



GOOD HEALTH NEWS[®]

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E-mail: ghn@MyPreventiveHealth.com

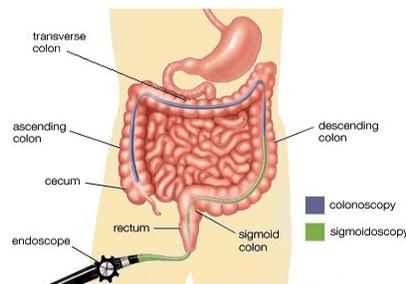
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Edward A. Layne, M.D., Editor

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In this Newsletter

This is a series of special articles on Colorectal Cancer and Colorectal Cancer Screening for Colorectal Cancer month



- 📖 COLORECTAL CANCER (CRC) CAN OCCUR AT ANY AGE.** How to tell if you are in high-risk group
- 📖 FINALLY, HERE IS A CANCER THAN CAN BE ABSOLUTELY CURED** – but you must find it early
- 📖 WHAT IS COLORECTAL CANCER SCREENING?** There is no reason to fear CRC screening.
- 📖 INDICATIONS FOR COLORECTAL CANCER SCREENING** Learn the indications
- 📖 YOU CAN SAVE A LIFE:** tell your family and friends about the importance of colorectal cancer screening
- 📖 EXCESS BODY FAT MAY INCREASE YOUR RISK FOR COLORECTAL CANCER**
- 📖 FEMALES OF COLOR MAY BE AT INCREASED RISK OF COLORECTAL CANCER**

Also in this Newsletter

- 📖 GET IN SHAPE FOR THE SUMMER WITH TIPS FROM THE TABB[®] WEIGHT LOSS PROGRAM:** summer is right around the corner! Get you in your bikini shape with the **Trim And Beautiful Bodies** (TABB[®]) nutrition and weight control program.

COLORECTAL CANCER (CRC): ARE YOU IN A HIGH-RISK GROUP?

Here is an overview of the groups that are at high risk to develop Colorectal Cancer:

A: ALL PERSONS OVER AGE 50 THAT HAVE NEVER HAD PRIOR COLORECTAL CANCER SCREENING (this applies to both Males and Females): You should obtain your first CRC screening at age 50 or before

B: Black Females: Note that the CRC screening indications have been changed for black females. Black Females should begin screening at **age 45**, if they have no other risk factors for colorectal cancer.

B: Smoking Cigarettes increases your risk for multiple cancers: Smokers should be screened 5 years earlier than non-smokers in your risk group

C: Obesity increases your risk for colorectal cancer: Obese persons should be screened 5 years earlier than other people in your risk group

D: If you have a strong Family History of Colorectal Cancer? You should be screened **10 years earlier** than the age at which the youngest member of your family developed Colorectal Cancer

E: If you have a family history of multiple colon polyps or certain genetic conditions that place them at higher risk of developing colorectal cancer (Lynch Syndrome, Chronic inflammatory bowel disease)

WHAT IS COLORECTAL CANCER (CRC) SCREENING?

Colorectal screening can be as simple as a routine physical exam. The doctor or health care professional will ask about your family history, and other questions to determine whether you fall in a high-risk group for the development of CRC.

The doctor may perform a test to check your stool for occult blood (tiny traces of blood hidden in your stools). If you need a Colonoscopy, new methods of colon preparation and new types of anesthesia now make this exam totally painless. There is no reason to fear CRC screening.

WHAT IS A POLYP AND WHAT DOES IT LOOK LIKE?

A Polyp usually refers to a growth on the inside wall of the colon, but polyps can grow in the stomach or other parts of the intestines. A polyp looks like a mole that grows on your skin. It can be flat like a wart, or it can project into the lumen of the colon, as shown in Figures 1 and 2 below.

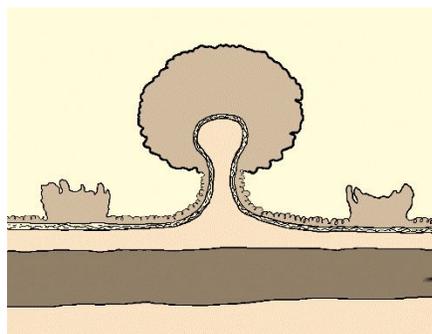


Figure 2, Colon Polyp. (NIDD, NIH)

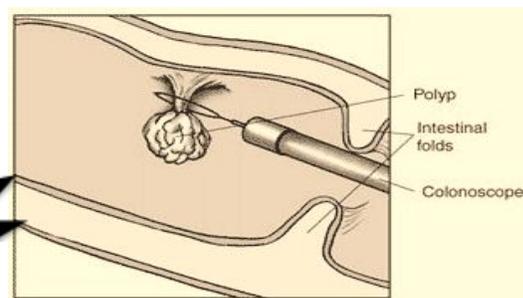


Figure 2, Polypectomy (NIDD, NIH)

INDICATIONS FOR COLORECTAL CANCER SCREENING – Edward A. Layne, M.D.

Many of you have asked me the following question: **Doc, how would I know if I need to see my doctor to have**

Colorectal Cancer screening tests performed?

Here are some general rules that I use for Colorectal Cancer screening:

[I have listed 12 indications in this section. This list is by no means exhaustive, but merely my attempt to simplify the indications for our web audience. Additional information on this topic can be obtained from the American Gastroenterology Association, the American Cancer Society and the National Institutes of Health]

1. **A gradual “change” in your bowel habits:** You find that you suddenly have constipation [difficulty passing your stools], or you notice that you are having persistent diarrhea or loose bowel movements
2. **New onset of Rectal bleeding** or a new finding of blood in your stools, on the toilet paper or a positive stool test for blood on a stool test kit from your doctor or from the drug store
3. **Persistent Rectal bleeding** – either on the toilet paper or in the toilet bowl
4. **A Family History of colorectal Cancer** - (in a parent or in several first-degree family members)
5. **A Family History of Multiple Colon Polyps** (a parent or several first-degree relatives that are known to have had multiple colon polyps)
6. **A Personal history of Colorectal Cancer:** you had colon cancer that was cured, or you are currently being treated for colon cancer
7. **‘Familial Polyposis Syndrome’** (history of family members that have had their colon removed as a precaution against colorectal cancer)
8. **Pain or discomfort with passing your bowel movements:** You have developed pain and discomfort with passing your bowel movement for no apparent reason
9. **You have Abnormal X-ray of the abdomen:** CAT scan, MRI, Barium Enema or other imaging study that showed an abnormal lesion in the colon
10. **You have Chronic Anemia** and preliminary tests have not shown a cause of the anemia
11. **You have had Ulcerative Colitis of greater than 10 years duration:** You need to undergo colonoscopy for ‘colon mapping’ to look for flat polyps of the colon that can turn to cancer
12. **You have had Crohn’s disease of greater than 10 years duration:** You need to undergo periodic colonoscopy for ‘colon mapping’ to look for flat polyps of the colon that can turn to cancer

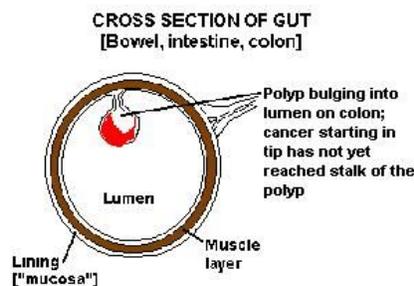


Figure 3. Colon Polyp showing how colon cancer can start

CASES FROM OUR PATIENT FILES: Obesity is now known to increase your risk of developing colorectal cancer:

Jane Doherty, a 53-year-old Caucasian female architect recently presented to our office

complaining of persistent abdominal pain and difficulty passing her bowel movements. She did not smoke and had no known family history of CRC. She was overweight and had never had a colonoscopy. Her evaluation showed a large colon cancer that was partially blocking the colon.

Several recent studies have suggested that excess body fat may increase your risk of developing cancer, in addition to increasing your risk of developing diabetes, hypertension and heart disease. Obese patients may need to be screened for CRC at an earlier age. We now know that Jane should have had her initial CRC screening at age 45 and we wonder whether she might have discovered her cancer at an earlier stage

WHAT ARE THE BEST FOODS TO PROTECT MY COLON?

Many volumes have been written on this subject and I do not pretend to be an expert in this area. Here is my opinion based on some facts than I have gleaned from my research and from my own practice in the US:

- Vegetarian-type diets: taken as a group, the Adventists appears to have the best health statistics in the United States. The Adventists largely adhere to a “vegetarian” diet.
- Many other cultures around the world that have been documented to have prolonged lifespans (coastal areas of Japan, Barbados) share a common characteristic of ingesting diets that are very high in vegetable content.
- There is evidence that the “cruciferous vegetables” (cabbage, cauliflower, broccoli, Brussels sprouts, asparagus) support the intestinal health of the gastrointestinal tract (gut) and that these vegetables may promote ‘wellness’.
- It is correct that the human body and the Gastrointestinal tract, with the exception of the stomach, is generally maintained (and appears to function best) in a slightly alkaline state. Heavy protein meals tend to promote acidity of the intestinal contents.
- You should be aware that the stomach is usually acid, and the stomach acid plays a very important role in keeping the body healthy. Recent evidence has suggested that it is unhealthy to continuously suppress the stomach acid with medications.
- Many of the pesticides, preservative, additives, chlorine, etc. that contaminate our food can harm the beneficial bacteria that live in your gastrointestinal tract (gut). It is a good idea to replenish these “good” bacteria in your gut from time to time with “Probiotics”

📰 NEWSFLASH! EXCESS BODY FAT MAY INCREASE YOUR RISK FOR COLORECTAL CANCER:

NOW HERE’S A GOOD REASON TO LOSE WEIGHT AND KEEP IT OFF:

Summer is here and the TABB® Weight Loss program from My Preventive Health can get you in your bikini-shape for summer. “TABB®” is an affordable, doctor-supervised, nutrition and weight loss program that teaches you how to safely lose extra pounds of FAT and how to KEEP OFF THE EXTRA POUNDS.

Watch your fat melt away on a weekly basis: Your TABB® team will evaluate your BMI and hormonal factors that may be interfering with your weight loss program. They will teach you how to scientifically monitor your loss of body fat, without losing your muscle mass or risking the dangers of dehydration, vitamin and mineral deficiencies

Eat delicious meals and snacks, while removing junk foods from your diet: Receive state of the art meal plans and lectures by experts in the field; watch live demonstrations of delicious meal preparations.

A TABB® program for every ‘Body’: Whether you are an airline Stewardess who needs to lose 10 pounds, an athlete that wants to burn off some fat, or someone who is struggling with morbid obesity and

considering Gastric Bypass, 'Lap-Band' surgery, or an intra-gastric balloon, you will find that our experienced TABB® staff can design a fat-burning, Nutrition and Weight Loss Program that suits your needs. When necessary, our staff will work with your bariatric and cosmetic surgeons to help you achieve your 'dream body'.

To schedule an appointment in the Atlanta area or for more information, please call our TABB® experts at 404 681-0000

TIPS ON HEALTHY EATING® FROM MYPH CHEFS^{1,2}

What to Eat: *Here are some suggestions from our Chefs on some of the things you should be eating to maintain your Health:*

1. Eat a "Rainbow" assortment of fruits and vegetables.
2. Reduce the intake of meat and other animal foods.
3. Eat foods that are rich in Omega-3 fatty acids such as wild, fatty, cold-water fish like salmon, tuna, trout, sea bass and supplements like cod liver oil and krill oil.
4. Eat seeds and nuts such as walnuts, almonds, raw peanuts, chia seeds, golden flaxseed and fresh seed oil blends. These seeds can be added to your smoothies if necessary.
5. Eat seven or more servings of fruits and vegetables each day. These should be fresh or frozen, NOT CANNED. Eat only steamed or raw vegetables. Note that a "Green Smoothie" may contain 5 or more fruit and vegetable servings
6. Eat natural sources of good protein. These sources should be labelled "free of added hormones, antibiotics, or preservatives". Try to reduce your exposure to pesticides and herbicides by paying a little extra for organically grown meat and poultry.
7. Eat vegetable protein from the legumes family (like peas, lentils, beans and nuts).
8. Eat only organic whole grain and try to avoid using REFINED CARBOHYDRATES like white rice, white bread, or white sugar.
9. Sprouted grains are very good for you. Remember, the best breads are found in the frozen section.
10. As a rule, keep your salt intake low, and your potassium intake high in your foods.
11. Eliminate trans fatty acids (hydrogenated oils) from your diet. Trans-fats are prevalent in shortening, margarine, and almost all commercially prepared packaged foods.

¹ Chef Monique Barrow is a trained Atlanta area Chef that works with Dr. Layne and My Preventive Health

² Chef Gary was a Certified Nutritional Counselor that worked with Dr. Layne and My Preventive Health for many years before his untimely death

WATCH FOR FUTURE ISSUES OF GOOD HEALTH NEWS® THAT CONTAIN:

YOUR IMMUNE SYSTEM PROTECTS YOU AGAINST ALL CANCERS AND MOST OF THE IMMUNE SYSTEM IS IN YOUR GUT:

- Some guidelines to help you learn how to strengthen your Immune System and avoid the things that weaken your Immune System

📖 CHEF GARY'S RECIPES for delicious Breakfasts, Lunches & Dinners

- Convenient Shopping Lists
- Calorie counts for each meal
- Fast Food alternatives for busy execs on the road
- Healthy, delicious Snacks that won't ruin your diet

E-MAIL YOUR QUESTIONS

You may send your questions, suggestions, and inquiries to Good Health News® at:

Email: ghn@MyPreventiveHealth.com You may also reach us on Facebook and Twitter



COMING IN THE NEXT ISSUE OF GOOD HEALTH NEWS®:

📖 MORE ON YOUR IMMUNE SYSTEM

📖 REDUCE YOUR CANCER RISKS

📖 MANAGE YOUR WEIGHT

The information contained in Good Health News® is for educational purposes only and is not intended to be a substitute for the advice of your personal physicians or other licensed health care practitioners. You are strongly advised to consult with your personal doctors and health care providers before making any changes in your prescribed medication regimen, your diet, or your exercise program.

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