

TAKING CHARGE OF YOUR OWN HEALTH CARE:

A Practical Guide

Drs. John & Alieta Eck, MDs
Dr. Ara Apelian, MD
Dr. Cecil Mathews, MD

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Introduction

The word “health” comes from an old English word that means “whole.” Nothing missing.

In 1948, The World Health Organization defined “health” as complete physical, mental, and social well-being, not just the absence of sickness. Then in 1984, it added spiritual well-being as well. When we focus on all four levels, we can feel and be truly well.

Walt Larimore wrote a book in 2003 called the **10 Essentials of Highly Healthy People**. In it he described a car with four well balanced wheels as important for a smooth ride. He likened this to our having four components, health wheels so to speak, that are necessary for us to have a high degree of health.

The four balanced aspects of good health are PHYSICAL, EMOTIONAL, RELATIONAL and SPIRITUAL—when these are well balanced, we are at our best. The last three will not be the focus of this booklet. For now, we will focus on PHYSICAL well-being. However, any good primary care physician knows that that symptoms may be the result of imbalance in any of the three other areas. When the doctor realizes this, appropriate referrals can be made to get the right help for the patient to become and feel well.

Much is made of the cost of health care. The least expensive health care is to not get sick— and this does not require any health insurance policy.



PREVENTATIVE MEDICINE > It's up to you.

Staying Healthy—What You Need to Know

In order for the **PHYSICAL** wheel to be well balanced, there needs to be equal attention placed on **ACTIVITY** and **REST**, and another balance placed on **INTAKE** and **ELIMINATION**.

ACTIVITY—**MOVE**—our joints and muscles were made to move, and as soon as we get sedentary, we feel sluggish and achey. We do not have to join a gym in order to get enough exercise, but simply add movement throughout our day. Park a distance from the grocery store and walk a little further, take the stairs instead of the elevator, take a brisk walk, or use the treadmill or stair-climber—at least 3 days a

week for 1/2 hour at a time. This is the best way to keep our bones and muscles healthy and to avoid injury when a sudden movement is needed.

REST— Often hard these days—many of us feel stress that tells us we need to be doing more—we stay up late and do not give ourselves enough time to sleep. Others want to sleep all the time and this might indicate a problem that needs to



be addressed. The ideal amount of sleep is where we go to bed, fall asleep rather soon and then wake up without an alarm clock. If the alarm clock wakes you up, try to go to bed 1/2 hour earlier and see if you aren't already waking up before alarm goes off. A vacation is good—time away, something that brings us out of the routine—and gives our mind and body a good rest from time to time.

INTAKE- This is what we put into our body every day—fresh fruits and vegetables, nutritious varied meals, avoiding too much sugar and saturated fats, having an adequate fluid intake. If gaining weight is a problem, eat a lower calorie diet with less carbohydrates. Sugar substitutes are okay; a good multivitamin will assure adequate intake of trace elements and women ought to take in an extra 600 mg of calcium per day. There is no good evidence that all those expensive nutritional supplements make a big difference in overall health. Along with these positive food choices, watching our intake should include

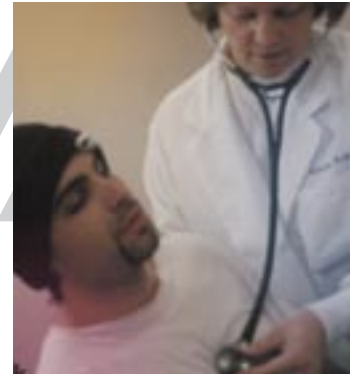
avoiding cigarettes, illegal drugs and excess alcohol.

ELIMINATION- The goal is to have regular bowel movements, just the right consistency so that they are formed and not painful. Some people have bowel movements once a day, some several times a day and others have them every other day. There is no “normal” frequency. The way to achieve healthy elimination is to eat the right amounts of fiber, found in fresh fruits and vegetables and drink plenty of fluids. There are diseases that can be prevented by maintaining good elimination—one is diverticulitis, a painful and sometimes life-threatening illness caused by an infection of the lower bowel. Good regular bowel movements also help to prevent colon cancer, as it is felt that food and toxins staying in contact with the bowel wall for longer periods can provide an environment conducive to cancer.

The following list summarizes most of what we have said so far:

Eat right	Balanced meals, low on carbohydrates if gaining weight is a problem. Sugar substitutes are okay
Vitamins	Multi vitamin, Vitamin C-500 mg/day; Calcium with vitamin D, 600-1200 mg/day
Body Weight	Maintaining ideal body weight is the best way to avoid diabetes, and eating a diet low in sugar, white bread, pasta, rice & potatoes helps as well.
Exercise	This helps to keep the muscles and bones healthy, plus helps to prevent diabetes, maintaining ideal body weight.
Avoid sex outside of a committed monogamous relationship	This is what society has recommended when the institution of marriage was begun. Societies do well when they defend and encourage healthy marriages, and sound well-functioning families are the best way to raise healthy well-adjusted children. Multiple sexual partners is unhealthy for body & soul.
Smoking /Drugs / Drinking	Do not smoke; avoid illegal drugs and avoid alcohol in excess.
Avoid excessive sun exposure	Use sunscreen liberally.

If we follow these simple guidelines, we can avoid 70% of all diseases. Most of the health care dollars in the United States are paying for preventable diseases.



EARLY DETECTION > Shared Responsibility

30% of diseases will occur even if we follow all of the preventative guidelines mentioned earlier.

Some of us have inherited the tendency to get serious diseases—such as diabetes, certain types of cancer and heart disease. Our environment, including the air we breathe and the food we eat, may have toxins that lead to disease. So even if we do all of the right things, serious diseases can still come upon us.

So what do we do about them? It is clear that early detection of serious diseases can now result in good outcomes. In addition, careful treatment of chronic diseases, such as diabetes and hypertension, can prevent complications.

Many get confused here. What is often called “prevention” is really “early detection.” Yearly mammograms do not prevent breast cancer. They simply detect it when it is so small that it is more easily cured. Breast cancer grows rather quickly, so yearly mammograms after age 40 are recommended.

Another example of early detection is screening for bowel cancer. Bowel cancer is usually slow growing, so checking for microscopic blood in the stool is a good way to catch it before it grows so big that there are symptoms. A sigmoidoscopy can

detect colon cancer on the left side of the body and a barium enema can see lesions that are on the right side, beyond the length of the 70 cm sigmoidoscope. These two tests can be done for about \$700-\$800. and only need to be done every 5-10 years depending on family history. Thus, for from \$70-150 per year, you can pay cash and screen for a very deadly disease. Another way to screen for colon cancer is to have a screening colonoscopy done by a gastroenterologist. A problem with this is that it is done in an operating room suite with intravenous sedation requiring an anesthesia. All

this can cost up to \$5,000 total, too costly for many who are uninsured.

In women, cervical cancer is completely preventable—avoid sex before marriage and marry someone who has done the same thing. Cervical cancer is caused by the human papilloma virus, a sexually transmitted disease. The new vaccine, Gardasil, prevents 70% of the cervical cancers as it only works against the more common strains. Yearly PAP smears save lives because cervical cancer also grows slowly.

HIV-AIDS is a preventable disease. Avoiding sex outside of marriage

and not using contaminated needles are ways to keep safe. For those who feel at risk, an HIV test can be obtained free of charge in most states.

In men, prostate cancer can be detected early—with a yearly rectal exam and a screening blood test.

Regular medical check-ups are recommended to detect early diabetes, high blood pressure and diseases of the heart, lungs, liver and kidneys.

RECOMMENDED SCREENING EXAMS:

WOMEN

- Yearly mammogram after 40
- Yearly PAP smear and pelvic exam over age 25.

MEN

- Yearly prostate exam after age 40

MEN & WOMEN

- Regular check-ups for chronic illnesses such as hypertension, diabetes, hypothyroidism. Routine blood work helps us be sure that the medicines are working well and doing no harm. Discuss with the doctor any changes in the way you feel—changes in bowel habits, bloating, sudden weight gain or weight loss without a good explanation, unusual fatigue, shortness of breath, chest pressure, etc. Check regularly for new or changing moles on the skin.
- Regular chest x-rays or CT scan of the chest for smokers
- A baseline EKG at about age 40, and then if indicated by symptoms or needed before an operation.
- Screening sigmoidoscopy and barium enema at age 50. (Or full colonoscopy by a gastroenterologist, using intravenous sedation)

IMMUNIZATIONS:

- Full series of childhood immunizations—DPT, polio, hepatitis B, HIB, MMR & others as required to enter school
- Yearly flu shot
- Pneumonia vaccine every 10 years
- Tetanus/diphtheria every 10 years
- Hepatitis B three shot series, then a booster every 10 years
- Meningitis vaccine for college age students





AFFORDABLE CARE > We Can Help

We have discussed how to avoid disease and how to detect diseases early. Of course, there are the totally curable, relatively inexpensive illnesses that occur from time to time, and a good family doctor can treat them easily—usually for less than it costs to have your car repaired by your local mechanic. Urinary tract infections, sore throats, ear infections, bronchitis, pneumonia, gastroenteritis and such are all simple for a good primary care physician to diagnose and treat. These do not require insurance and really should not be covered by insurance. Just like you would not expect leaky faucets to be paid for by home owner's insurance, what we call "routine care" should not

be paid for through insurance—as they make the premiums much too expensive.

90 % of all medical expenses can be paid for out of pocket, or with a medical savings account, funded by dollars that would otherwise be going into an expensive health insurance policy. Just as you take your car to your local trusted mechanic on a regular basis, a good primary care doctor can handle most of what you need. If you let him know what symptoms you are experiencing, he can prescribe the right tests that will help diagnose disease.

A family doctor or internist can work with you to manage your diabetes or high blood pressure, but you need to recognize that your

cooperation, such as following the right diet and not smoking, will make costly medications less necessary.

Our practice in Piscataway caters to the uninsured, for we are enrolled in no health plans. We know how to use medications that do not cost hundreds of dollars, and we can guide you to facilities that offer tests for less money. Many pharmacies offer \$4 prescriptions which is an indication that consumer-driven health care is the wave of the future.

The question remains, “What if we get really sick and need to go into the hospital?”

THERE ARE THREE ENTITIES THAT CAN NEGOTIATE MAJOR MEDICAL BILLS:

- **The government**
- **Health insurance policies**
- **Charities**

For many reasons, it is not wise to rely on the government for our health care. It is far too expensive and the government cannot collect enough taxes to pay for the huge bureaucracy required, much less the actual care. Every country that has attempted universal health care finds that it must contain costs and does this by rationing care. That means long waiting lines. Medicare and Medicaid are already bankrupting the states, so how can we



expand them to cover the entire population?

For-profit health insurance companies exist to make money, and the way they maximize profit is by raising premiums, limiting reimbursement or denying care. Many of us have been frustrated by insurance companies with their deductibles, co-pays, prior authorizations and denials.

Finally— a local charity can negotiate as well as pay for major medical bills.

There is a concept that applies very well here. It is called “subsidiarity”. The least expensive way to pay for anything that we need is for individuals to pay their own way and for parents to pay for their children. When bills exceed our income, it is reasonable to turn to one’s family

and ask for them to subsidize us. Why family? Because they know us and care about us and can tell if our financial problems are caused by circumstances beyond our control—or by poor planning and poor judgment.

If the family is overwhelmed and cannot help, perhaps the church, a local charity or the local township can chip in. After that, a state government program—and finally a federal program might be a reasonable way to fill the need. The problem with big federal programs is the need for a huge government bureaucracy—and cost overruns, fraud and abuse are sure to follow the money.

There is something that a local community could do. The Zarephath Health Center is a charity clinic in central New Jersey that opened in 2003. Physicians donate up to 6 hours a week to the clinic and do not take any compensation. They see between 250-300 patients per month —people who are living on the very edge—barely making ends meet.

In several instances they have been able to negotiate with hospitals for lower prices and have paid the bills. A delivery is billed out at over \$25,000. Blue Cross/Blue Shield pays about \$5,700—so we

have been able to negotiate \$5,000 as payment in full for a normal delivery. The ZHC does the first 7 months of pre-natal care and then the patients go to a local hospital for the delivery in their fully-equipped labor and delivery suite.

If every uninsured family would donate just \$50 per month to the ZHC, it could care for the poor plus negotiate and even pay for a donor’s major health care bills. As a community, we would be pooling resources to help each other out, not knowing who might need it some day. This is a model similar to the Red Cross.

IN SUMMARY

It is the time for each of us to take control of our own healthcare and health care dollars. By following the simple guidelines outlined in this booklet, we can stay healthy, detect illnesses early and get the best care at the lowest cost. And, by joining a network of like-minded individuals we can revisit the concept of true community. The power of the free market along with the generosity of our friends and neighbors could be a formula for success.

For more information check the Zarephath Health Center website: ZHCenter.org

WHO ARE WE?

The practice in Piscataway, NJ consists of four physicians:

- **Dr. John Eck, MD** completed three years of General Surgery and then three years of Family Practice residencies. John does screening sigmoidoscopies and minor surgical procedures in the office. He does well visits on adults and children and can diagnose and treat most of what ails his patients.
- **Dr. Alieta Eck, MD** completed three years of an Internal Medicine residency. Internal medicine focuses on the heart, lungs, gastrointestinal and urinary tracts, but she can handle most common illnesses. She does routine pelvic exams and PAP smears in the office.
- **Dr. Ara Apelian, MD** completed three years of Internal Medicine and then sub-specialized in Endocrinology. He diagnoses and treats diseases related to diabetes, thyroid disorders and hormonal imbalances.
- **Dr. Cecil Mathews, MD** completed three years of Internal Medicine and then sub-specialized in Infectious Diseases. He is a regular consultant at JFK Medical Center, and sees patients in the office as well.

Office hours are by appointment M-F and Saturday mornings. In addition, the doctors can be reached after hours via an automated answering service. If patients are unsure of whether they need to go to the emergency room, they can call for advice.

If hospitalization is needed, our patients go to Somerset Medical Center in Somerville, St. Peter's University Hospital in New Brunswick or Robert Wood Johnson University Hospital in New Brunswick. One of the physicians will direct the care there.

We believe that nothing should get in the way of the doctor-patient relationship, and thus we are not enrolled in any health plans. Insured patients often see us "out-of-network," with lab, radiology and prescription services still available through their insurance. Our fees are reasonable and we ask that patients pay at the time of service. We are all enrolled in Medicare.

1056 Stelton Rd.
Piscataway, NJ 08854
732-463-0303
FAX 732-463-2289