

# REFLECTIONS OF INFECTIONS AND MEDICAL PRACTICE



# OBJECTIVES & DISCLOSURES

- OBJECTIVES
- Discussion of proactive, self reliant and appropriate medical care and advocacy.
- Review the workings of physician's thinking, and challenges.
- Using actual local cases to review the challenges and complexities of infections in the prevention, diagnosis, and treatment of diseases.
- DISCLOSURES
- This discussion represents my opinions, conclusions and experiences as a physician in the solo practice of Infectious Diseases and Internal Medicine for over more than three decades and as a complex patient (physician) of 15 years. I have no other agenda.

**HERMAN** By Jim Unger



**“I explained the risks to his wife and she  
thinks we should take a chance.”**

# REPRESENTATIVE, ACTUAL CASES

## ■ CASE ONE

- Man from Torrance, hospitalized with pneumonia, no response to antibiotics and treatments

## ■ CASE TWO

- Woman admitted to local hospital emergency room with fever, chills, and coma. Blood count no abnormality, MRI brain normal.

## ■ CASE THREE

- 80 year old married Jewish woman who was referred for abnormal blood tests and infections. (mother of a physician)

## ■ CASE FOUR

- 50 year physician who recently traveled to Guatemala. He now has “Guatemala Gut”. (see poem)

**G** is for visiting Guatemala

**I** is for the inconvenience and incontinence that it brought

**A** is for the absence of hydration

**R** is for the fluid replacement that you needed

**D** is for the diarrhea that was the hallmark of your symptoms

**I** is for the importance of making a diagnosis

**A** is for the answer that was flagyl

Put these letters all together they spell successful treatment of GIARDIA a malady which is dear to me.

# REPRESENTATIVE, ACTUAL CASES. (continued)

## ■ CASE FIVE

- 25 year old lady with a 'Fever of Unknown Origin". Hospitalized, no diagnosis, despite 1 week of tests.

# REPRESENTATIVE, ACTUAL CASES. (continued)

- **FUO definition and causes.**
  - **5 main causes of FUO:**
    - **Infections (30-40%)**
    - **Neoplasm's (20-30%)**
    - **Collagen vascular diseases (10-20%) Lupus, RA, auto immune diseases.**
    - **Miscellaneous (15-20%) drugs, factitious fever, etc.**
    - **5-15% of cases are undiagnosed despite all efforts (unexplained-idiopathic).**

## **REPRESENTATIVE, ACTUAL CASES. (continued)**

### **■ CASE SIX**

- 12 year old boy who recently returned from a vacation, including Big Bear. Fever regularly every 48 hrs., he was never treated with antibiotics.**

# AXIOMS OF MEDICINE AND INFECTIOUS DISEASES



# **AXIOMS OF MEDICINE AND INFECTIOUS DISEASES**

- 1. The most effective treatment is predicated on an accurate diagnosis.**
- 2. Be proactive and self reliant in one's care.**
- 3. Evidence (science based) medicine is vital.**
- 4. Take advantage of computers, medical data storage and information technology.**



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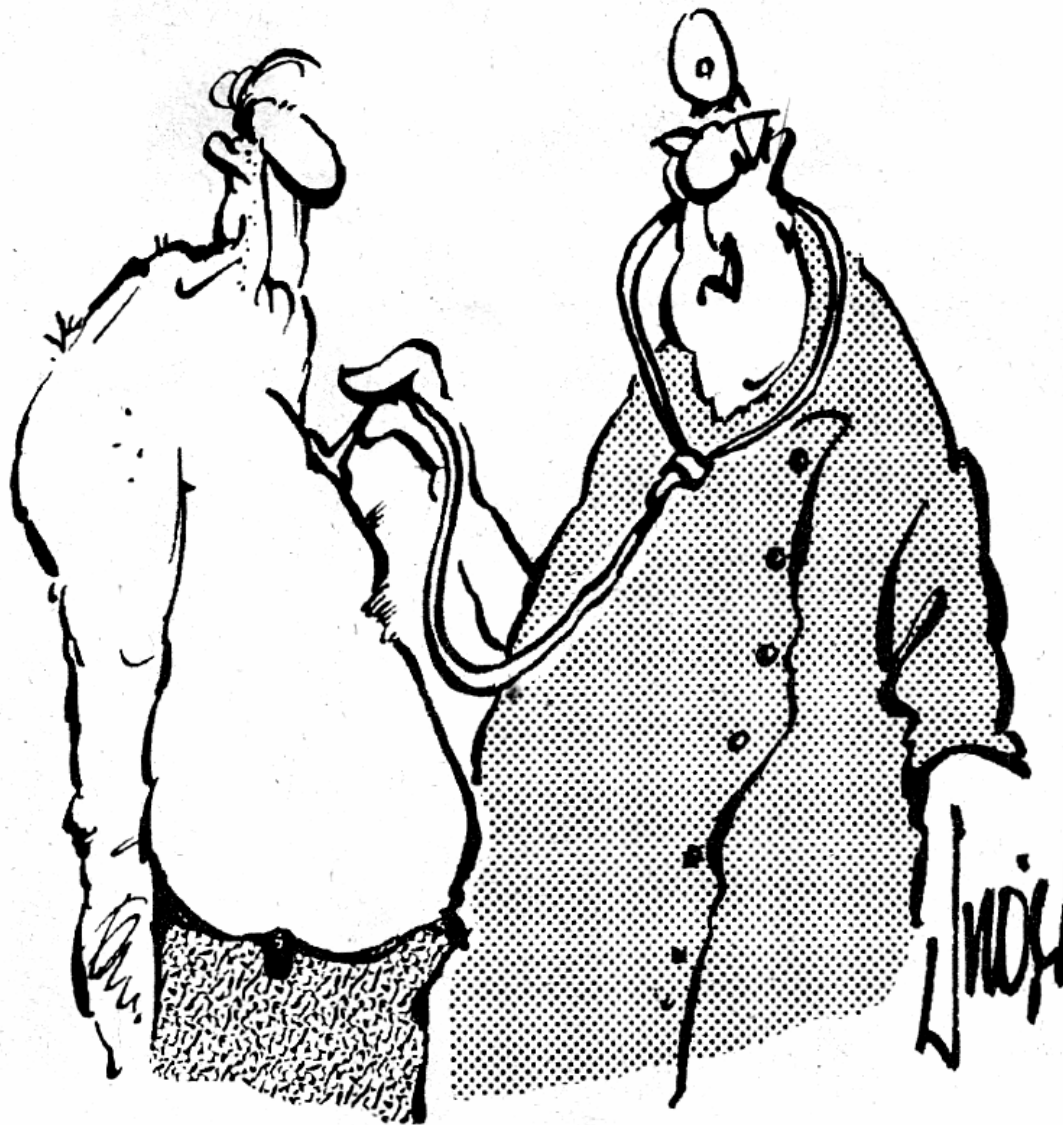
**"Come on. I haven't got all day."**

# **AXIOMS OF MEDICINE AND INFECTIOUS DISEASES**

- 5. Do not reinvent the wheel.**
- 6. The most important commodity a physician has is time.**
- 7. Common things occur commonly. When you hear hoof beats don't look for zebras.**
- 8. Sutton's law: why did Willie rob banks? That's where the money is.**

# **AXIOMS OF MEDICINE AND INFECTIOUS DISEASES**

- 9. Times are changing: technology, insurance, impersonal care, experienced MD's, changes in training, dictates of time.**
- 10. Portability of care may be very important.**
- 11. Medicine is an art not a science.**
- 12. Delivering medical care is a complex relationship between common sense, ethics, science, humanity, compassion, training and experience.**



**“They all sound the same  
to me after 30 years.”**

# **AXIOMS OF MEDICINE AND INFECTIOUS DISEASES**

- 13. Infections are the result of a complex interaction between a host and an infecting pathogen.**
- 14. Engage a competent and updated Internist or Primary care MD, to be your quarterback and ADVOCATE, to have all your records and information and coordinate your care, records, and referrals.**
- 15. Some physicians prefer to look at their patients as a whole, other perceive their patients the opposite way.**

# AXIOMS OF MEDICINE AND INFECTIOUS DISEASES

16. Try to never get involved in the early stages of anyone's learning curve, particularly for procedures.
17. Do not be the 1rst or last patient to try any new, effective treatment.
18. In most cases, try to drain accumulations of localized areas of infection or blood accumulation.
19. If appropriate, do not hesitate to get a 2<sup>nd</sup> opinion.
20. Hospitals can be dangerous places, as well as very effective places for care.



Unger

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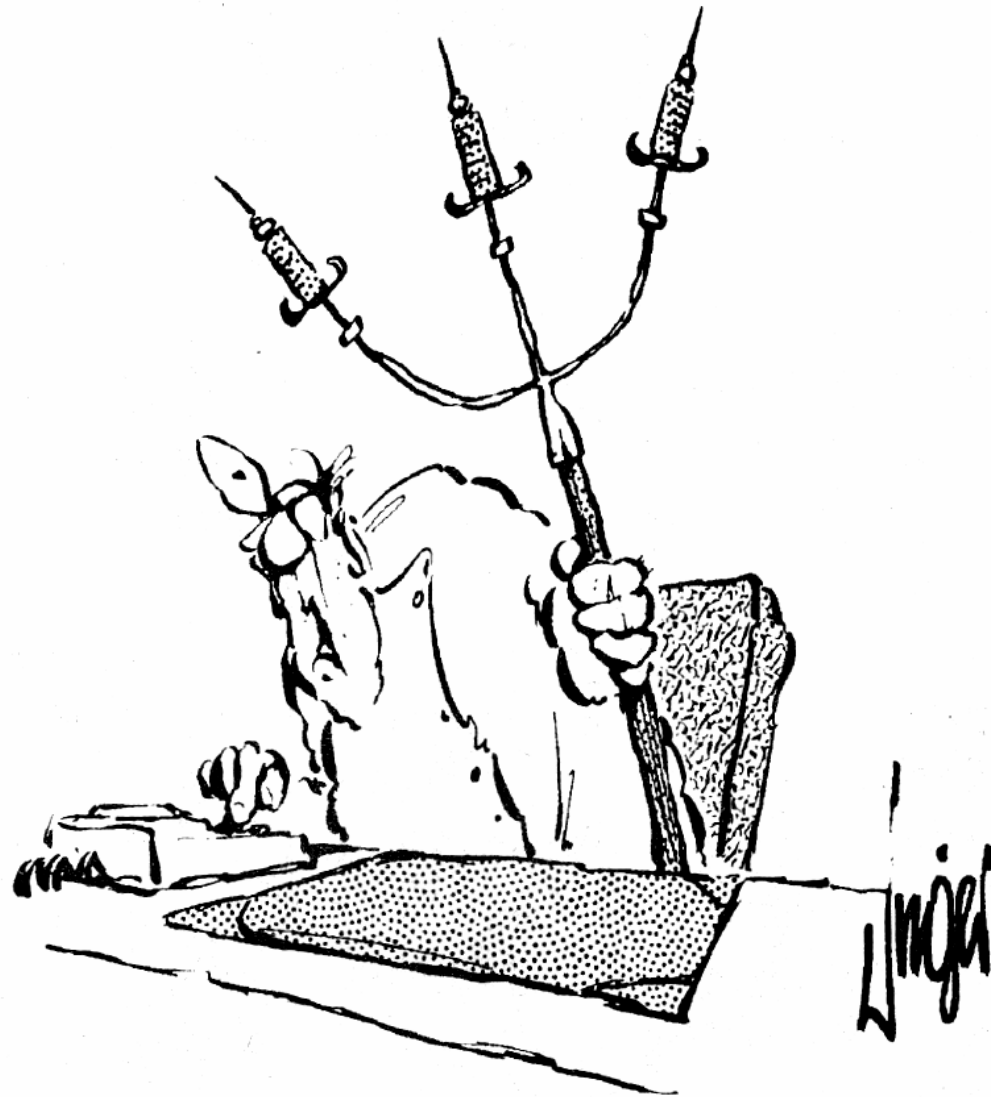
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“I’d say it’s your gall bladder, but if you insist on a second opinion, I’ll say kidneys.”

# PREVENTION #1

**IMMUNIZATIONS: (THE MOST EFFECTIVE TREATMENT OF INFECTIONS).**

- **Controversies with childhood immunization (relating to autism, etc)**
  - This has resulted in many children becoming ill and dying of ordinary childhood diseases.
  - Adult immunization schedules are prepared and regularly updated, i.e. TDAP
  - Zoster Vaccine, Hepatitis vaccines, influenza, pneumonia vaccines are available.



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**“Send in the next three patients.”**

# PREVENTION #2

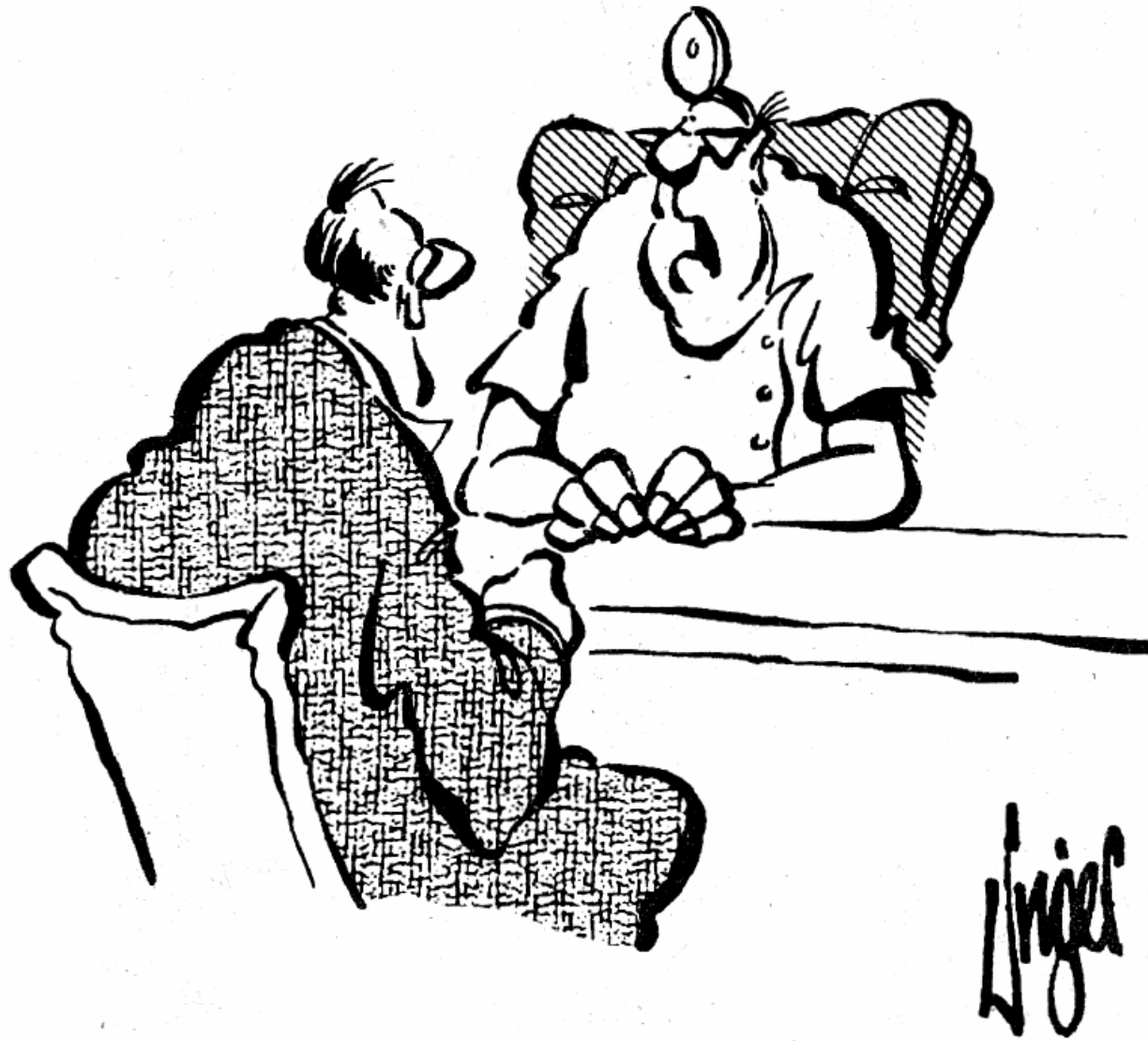
## PROPHYLAXIS (PREVENTION)

- Hand washing, skin washing preoperatively, oral antiseptic rinse pre cleaning or
  - Dental procedure, APPROPRIATELY use of antibiotics before surgery or dental procedures, use of hospital statistics on types of infections and statistics to guide Rx (prophylaxis).
  - antibiotic selection: Use hospital statistics and physician guidelines for infections and outcomes.

# PREVENTION #3

## TRAVEL RX

- food consumption, insect repellants, travel activity caution-animal exposure, water exposures, malaria medications, hepatitis immunizations, update polio.



**“You need more exercise. Go and get me a cheeseburger with onions.”**

# DIAGNOSIS #1

IMPORTANCE OF A PATIENT HISTORY VS. ANY TESTING!!!!

## MOST CAUSES OF INFECTIONS:

### ■ BACTERIA

- staphylococcus, streptococcus, e. coli, aerobic, anaerobic, gram positive, gram negative, intracellular, etc.

### ■ TUBERCULOSIS

- typical and atypical

# DIAGNOSIS #2

## ■ VIRUSES

- HIV (aids), cold viruses, herpes viruses, dengue, rotavirus, rabies, hantavirus, etc.

## ■ FUNGAL DISEASES

- Candida, coccidiomycosis (Valley Fever), histoplasmosis, etc.

## ■ SPIROCHETE

- Syphilis, borrelia, leptospirosis, etc.

## ■ PARASITES

- malaria, cutaneous leishmaniasis (Israel), pinworm, amoeba, giardia (beaver fever), roundworm infections.



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**"You're eating too many carrots."**

# DIAGNOSTIC TESTING 1

## ■ CULTURES

- Throat, skin, blood, urine, stool, pus, spinal fluid, etc.
- MOST cultures are available in 24-48 hours, tuberculosis takes weeks (but now is available in weeks or less. Some organisms cannot be cultured.
- Gram stain (stain of samples viewed directly).

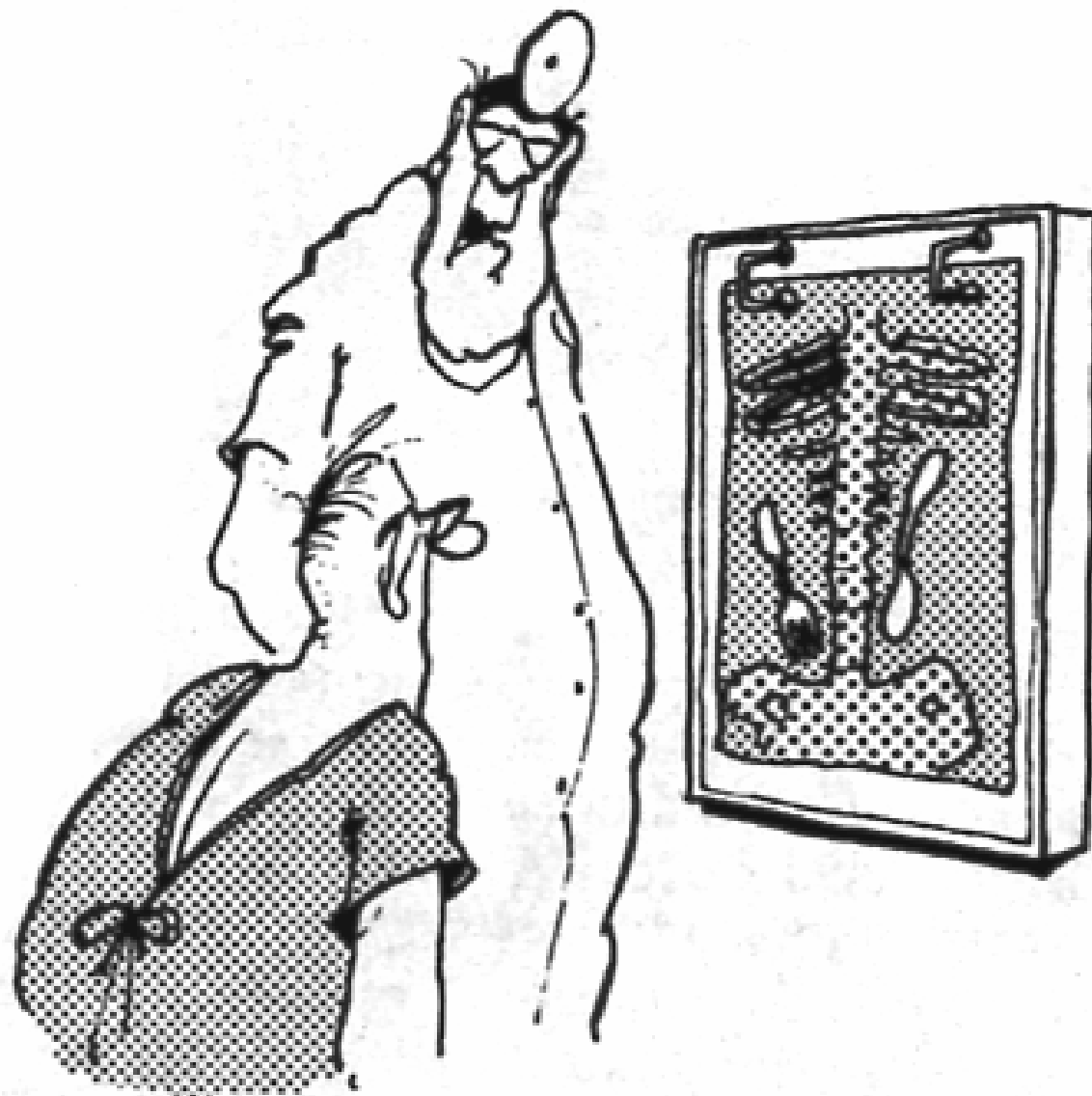
# DIAGNOSTIC TESTING 2

## ■ SEROLOGY

- blood tests using DNA technology to pinpoint diseases-i.e. HIV, fungal diseases.

## ■ X-RAYS AND IMAGING-NUCLEAR RADIOLOGY TAGGING

- MRI, CAT, ULTRASOUNDS. etc.



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**"From your X-ray, I'd say you eat too fast."**

# TREATMENTS 1

- **NO TREATMENT.**
  - (let minor disease run its course).
- **ANTIBIOTICS (INCLUDING TUBERCULOSIS).**
- **ANTIVIRAL AGENTS.**
- **ANTIFUNGAL AGENTS.**
- **ANTIPARASITIC AGENTS.**
- **MY MOTHERS TREATMENT-TYLENOL AND A HAND ABOVE HER HEAD WITH AN ENEMA BAG=CURES EVERYTHING.**
- **MATCH THE TREATMENT WITH THE CAUSE!!**

# TREATMENTS 2

- IF ANY HOMEOPATHIC OR ALTERNATIVE TREATMENT CAN “DO NO HARM,” IT’S OKAY TO TRY IT, NOT TO THE EXCLUSION OF EFFECTIVE TRADITIONAL THERAPIES.
- USE OF EVIDENCE BASED MEDICINE, GUIDELINES, POSITION PAPERS, ETC.

# TREATMENTS 3

- **BEWARE OF COLLATERAL DAMAGE IN ANY TREATMENT: toxicity, super infections, resistance.**
- **USE IDSA (INFECTIOUS DISEASE SOCIETY OF AMERICA) GUIDELINES IN THE TREATMENT OF INFECTIONS- APPROPRIATE ANTIBIOTIC SELECTION AND COURSE OF RX.**



**“I feel a lot better since I ran out  
of those pills you gave me.”**

**FINALLY, THE END.**

**DON'T FORGET TO  
TURN IN YOUR  
QUESTIONNAIRE!**

