

Send health news tips to Sondra Hernandez at shernandez@hcnonline.com.

Superbugs attack health facilities nationwide

DEAR DR. GOTT: While watching television, I saw an article on a new form of bug that has invaded our country. Can you elaborate on what they refer to as CRKP?

DEAR READER: Actually, it's not so new. The CDC began tracking CRKP in 2009. CRKP stands for Carbapenem-resistant Klebsiella pneumoniae. It is a gram-negative bacteria known to cause infection in the bloodstream, at surgical or wound sites and in cases of pneumonia and meningitis in healthcare settings, specifically nursing homes and long-term-care hospitals.

This bacterial infection is emerging as a major challenge for control because it is resistant to almost all available antimicrobial agents. Infections have been linked with high rates of morbidity and mor-



DR. PETER H. GOTT
Ask Dr. Gott

tality, particularly in people with central venous catheters or on ventilators. The bacteria live harmlessly in human intestines. "Superbugs" only occur when bacteria mutate to the point where antibiotics that were once effective are no longer working.

According to ABC News, the CDC has indicated that the bacteria are more difficult to treat than MRSA (methicillin-resistant staphylococcus

aureus) and that healthy people are not in danger of the bacteria but the aged, frail and otherwise ill patient is.

The bacteria have been reported in 35 states at the time of this writing, but I am sure that number will rise before things are brought under control. It appears the hardest-hit area is Los Angeles County, Calif., with more than 350 reported cases. The situation is further complicated because many patients have numerous other health issues to deal with. Columbia University Medical Center reported that of the 42 percent of those patients in New York who were infected, half had organ transplants.

The bacteria are most easily spread by hand-to-hand contact, such as from shaking hands with a physician or other healthcare professional.

Oddly enough, there isn't much of a threat from using a telephone, touching a door-knob or bed linens, or from a doctor or nurse touching and reviewing a chart. Person-to-person contact is the primary culprit. All infected patients should be treated with caution, and strict guidelines must be adhered to. At this stage, intervention for rapid control of recognition is vital.

DEAR DR. GOTT: We've just returned from a visit with our son, who is currently living in China. He is experiencing extreme numbness in the tip of the long middle finger of his right hand. This happened once before and lasted a few days. This time, however, it has lasted close to a month.

He won't be returning home to the states until late summer,

and I'm concerned about waiting so long before seeking help. Would acupuncture possibly be helpful? Any suggestions as to the cause of possible treatment would be greatly appreciated.

DEAR READER: There are a number of possibilities, including a thiamine or vitamin B12 deficiency, rheumatoid arthritis, nerve impingement and damage, cervical herniation of C 6-7, carpal-tunnel syndrome, kidney failure or the result of chronic alcoholism. These seem rather unlikely, so my best guess is that the problem is coming directly from his hand.

Something is going on with your son that either he has ignored or has chosen not to address. The issue here is that he needs to have testing done to zero in on the exact cause of the numbness. He can likely

wait until he returns home; however, I am sure that he can see a qualified physician before he gets here. If he cannot find relief through his doctor, he can ask for a referral for a second opinion, perhaps from a hand specialist.

Trigger-point therapy has proven successful for numerous conditions. Because acupuncture has many similarities, he certainly might find relief going that route. It's worth a try.

Dr. Peter H. Gott is a retired physician and the author of several books, including "Live Longer, Live Better," "Dr. Gott's No Flour, No Sugar Diet" and "Dr. Gott's No Flour, No Sugar Cookbook," which are available at most bookstores or online. His website is www.AskDr-GottMD.com.

WHAT'S GOING AROUND – HAIR LOSS

Alopecia (allo-pee-sha) affects both genders. Anything that puts stress on the hair follicles, such as ponytails or tight braids can aggravate it. Thyroid disorders, Lupus and menopause are common factors in women. Male baldness, usually inherited, has been linked to genetic male hormone receptors. Steroids used in bodybuilding have been implicated. Other causes include iron deficiency and fungal infections.

Signs and Symptoms: Hair loss may occur in a "male pattern," along temples and over the crown. Generalized hair loss causes thinning and



DR. KYLE SCARBOROUGH
What's going around?

sparse hair over the entire scalp. Alopecia areata causes circular patches of loss.

What to do: Get your hormone levels checked. A scalp biopsy may be required. Avoid anabolic steroids. Biotin, a beneficial vitamin for hair, is found in carrots,

tomatoes and Romaine Lettuce. Finasteride, available by prescription, promotes hair growth in men. Topical minoxidil is helpful for certain cases. Cortisone injections may help. Of the surgical options, hair follicle transplant is tedious and expensive, but the most natural and effective.

Thought for the Day: If you hair is starting to displease you, get it checked for alopecia.

"What's Going Around" is contributed by family practitioner Kyle Scarborough, M.D., with the Sadler Clinic.

Sadler's Anthony Perri named 'Top Doc' again

Sadler Clinic announced that Dr. Anthony Perri once again was selected as a "Top Doc" in H Texas Magazine's 2011 Top Doctor issue.

"Texas Raised and Texas Trained," Perri grew up in Corsicana and learned the importance of early detection of skin cancer, as his own father was diagnosed with melanoma.

"Having a father that is a melanoma survivor has certainly influenced my commitment to the early detection of skin cancer. I am dedicated to ensuring the community has accessibility to a board-certified dermatologist."

Perri treats all skin condi-

tions and is committed to ensuring patients do not have to wait weeks, or even months, for an appointment. He maintains an open-door policy with several appointments reserved each day so patients can be seen immediately if they are concerned about a changing skin lesion or a severe rash. Perri's practice also has eliminated many of the traditional barriers to dermatology access by offering extended clinic hours from 8

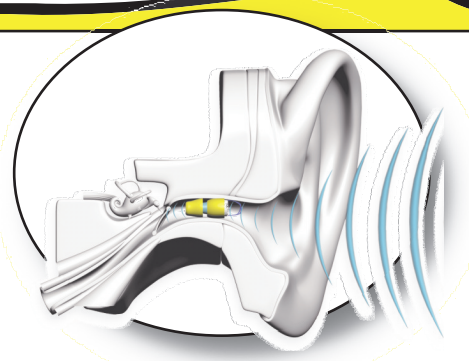
a.m. to 8 p.m. Monday

through Thursday, 8 a.m. to 5 p.m. Friday and 8 a.m. to noon Saturday. Perri attended medical school in Houston at Baylor College of Medicine, where he graduated with honors and was inducted into the prestigious Alpha Omega Alpha medical honor society. He has two convenient locations at Sadler Clinic: 9305 Pinecroft in The Woodlands and 4015 I-45 N. at League Line Road in Conroe. He is committed to educating the public about dermatology and maintains a daily dermatology blog on his website at www.perridermatology.com.



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