

Going for a Routine Check-up when Healthy

BM Hegde*

***"Wherever the art of medicine is loved,
there is also a love of humanity."***

– Hippocrates.

I saw a good friend of mine who values his life so much that he thinks he needs to go for all blood tests every six months. He was there yesterday and was all anxious with a thick file of 14 bond paper sheets with all kinds of reports! It took me a good half-an-hour of time to read through them. One full page for blood fats alone when the USA has removed cholesterol from the 'bad boy' list for diseases in America. The lab technician suggested that his cholesterol was sitting on the fence and needs to be brought down immediately with statins, lest it should kill him of a heart attack soon! Who will not worry under such threats? The man was shaken. He was also told that he has a thyroid problem in addition just because his isolated TSH report was high while his T3 and T4 levels (thyroid hormone levels) were well within the normal range. His sugars were normal in spite of his being a known diabetic. If this is not corporate monstrosity, then what is it?

The reader should understand that a human being must first see his family doctor even with minor abnormal symptoms, but not when he is fine and healthy. A well-trained doctor should give him a complete physical check-up which is both helpful for the diagnosis and does act as a placebo therapy in addition. His blood tests should be done limited either for confirming or refuting that clinical diagnosis. This is healthy medical practice and is the best for the common man. Getting all available blood tests first and then going for clinical examination under great stress could be dangerous. Moreover, it takes lots of efforts to allay report-oriented anxiety from lay people's minds.

Some reports could even be fatal. Look at this strange case reported by an US doctor. A man went for a complete check-up and had his chest X-ray included in that. The latter showed a funny coin lesion in the right lower lobe. Though the man was healthy, the American standard of defensive medicine warranted further tests on the coin lesion. The lung biopsy resulted in a massive pneumothorax, and the patient almost died, but the heroic doctor could extricate him from the jaws of death! The man survived by the skin of his teeth. He could have died

because of the defensive medicine in the US!

The biopsy report proved it to be a benign lesion, but the last line in the typed biopsy report read that there were a few cells on the borderline showing strange nuclei. The internet savvy patient presumed that it could also be malignant. To the doctor's dismay this patient died in the next six months of advanced cancer lung! The confused doctor wanted to go deep and went home to the family of the dead man only to find that he once had a MMR (Mass Miniature Radiography) before he got his job in the Ford factory in the 1950s when TB was rampant there. Interestingly, the MMR did have the same coin lesion which was then discounted by the factory doctor. The patient was not told about it. The man lived happily with the lesion for forty years – with lesion inside – unbeknownst to his mind, but was killed in six months when he thought it could be cancer! That is the power of the human mind so well documented by Dr Joseph Murphy in his classic 'THE POWER OF YOUR SUBCONSCIOUS MIND' published by Pocket Books, New York – one of the most powerful self-help guides ever written.

Another area of the killer anxiety generated by corporates is the coronary angiogram showing blocks ranging from 5 - 100 per cent! This could be seen even in healthy children in their teens. They do it to generate revenue for running such money spinners called hospitals. They tell the hapless patient that it is the gold standard for making a diagnosis of coronary artery disease which is miles away from isolated coronary artery blocks which nature effectively bypasses from the start with plenty of collaterals! The latter fact is neither known nor ever informed to the patient to keep our till moving. I can still vividly remember the words of a great cardiology teacher in London, John Mitchell, Foundation Professor of Medicine, way back in 1972 in a meeting on recent advances in the diagnosis of coronary artery disease when angiograms were making big time entry. He summed-up his *take home message* after three days of grilling. It was loud and clear. He said that: *coronary artery pictures were not the gold standard for diagnosis of coronary artery disease*. He called that as ischaemic myocardial pain and emphasised the need to do a thorough bedside examination to arrive at its diagnosis aided and abetted rarely by tests which holds good even today. The

*Padma Bhushan; Former Vice-Chancellor, Manipal University; Editor-in-Chief, The Journal of the Science of Healing Outcomes (JSHO); Chairman, State Health Society's Expert Committee, Govt. of Bihar, Patna; Visiting Professor of Cardiology, The Middlesex Hospital Medical School, University of London, U.K.; Affiliate Professor of Human Health, Northern Colorado University, U.S.A.

only test that might help confirm the diagnosis is the thallium scan of the myocardium when needed as it also could tell us about the reversibility of the lesion with interventions.

So why are coronary angiograms done left, right, and centre in hospitals these days? This is another glaring example of corporate monstrosity to “make money in the sick room” out of human misery. Scientific indication for an angiogram is only when an a bedside diagnosis of coronary artery disease *is made on the bedside* and it is decided that bypass surgery might help the patient (under two indications only: intractable chest pain not relieved by any means and/or very poor ejection fraction where the patient becomes breathless even at the slightest effort – only to get anatomical guidance for further plumbing and nothing else). Bypass surgery does NOT prolong life, nor does it guarantee from another heart attack or any other benefit, but can increase the risk of a second heart attack by

double, and can quadruple the risk of a major stroke, increase the chance of sudden death syndrome, and create major or minor cognitive damage post-operatively. So those who are sending me angiograms for management advice should note that it is NOT done on the angiogram but on the patient’s need. If you want free consultation, please send your patient by e-mail and NOT the reports and angiograms wasting my time and peace of mind!

So please remember the golden rule in scientific practice of clinical medicine is diagnosis, second diagnosis, and finally also bedside diagnosis. Tests are only to confirm or refute the clinical impression.

***“Share your smile with the world.
It’s a symbol of friendship and peace”***

– Christie Brinkley.

Avas