepare* the potatoes (e.g., ~50% of all potatoes consumed in America are deep-fried).<sup>2</sup>

One's reasoning, on the other hand, is fraught with an even greater potential for error. The author's personal experience, wishful thinking (often based on secondary gain/ulterior motives), belief systems or philosophies, and opinion all play a role. Part of the problem is that (as I define it) *opinion is the average of messages received*. The more we hear the same message over and over, the stronger our opinion will become, and the less likely we'll listen to opposing viewpoints – no matter how correct they may be.

Experts (including doctors and dietitians) may go to their graves before being willing to change their point of view or their approach or methods, no matter the evidence. How ironic it is that the very same folks claim to cherish education. We must lay aside our pride and greed, as the health of the nation and the future viability of the health care system hang in the balance. I have written this book with the hope of bringing clarity and simplicity to health, with all its ramifications, including drastically improving the health of the nation, decreasing waste, and saving the health care system.

Join with me, and together we can turn the tide.

## **Stories**

Stories can be powerful, and they can make an otherwise boring book, article, or speech a little more interesting. Stories are shared to inspire, teach, and persuade (such as to sell something). Indeed, our opinions and decisions are influenced by them on a regular basis, sometimes to our own peril. Always remember that stories are not proof.

So, what is their role in science? Above I have tried to extol the virtues of making medical decisions based as much as possible on science, and yet in my narrative I will tell you stories from my own life and the lives of others. As you read them, try less to be caught up in the drama or narrative, and more to critically assess whether the point I am making is valid.

## **America, the Beautiful...**

America the Sick. America, where insurance costs, deductibles, and copays are so high that we try as hard as we can NOT to seek health care. Deductibles and copays

were created to prevent *abuse* of the system, and now they prevent *use* of the system. Until that phenomenon is remedied, and other drastic measures are taken, America's health will continue to decline (consider researching *Direct Primary Care* for a likely solution).

Then came the advent of the "free physical." Despite good intentions, because the visit is "free" (wink-wink), and because patients misinterpret "physical exam" for "comprehensive health visit," they often save (delaying care) and bring up as many issues as they can during the physical, defeating its whole purpose – which is to provide *preventive care*. "Physical exams" *should* include:

- Age-specific screening for cancer and other diseases
- Age-specific vaccinations
- Discussion of healthy lifestyle changes
- Discussion of lab tests
- The actual physical exam
- Risk assessment based on health and lifestyle status, labs, and family history
- Other prevention measures as deemed appropriate by the physician

However, when patients ask or expect their doctors to address several other issues (which is understandable), neither the medical problems nor the preventive care can be addressed adequately, and their health may actually suffer instead of improving. I have several patients with diabetes and other uncontrolled medical conditions, which require more frequent visits, that I only see when they come in for their yearly physical. *The current system may be sicker than those it seeks to help.*

It will likely surprise you to know, despite the many anecdotal stories and advertisements suggesting the opposite, that yearly physical exams, as they are performed now (see above), may not actually improve health and save health care costs!<sup>3,4</sup>

*WHAT?!...exclaims the bewildered consumer.*

It's true – and yet companies are mandated and agree to provide them, thinking that physicals, disguised as "preventive care," have been shown to save money down the road – and they spend several hundreds of dollars per employee per year in the process.

In other words, *physical exams, as they are currently carried out, may WASTE, not save, money!* To add insult to injury, companies then reward their employees with even more money or incentives (usually a few hundred dollars per year) if they get their physical exams! On top of that, I hear stories all the time of many additional

unnecessary screenings (e.g., cholesterol tests) and treatments (e.g., B12 shots) that are encouraged or performed that cost additional *hundreds* of dollars per employee per year, without *any* proof of their value!

In addition, as much as we wish it weren't the case, the grand majority of abnormalities found during such physicals and lab work are *false positives*, driving costs up further (requiring follow-up visits and tests, lost work, and sometimes referrals to specialists and procedures – not to mention the stress involved in the process). What a waste of precious healthcare dollars and company resources/profit!

*WHAT?!...cries the angry CEO.*

How could all this be happening!? Well, it's all because of misinterpretation of the data. It has been estimated that for every dollar spent on "preventive health" (which everyone incorrectly equates with "physical exams"), anywhere from \$1-6 will be saved down the road (the true amount, if there is any savings at all, is probably between \$1-2). Unfortunately, the type of preventive care in these studies refers NOT to physical exams, but instead to other measures such as immunizations.

In other words, as long as physicals and wellness visits are performed too frequently (see below) and/or in a way that does not provide value (see above), companies will continue to misdirect their efforts and their valuable resources, and health care costs will continue to spiral out of control. To help physicals become more valuable, doctors must be allowed to address the preventive measures listed above, which takes time. Doctors also need to have and spend the time to perform important physical exam elements that are clues to disease, and be knowledgeable about what needs to be worked up and what doesn't. And hopefully this book will help doctors know better how to counsel about lifestyle changes.

It is estimated that if doctors performed all the preventive health required to truly make a difference, it would take about 7 ½ hours!<sup>5</sup> However, usually only 30 minutes (or less) are reserved – and, as mentioned previously, patients usually want to squeeze in all of their medical problems during those visits because they are "free," crowding out any potentially effective preventive care. If doctors were indeed able to accomplish all that is helpful during a physical exam, then they just might pay for themselves in savings down the road. But that's probably a pipe dream.

Let's talk a little more about *tests*. Patients love them (if "insurance" pays for them) and doctors like to do them – hopefully because they want to learn more. They also don't mind ordering them if they are incentivized to do so because they make more money by doing them. I have heard of some doctors who order as many tests as

possible during a physical just because insurance pays for them, making off like a bandit and killing the system in the process!

Most physicals include lab work, which checks you for high cholesterol, diabetes, thyroid problems, anemia, leukemia, liver and kidney issues, and other things – but did you know that most health entities recommend that we only have these things screened only once every 3-5 years, if at all? Remember that this recommended interval is for *screening*, in normal-risk individuals. If abnormal values are found, or if symptoms or risk factors warrant, they should be checked (and managed) more frequently. If they are normal, and no new symptoms or risks are present, there is no value in checking them more frequently.

Indeed, there are many unintended consequences resulting from the government's requirement that yearly physicals be provided at no cost to the patient. I have a suggestion. If you are an employer, instead of incentivizing your employees to get yearly physicals, simply offer them but reallocate the funds you spend incentivizing them to providing a couple of acute or chronic illness visits per year at no cost to the employee. Then, hopefully patients will be less apt to use up their one "free" (again, *wink-wink*) visit to talk about anything BUT preventive care.

Providing each of your employees with a copy of this book may also help you save costs down the road. Indeed, one of my primary goals for this book is to teach you how to reduce *your need to see* the doctor, which will also help to alleviate the huge physician shortage on the horizon.

## **America Is Teetering**

We are at a tipping point right now – our current healthcare crisis (including rising costs and worsening health) is largely a result of our unwillingness or inability to make wiser decisions. Our unhealthy lifestyle is the prime example; however, there are others. If we do not start making important changes, we will continue to walk straight off a cliff, willingly and knowingly, expecting the ambulances at the bottom to clean up the mess. The purpose of this book is to help build a fence at the top.<sup>6</sup>

America leads the world in many ways, but when it comes to a healthy lifestyle we are not leading by example – America is the most obese nation in the world.<sup>7</sup> Miracles could be accomplished if we would combine our incredible, growing ability to fight disease with an even greater ability to prevent it.

## **Sick of Being Sick**

If you're sick of being or getting sick, and we're referring to just about any type of sick (including suffering the consequences of sicknesses you may already have), we're here to help. We have far more power over how often we get sick than most people realize. Our goal is to teach you some things you may not know, and to reiterate things you may already know, in a way that will drastically reduce your need to visit a doctor or hospital. To me, that sounds quite attractive in this day of huge deductibles and high copays.

Because doctors know (for the most part) what causes most diseases, we are also familiar with how to prevent them. The part we don't know, we and other health care professionals are constantly making efforts to learn, through scientific research. Unfortunately, because our "system" discourages doctors from spending time on preventive health (it reimburses us mainly for the problems we solve, rarely for the ones we prevent), it may appear as though we are not interested in prevention. Even when we do make efforts to counsel patients, few make the changes we recommend. However, we know change is hard, even when one wants badly to make those changes.

## **A Healthcare Professional's Job**

My job is to put myself out of business, as it should be the job of every health care professional – or at least it should be to reduce significantly how much people need our services. Given the direction health care is moving, with the aging of the population, the "diabesity" epidemic, and other factors, our jobs appear to be quite secure – in fact, there is a huge shortage of physicians and other healthcare professionals on the horizon. We need to do something drastic to turn the tide.

This book is all about "TLC," or Therapeutic Lifestyle Changes – measures you have the power to implement, which will make a huge difference in your health and comfort. Most of us blame too much of our health problems on luck or genetics. However, leading a healthy lifestyle can prevent the majority of the top causes of suffering and death.

## The Top Ten Causes of Death in 2014\*

2,626,418 people died in 2014.<sup>8</sup> The 10 leading causes were as follows, with the actual number of deaths:

1. Heart disease: 614,348
2. Cancer: 591,699
3. Chronic lower respiratory diseases: 147,101
4. Accidents (unintentional injuries): 136,053
5. Stroke (cerebrovascular diseases): 133,103
6. Alzheimer's disease: 93,541
7. Diabetes: 76,488
8. Influenza and pneumonia: 55,227
9. Nephritis, nephrotic syndrome, and nephrosis: 48,146
10. Intentional self-harm (suicide): 42,773

Over half of all deaths (51%) are caused by cardiovascular disease (heart attacks and strokes) and cancer, the majority of which can be prevented by living a healthy lifestyle.<sup>9</sup> And, when you factor in how many of the above are related to obesity, being sedentary, poor nutrition, substance abuse, and infectious agents, it isn't hard to see how TLC will save us *and* our health care system.

## Hear the Music

The story is told<sup>10</sup> of a young doctor who worked in a hospital in the Navajo Nation. He told of an experience he had one night when an old Native American man with long braided hair came into the emergency room. The young doctor took his clipboard, approached the man, and said, "How can I help you?" The old man looked straight ahead and said nothing. The doctor, feeling somewhat impatient, tried again. "I cannot help you if you don't speak to me," he said. "Tell me why you have come to the hospital."

The old man then looked at him and said, "Do you dance?" As the young doctor pondered the strange question, it occurred to him that perhaps his patient was a tribal medicine man who, according to ancient tribal customs, sought to heal the sick through song and dance rather than through prescribing medication.

"No," said the doctor, "I don't dance. Do you dance?" The old man nodded yes. Then the doctor asked, "Could you teach me to dance?"

The old man's response has for many years caused [the storyteller] much reflection. "I can teach you to dance," he said, "but you have to hear the music."

I (DC) can teach you to dance, but until you open your ears to hear the wonderful symphony that *can* occur in your life and body by living a healthy lifestyle (applying the principles in this book), you will never see the magic.

## 100% Guarantee?

I cannot promise you that you will never get sick if you follow the principles of this book. No matter how hard we try, depending on how strong our immune system is, how good we are at living healthily, and many other factors, at some point we will get sick. Some "bug" will get through our iron-clad defenses and we will catch an upper respiratory infection, joints and organs may wear out, and cancer and other diseases can strike beyond our control. Genetics, environmental exposure, bad luck, and other factors all contribute.

However, if you do get sick, living a healthy lifestyle will likely reduce the severity and duration of the disease. You may also be comforted with the knowledge that you did all you could to avoid it. However, so much is within our control. Even the grand majority of cancers can either be prevented or caught early enough (through proper screening and warning signs) to cure or beat.

What I *can* guarantee, however, is that by following the principles in this book you will get sick far, far less than the average person. And, you'll be far less of a burden on loved ones (and be more present and functional to be able to enjoy them) and the health care system as a whole.

In the vernacular of Dr. Seuss,<sup>11</sup> "Oh, the diseases and heartache you'll prevent!" by following the principles in this book.

<sup>1</sup>In the Journal of the American Medical Association "science" was described thus: "The scientific endeavor combines unbiased experimentation with objective observations of the natural world to accumulate knowledge so as to approximate truth." Schillinger D, Jacobson MF. Science and Public Health on Trial: Warning Notices on Advertisements for Sugary Drinks. JAMA 2016;316(15):1545-1546.

<sup>2</sup>National Potato Council potato facts, accessed March 14, 2017 at <http://www.nationalpotatocouncil.org/potato-facts/>

<sup>3</sup>Mehrohta A, Prochazka A: Improving Value in Health Care – Against the Annual Physical. NEJM 373:16,1485

<sup>4</sup>Ship A: A checkup for the checkup: Do you really need a yearly physical? Harvard Health Blog, accessed July 9, 2016 @ <http://www.health.harvard.edu/blog/a-checkup-for-the-checkup-do-you-really-need-a-yearly-physical-201510238473>

<sup>5</sup>Yarnall KSH, Pollak KI, Østbye T, Krause KM, Michener JL: Primary Care: Is There Enough Time for Prevention? Am J Public Health. 2003 April; 93(4):635-641. Accessed April 1, 2017 at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447803/>

<sup>6</sup>Fuhrman J: [Eat to Live](#), Little, Brown and Company, 2011.

<sup>7</sup>Ng M, et. al: Global, regional, and national prevalence of overweight and obesity in children and adults during 1980—2013: a systematic analysis for the Global Burden of Disease Study 2013, *The Lancet*, Early Online Publication, 29 May 2014

doi:10.1016/S0140-6736(14)60460-8, accessed 29 June 2014 at

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<sup>8</sup>CDC's National Center for Health Statistics, accessed 11 February 2017 at

<https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

<sup>9</sup>Campbell TC, Campbell II TM: *The China Study*, First paperback edition, BenBella Books, 2006

<sup>10</sup>Anderson WW: *The Music of the Gospel*, *Ensign*, May 2015, pp 54-56

<sup>11</sup>Referring to Dr. Suess' classic, *Oh, the Places You'll Go!*, Random House, 1990.