

COMPLETE GUIDE TO
**SYMPTOMS,
ILLNESS
& SURGERY**

H. Winter Griffith, M.D.
Surgical Illustrations
by Mark Pederson

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Notice: The information in this book is true and complete to the best of our knowledge. It is not intended as a replacement for sound medical advice from a doctor. Only a doctor can include the variables of an individual's age, sex and past medical history needed for proper medical care. This book does not contain every possible factor relating to medical symptoms, illnesses or surgeries. Important decisions about treating an ill person must be made by the individuals and their doctors. All recommendations herein are made without guarantees on the part of the author, the technical consultants or the publisher. The author and publisher disclaim all liability in connection with the use of this information.

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About the Author

H. Winter Griffith, M.D., has authored many medical books, including the best-selling *Complete Guide to Prescription & Non-Prescription Drugs*, *Complete Guide to Sports Injuries*, and *Complete Guide to Pediatric Symptoms, Illness & Medications*, all from The Body Press. Others include *Instructions for Patients*, *Drug Information for Patients*, *Instructions for Dental Patients*, *Information and Instructions for Pediatric Patients*, *Vitamins, Minerals and Supplements* and *Medical Tests—Doctor-Ordered and Do-It-Yourself*.

Dr. Griffith received his medical degree from Emory University in 1953. After 20 years in private practice, he established a basic medical-science program at Florida State University. He subsequently became an Associate Professor of Family and Community Medicine at the University of Arizona College of Medicine. Dr. Griffith now devotes all of his time and attention to his writing, continuing his commitment to the concept of physician-patient education and communication.

Technical Consultants

Isaac B. Paz, M.D.

Chief Surgical Resident, University of Arizona College of Medicine

Daniel Levinson, M.D.

Associate Professor of Family and Community Medicine, University of Arizona College of Medicine. Fellow of the American Board of Family Practice.

Evan W. Kligman, M.D.

Medical Director, Geriatrics Primary Care Centers, Department of Family and Community Medicine, University of Arizona College of Medicine. Diplomate of the American Board of Family Practice.

Donald J. McFarlane, M.D.

Clinical Professor, University of Arizona College of Medicine. Fellow of the American College of Surgeons.

Sally Watkins, R.N.

Head Nurse, Family Practice Residency Program, University of Arizona College of Medicine.

Preface

I first came across Winter Griffith's name when asked to take over the U.S. Food and Drug Administration's patient information program. When reviewing correspondence from the 1960s, I found a letter from a Florida doctor asking if there was any problem in distributing written drug information to patients.

As far as I know, no one had previously thought of providing specific written information to patients. This was Dr. Griffith's idea and goal, and it has become his lifelong mission.

Until the 1970s, patient education consisted of doctors patting patients on their heads and telling them to call if they had problems. Doctors did not discuss risks and side effects of drugs for fear of how patients would react.

Some doctors still have this attitude. But most doctors and patients recognize that information about risks and benefits of drug treatment is not only a patient's right, it is a *patient's responsibility*. Taking care of oneself means active participation in treatment decisions. Promoting participation between doctor and patient is the purpose of this book.

Winter Griffith is the godfather of patient education. His first books were compilations of simple instruction sheets that doctors could hand out to patients. The sheets contained information the doctor wanted patients to know about illness and treatment. These instruction sheets are still copied an average of 16 million times a year and distributed to patients.

Dr. Griffith's later books have evolved to contain information the patient wants to know! Over the years, Dr. Griffith has come to understand people's needs for accurate, understandable information.

Some doctors think patients want to make their own decisions about health care, so they try to control the amount of information patients receive. Dr. Griffith understands that people want to decide with their doctors about treatment and other decisions affecting their health.

This book is a patient-advocate bible. It provides the information people want about symptoms, illnesses and surgeries.

The beauty of this book is that it explains what happens to the patient, why it happens, what risks are involved, what to expect in diagnosis and treatment, and how to monitor treatment.

The book is chock-full of usable information. Dr. Griffith has mastered the art of transmitting technical information. There is no medical jargon—just solid, helpful facts.

I could not end this preface without a personal note about the author. I tend to distrust most people in the patient education field. "Do-gooders" sometimes have hidden agendas. After more than a decade of working closely with Dr. Griffith as colleague and friend, I haven't discovered his hidden agenda. I have come to believe that he is what he says he is. Dr. Griffith sees his role as a medical missionary, translating sound medical advice into useful information. I hope everyone who uses this book feels the author's genuine warmth and concern that radiate from its pages.

Louis A. Morris, Ph.D.

Head, Patient Education, Research, and Labeling Branch
U.S. Food and Drug Administration

Take Care of Yourself

As a patient, you can and should share responsibility with your doctor for your medical care. Knowing the "what," "why," and "how" of an illness enables you to get maximum benefit from your medical treatment.

Several years ago, I set a personal goal to translate complicated, technical medical information into up-to-date, easily understood information that any interested layman could use. *Complete Guide to Prescription & Non-Prescription Drugs*, first published by HPBooks in 1983, was a major step toward that goal. Now in its sixth edition from The Body Press, the public's response to that effort has been overwhelmingly positive.

This book is another major step. It has evolved out of more than 25 years as a family doctor and teacher, answering questions of patients and medical students.

CHANGING TIMES

Early in my practice, patients would come to me for help with the attitude, "Do something to make me better." At that time, my attitude—and that of most colleagues—was, "Do what I tell you and things will get better—but don't ask too many questions. A little knowledge is a dangerous thing." We had been trained to be authoritarian in our dealings with patients.

These attitudes are self-defeating. Fortunately, they are changing, and enlightened medical professionals welcome this change as an important way to improve health care.

Many thoughtful and assertive patients have taught us they wish to be more involved. They don't want to be passive and powerless in matters that affect their own bodies. They don't want instructions or advice that is incomplete or lacking in credibility. They seek—and sometimes demand—enough information so they can think for themselves and participate

in important medical decisions affecting them.

I wrote this book—with the help of many friends—for those persons who want additional responsibility for their own health and that of their families.

THE INFORMATION GAP

The information in this book barely scratches the surface of all information in medical literature. It is a scant amount of the knowledge doctors have acquired. In addition to a medical education, most doctors have extensive clinical experience—and ideally, a great deal of wisdom and compassion.

But somehow, and sometimes for justifiable reason, a doctor's medical information does not get translated and transmitted into usable form for the most important member of the health-care team—the patient.

Even when information is competently conveyed to the patient by a doctor, nurse or other health professional, the patient has no follow-up written checklist to remind and reinforce what he or she has learned. This book is intended to provide you with the missing checklist and to supplement information you have received from your doctor.

SIMPLE, CONCISE INFORMATION

Condensing the available mass of medical and surgical knowledge into one volume has required much simplification. I have tried not to omit major facts and concepts, but of necessity, many details have been left out.

It is impossible to include all the factors and circumstances that affect each individual's health. Thus, your doctor may take into account other factors not included here when he or she makes a precise diagnosis and recommends treatment for you.

WHAT YOU CAN FIND IN THIS BOOK

This book contains three major sections: Symptoms, Illnesses and Disorders, and Surgeries. Information for each is organized in chart form. The three chart formats vary somewhat, and each format is explained in detail in the following pages.

The book contains an appendix section to supplement information in the charts. General instructions that apply to many illnesses or disorders need not be repeated on each chart, so they are included in the general appendix section.

The 21 appendices include: a number of special diets; suggestions to reduce stress and maximize longevity; instructions for breast self-exam, back care and exercise programs; an immunization schedule; directions for reducing fever, preparing hot and cold soaks and taking care of casts; and guidelines for safe drug use.

A special feature of the book is a list of resources for additional information. If you want more, in-depth information about symptoms, illnesses, surgeries or other medical problems discussed in this book, the list provides a starting place to find more information.

The resource list contains names and addresses of volunteer and government health agencies devoted to specific disorders. It also contains a list of recent medical books available in most public libraries.

WHAT YOU CAN'T FIND IN THIS BOOK

This book will not help you diagnose or treat your own illnesses very often. Printed words cannot replace the knowledge and expertise that your doctor provides.

A book is no substitute for communication between you and your doctor. Only your doctor knows your

medical history and special circumstances. Only you know the intensity and exact quality of your symptoms. The printed page cannot capture or convey the *feelings* that accompany illness.

HOW YOU WILL BENEFIT

Yet, armed with introductory knowledge about diseases and surgical procedures discussed in this book, you are in a strong position in the following ways:

- You can better understand the nature of your illness.
- You can more easily recognize circumstances when a doctor's help is necessary.
- You can learn useful facts about how to prevent disease and injury.
- You can confirm and refresh your memory about facts regarding your illness.
- You can review a checklist of ways to make yourself better if you are ill.
- You can discuss issues with your doctor when treatment outlined in the book differs from what your doctor advises. Doctors do not always agree on the best course of treatment for a particular illness. When information from different medical sources has varied, I have tried to provide the general, up-to-date medical consensus.

If your doctor's recommendations differ, they may be very valid.

However, you should feel free to explore the options with your doctor. He or she should welcome and answer your questions. If not, consider consulting another doctor.

I believe your best chance to achieve and maintain optimal health is to participate fully in taking care of yourself. I hope this book provides a tool to help you reach that goal.

Guide to Symptom Charts

The symptom charts are designed to suggest one or more illnesses and disorders that a specific symptom might indicate. Each chart focuses on one common symptom. For example, the chart for *excessive sweating* appears on the facing page.

These charts do not include every possible *sign* or *symptom* the human body can exhibit, but they represent the most familiar and easily recognizable ones. Remember that *signs* can be observed by anyone but *symptoms* are felt or experienced by the individuals themselves.

The charts provide a guide for how serious symptoms are. They give you clues as to what symptoms can mean. They refer you to other sections of the book for further information. *However, they are not intended as self-diagnosis charts.* No book should replace a competent doctor's diagnosis! The charts are only to help you decide how to proceed when you or someone else develops symptoms.

Refer to the numbers on the sample chart for an explanation of each heading described below.

1—SYMPTOM NAME

Charts are titled and arranged alphabetically by the name that is most common or that best describes the symptom (**SWEATING, EXCESSIVE**).

In cases where the symptom name is ambiguous, or the symptom can apply to several parts of the body, the body part is part of the title. For example,

SWELLING (a symptom) appears as separate charts titled: **ABDOMINAL SWELLING; ANKLES, SWOLLEN; SWELLING OR LUMP; and TESTICLES, PAINFUL OR SWOLLEN.** One chart is alphabetized by the symptom name, **SWELLING.** The rest are alphabetized by the body part the swelling affects.

If you can't find your symptom under its own name, refer to the index or check alphabetically for the main part of the body it affects.

2—SYMPTOMS & FACTORS

The main symptom is grouped in the first column with other symptoms or factors that frequently accompany it. Each group represents a separate illness or disorder that the symptom can indicate.

For instance, excessive sweating can mean many things, depending on what other symptoms appear with it. When accompanied by chest pain, excessive sweating can be a sign of heart attack, the first entry. When accompanied instead by weight loss, coughing with blood, fever and fatigue, the second entry, it can be a strong indication of serious lung disorders. The third entry relating to a disorder of the thyroid gland presents yet another possibility.

The symptom groups are arranged in order from the most serious possible illness to the least serious. This is merely an approximation, as it varies with individuals.

For example, heart attack is listed first on the sample chart as the gravest emergency. Symptoms of tuberculosis,

1 SWEATING, EXCESSIVE

SYMPTOMS & FACTORS	POSSIBLE PROBLEM	WHAT TO DO*
<ul style="list-style-type: none"> Excessive sweating. Chest pain. 	Heart attack.	<ul style="list-style-type: none"> Call doctor now! See Heart Attack. See Coronary-Artery Disease.
<ul style="list-style-type: none"> Excessive sweating at night. Weight loss. Persistent cough with blood in sputum. Fever. Fatigue. 	<ul style="list-style-type: none"> Lung inflammation or infection. Cancer. 	<ul style="list-style-type: none"> See Tuberculosis. See Hodgkin's Disease. See Lung Cancer.
<ul style="list-style-type: none"> Excessive sweating, plus 2 or more of following: Weight loss. Increased appetite. Anxiety. Sleeping problems. 	Overactive thyroid gland.	See Hyperthyroidism.
<ul style="list-style-type: none"> Excessive sweating. Use of prescription, non-prescription or illegal drug. 	Adverse reaction or side effect of drug.	<ul style="list-style-type: none"> Consult doctor about prescription drug. Discontinue use of non-prescription or illegal drug.
<ul style="list-style-type: none"> Excessive sweating. Fever. 	Normal occurrence with fever.	See Fever charts (in Symptoms section).
<ul style="list-style-type: none"> Excessive sweating. Anxiety or excitement. 	Normal occurrence with stress.	See Anxiety.
<ul style="list-style-type: none"> Excessive sweating. Overweight. 	Effect of excess weight.	See Obesity.
<ul style="list-style-type: none"> Excessive sweating in woman older than 38. Irregular menstrual periods. 	Hormone changes; end of menstrual cycles approaching.	See Menopause.
Excessive sweating in woman during menstrual period.	No underlying disorder.	Nothing.
<ul style="list-style-type: none"> Excessive sweating. Use of synthetic material, such as nylon, for clothing or blankets. 	Increased skin heat.	Wear natural fibers, such as cotton.
Excessive sweating in teenager.	Normal occurrence during adolescence.	Nothing.

*All references are to Illness section unless noted otherwise.

Hodgkin's disease and lung cancer, the second entry, can also be life-threatening. However, these conditions usually deteriorate slowly and don't pose immediate danger. Therefore, they appear below heart attack. Obviously, this judgment can vary between individuals. When in doubt, consult your doctor.

Often, none of the symptom groups will match your present problem. Your doctor knows your medical history and can perform a physical examination and use laboratory tests to diagnose your condition.

3—POSSIBLE PROBLEM

The center column provides a short description of what a symptom group can indicate and what major body parts it affects. This column also briefly defines the illness or disorder to which you are referred in the third column.

In some cases, a group of symptoms can indicate more than one illness—sometimes they are totally unrelated. In that event, each description is listed next to an editor's bullet. For instance, the second group of symptoms that we have discussed can indicate lung inflammation or infection, *or* cancer.

No attempt has been made to include every possible illness or disorder signaled by a symptom group. The identifications are based on illnesses that are *most obvious, most common or most serious*. For similar reasons, many rare illnesses

described on illness charts in this book have not been referred to on symptom charts.

4—WHAT TO DO

The most serious medical problems that require immediate help are listed first in the third column. They usually are preceded by directions to call your doctor *now*. Below that, you will often be directed to the illness chart in this book that explains the problem. For instance, the first entry has the instructions:

- Call doctor now!
- See Heart Attack.
- See Coronary-Artery Disease.

All "See . . ." instructions refer to illness charts. Exceptions to this rule will be noted on the symptom chart.

If the chart says "Call doctor now," don't waste precious time looking up the illness in this book. Wait to read more about it when the crisis has passed. Call your doctor immediately!

If anyone develops dramatic symptoms that you think represent life-threatening danger, call for *emergency help*. Dial 0 or 911 and report your address or location (with directions).

In extreme situations, render what first aid you can, such as giving cardiopulmonary resuscitation (CPR). Yell for help from anyone within range.

The guide to Emergencies starts on page 1048.

Guide to Illness & Disorder Charts

The information about illnesses and disorders is organized in condensed, easy-to-read charts.

Each one is described in a one-page format shown in the sample chart, **HYPERTHYROIDISM**, on page xv.

Major sections of the chart format are numbered and explained in the next few pages.

Most of the charts in this section refer to an illness. In some cases, however, charts refer to disorders or problems that are not really illnesses. The chart, **TEETHING**, is not about a disease—or even a disorder. It deals with a normal process that all people experience. It would be a disorder only if it did **not** occur.

But teething can be a medical problem. It often affects an infant's sense of well-being, and it may require treatment. Because teething is so common, and because some treatments for it are appropriate and others are not, it is included with illness charts.

1—CHART NAME

Charts are arranged alphabetically by the most-common name for the illness, disorder or medical problem. Other names for these appear in parentheses below the main heading. Hyperthyroidism does not have another name, so it appears alone. However, a disease such as German measles is also known as rubella, and its chart lists both: **GERMAN MEASLES (Rubella)**.

Sometimes names for various medical problems vary in different geographic regions. All names in this book, including alternate names, are cross-referenced in the index.

To find information about a medical problem, check the index. You may also look up its major symptom in the symptom charts. If you can't find the illness chart you want, ask your doctor or nurse for alternate names by which the disorder is known.

2—GENERAL INFORMATION

This section includes seven topics: *Definition; Body Parts Involved; Sex or Age Most Affected; Signs and Symptoms; Causes; Risk Increases With; and How to Prevent*. Each is discussed separately.

3—DEFINITION

A short definition of the problem or disease is provided. Sometimes the definition must include information from other categories, such as causes, body parts involved and others. The definition may also include information of general interest, such as how common a disease is, or whether it is contagious, cancerous or inherited.

4—BODY PARTS INVOLVED

This is usually a list of specific body parts or organs, such as bones, skin or liver. Sometimes general body systems, such as the central nervous system, genitourinary system or gastrointestinal system, will be listed. The list usually includes body parts affected at the beginning of the disease, as many diseases spread to other body parts as they progress.

Of course, some illnesses involve all body cells—even from the beginning. Then the words "Total body" appear.

5—SEX OR AGE MOST AFFECTED

Some medical problems affect specific population groups only. Others affect all ages and both sexes indiscriminately.

This section explains whether the medical problem occurs more often in males or females, or whether the incidence is about equal in either sex. It also lists the age group usually affected. These are generalizations, and variations can occur with specific individuals.

Sometimes labels, such as "newborns" or "adolescents," are used to describe age ranges. These labels are arbitrary names for specific ages, but they are commonly used in medical texts. Following are the age classifications:

- Newborns (0 to 2 weeks)
- Infants (2 weeks to 1 year)
- Young children (1 to 5 years)
- Older children (5 to 12 years)
- Adolescents (12 to 20 years)
- Young adults (20 to 40 years)
- Middle-aged adults (40 to 60 years)
- Older adults (over 60 years)

6—SIGNS AND SYMPTOMS

Signs are observed. *Symptoms* are felt or experienced.

A sign may be observed by the patient or by someone else, or it may represent physical findings determined by laboratory tests, X-rays and other diagnostic measures. Symptoms are feelings only the patient can describe.

Refer to the chart. The first item under this heading—hyperactivity—is a sign. It can be observed by the patient and others around him or her.

The next three items—feeling warm or hot all the time, tremors, and sweating—are signs *and* symptoms. They can be observed by others and they can be felt by the patient. The fifth—itching skin—is a symptom that only the patient can feel and describe.

Signs and symptoms are listed together in this book; no attempt is made to separate the two. On most charts, a wide range of possible signs and symptoms are listed. *It is unlikely that any patient will have all, or even most, of the possible signs and symptoms.* The presence or absence of signs and symptoms may vary according to:

- The age and sex of the patient.
- Extent of the illness.
- The stage of the illness.
- Medical and family history.
- Current state of health.

7—CAUSES

Many times the cause of a disorder is unknown. Causes for most medical problems include the following:

- Inherited (congenital) defects.
- Infections from bacteria, viruses, parasites, yeasts or fungi. All of these are sometimes referred to as "germs," but most people associate "germs" with bacteria only.
- Physical injury.
- Toxins (poisons) from a wide range of sources, such as contaminated food, environmental pollution and bites from poisonous snakes or insects.
- Allergies.
- Tumors. These may be benign or

1 | **HYPERTHYROIDISM** (Thymotoxicosis, Toxic Goiter)



2 | **GENERAL INFORMATION**

3 | **DEFINITION**—Overactivity of the thyroid, an endocrine gland that regulates all body functions.

4 | **BODY PARTS INVOLVED**—Thyroid gland and most other body organs, especially the endocrine system, which includes the pituitary gland, parathyroid glands, pancreas, adrenal glands, and ovaries or testicles.

5 | **SEX OR AGE MOST AFFECTED**—Adults between ages 20 and 50, mostly women.

6 | **SIGNS & SYMPTOMS**

- Hyperactivity.
- Feeling warm or hot all the time.
- Tremors.
- Sweating.
- Itching skin.
- Pounding, rapid, irregular heartbeat.
- Weight loss, despite overeating. Older persons may gain weight.
- Marked anxiety and restlessness.
- Sleeplessness.
- Fatigue and weakness.
- Protruding eyes (exophthalmos) and double vision (sometimes).
- Diarrhea (sometimes).
- Hair loss (sometimes).
- Goiter (sometimes).

7 | **CAUSES**

- Thyroid nodules or tumors.
- Thyroid infection or inflammation.
- Pituitary disorders.
- Ovarian disorders.

8 | **RISK INCREASES WITH**

- Family history of hyperthyroidism.
- Stress.

9 | **HOW TO PREVENT**—No specific preventive measures.



10 | **WHAT TO EXPECT**

11 | **APPROPRIATE HEALTH CARE**

- Self-care after diagnosis.
- Doctor's treatment.
- Surgery to remove part of the thyroid, if medication does not control the disorder.

12 | **DIAGNOSTIC MEASURES**

- Your own observation of symptoms.
- Medical history and physical exam by a doctor.
- Laboratory blood studies.
- EKG (see Glossary).
- Radioactive studies such as I-131 uptake (see Glossary).

13 | **POSSIBLE COMPLICATIONS**

- Congestive heart failure.
- "Thyroid storm"—a sudden worsening of all symptoms. This is a life-threatening emergency.
- Misdiagnosis as a psychiatric anxiety reaction.

14 | **PROBABLE OUTCOME**—Usually curable with medication or surgery. Allow 6 months of treatment for the condition to stabilize. Some forms may return to normal without treatment.



15 | **HOW TO TREAT**

16 | **GENERAL MEASURES**—Since this condition develops gradually, symptoms may be difficult to recognize. If family and friends mention changes in your behavior or appearance, consult your doctor.

17 | **MEDICATION**—Your doctor may prescribe:

- Antithyroid drugs to depress thyroid activity.
- Beta-adrenergic blockers to decrease a rapid heartbeat.
- Radioactive iodine, which selectively destroys thyroid cells.

18 | **ACTIVITY**—Rest in bed as much as possible until the disorder is cured.

19 | **DIET**—Eat a diet high in protein to replace tissue lost from thyroid overactivity.



20 | **CALL YOUR DOCTOR IF**

- You have symptoms of hyperthyroidism.
- Symptoms worsen suddenly, especially after surgery.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

malignant. Benign tumors do not spread to adjacent or distant organs and threaten life. Malignant (cancerous) tumors can.

- Endocrine disorders. This means too many or too few hormones are produced from the pituitary gland, thyroid gland, parathyroid gland, pancreas, adrenal glands, ovaries, testicles or thymus gland.
- Mental or emotional disorders, such as anxiety, depression or schizophrenia.
- Diseases caused by defects in the body's immune system. These include disorders of hypersensitivity, such as rheumatic fever, rheumatoid arthritis, systemic lupus erythematosus and many others.

8—RISK INCREASES WITH

Many disorders have known risk factors that can trigger the problem, make it more likely to occur or increase its duration and intensity. The most common risk factors include:

- Age, especially older persons or newborns and infants.
- Stress—either physical or emotional.
- Anxiety, depression and other mental or emotional problems.
- Fatigue or overwork.
- Poor nutrition due to improper diet or disease.
- Obesity.
- Recent or chronic illness that can lower resistance to other diseases.
- Recent surgery or injury.
- Genetic factors, such as family or ethnic tendency toward a disease.
- Use of drugs, such as alcohol, tobacco, caffeine, narcotics, psychedelics, hallucinogens, marijuana, sedatives, hypnotics or cocaine.

- Use of medications, whether prescription or non-prescription. Even necessary drugs cause adverse reactions and side effects that can complicate treatment and outcome of medical problems.
- Exposure to allergens, environmental pollutants or poisons.
- Geographic areas.
- Crowded or unsanitary living conditions.
- Socioeconomic factors.

9—HOW TO PREVENT

Prevention can be one of two types—prevention of the initial disease or prevention of a relapse or recurrence after recovery.

Prevention of any medical problem is the *best treatment*. Researchers continue to discover ways to prevent, delay or diminish some illness, pain, disability and untimely deaths. These are included whenever available.

The causes and risk factors for a disease often provide the best clues for prevention. Many diseases, however, cannot be prevented at present.

10—WHAT TO EXPECT

This section includes four topics: *Appropriate Health Care; Diagnostic Measures; Possible Complications; and Probable Outcome*. Each is discussed separately below.

11—APPROPRIATE HEALTH CARE

Self-care or home care is often listed as the first form of appropriate health care. It is an important part of care for almost all disorders. Sometimes total

self-care suffices if you have previous experience with a medical problem and a source to review important points in treatment.

Usually, however, a medical problem should be diagnosed by a doctor before you attempt self-care. Once your doctor diagnoses an illness and outlines a treatment program, self-care or home care is often important. Treatment measures outlined in this book are designed to guide you, whether you are caring for yourself or taking care of someone else.

Effective self-care includes maintaining a positive attitude about yourself and being determined to improve or heal. During illness, a sense of humor and a positive outlook are just as helpful as medication or other treatment measures.

A doctor's care is often necessary, not only to diagnose and prescribe treatment for a medical problem, but to supervise self-care (or hospitalization, when necessary) and to provide additional medical treatment such as surgery.

In addition, even the simplest medical problems sometimes develop complications and require a doctor's care. In those cases, a doctor's treatment can be appropriate even though it applies to a small fraction of cases.

Find a competent personal physician who communicates well with you and with whom you can establish mutual respect.

Psychotherapy, counseling or biofeedback training may be the only useful health care for a medical problem caused mainly by stress or

emotional problems.

Counseling and therapy are also helpful in providing personal and family support, especially with illnesses that are terminal or represent major lifestyle adjustments.

Rehabilitation is often helpful for illnesses or injuries that cause temporary or permanent disability. Rehabilitation may be provided by trained physical therapists or physiatrists (medical doctors who specialize in physical therapy). If rehabilitation is mentioned as appropriate health care, ask your doctor for information specific to your disability.

12—DIAGNOSTIC MEASURES

Your own observation of symptoms is usually the first—and often, most important—diagnostic measure. It is the first step toward medical treatment. For that reason, it is listed under this heading on almost all illness charts. Exceptions are made for a few medical problems, such as those that are signaled by unconsciousness, in which case self-observation is impossible.

A medical history and physical exam by a doctor are also almost universal requirements before treatment for any disorder can begin. Even if a medical problem is usually treated at home, a history and exam will be necessary if complications develop that require medical treatment.

Additional diagnostic measures include laboratory studies and other medical tests. The most-common include:

- Studies of body fluids, such as blood, serum, plasma or spinal fluid.

- Microscopic and chemical examination of excreted material, such as urine or stools.
- CAT (computerized axial tomography) scans or X-rays of the affected body part.
- EKG (electrocardiogram), EEG (electroencephalogram) and EMG (electromyogram).
- Therapeutic trial of medication. This is used sometimes for a critically ill patient without a specific diagnosis while awaiting laboratory results.

You may not undergo every diagnostic test listed on the chart, and conversely, you may undergo tests *not* listed. Some tests are performed only if previous tests have not provided enough information. Others are performed only when complications develop. All medical diagnostic tests mentioned in this book are defined in the Glossary.

13—POSSIBLE COMPLICATIONS

Complications are additional medical problems triggered by or as a result of the original illness. Complications sometimes occur, despite accurate diagnosis and competent treatment. Some are preventable, a few are inevitable—but most are rare.

14—PROBABLE OUTCOME

A very important concern in any illness is the patient's question, "What is going to happen to me? How will this disease or injury affect my life?"

No one can completely predict the outcome of an accident or illness. The predictions in this section are guesses based on averages.

Patients and doctors work toward

optimal results, but medicine is an inexact science. Response to treatment depends on many variables, and there are many unanswered questions about health and disease.

Some illnesses are considered incurable at present. The term "incurable" is a general one that includes everything from insignificant conditions that are mere annoyances to fatal diseases that bring certain death in a short time. For that reason, additional information about life expectancy is usually included for incurable illnesses. Again, individual variations are common, but the predictions are an attempt to answer a patient's most important questions. They help you adopt optimistic but realistic expectations.

In almost all cases—no matter how serious the illness—symptoms can be relieved or controlled to minimize pain and discomfort.

15—HOW TO TREAT

This section provides the checklist mentioned earlier that reminds you of instructions your doctor has given you. The information should not replace your doctor's instructions, because treatments vary a great deal between individuals.

If the instructions don't seem to fit your problem, ask your doctor or nurse for answers that apply uniquely to you.

The four major headings include: *General Measures*; *Medication*; *Activity*; and *Diet*.

16—GENERAL MEASURES

The instructions under this heading apply to home treatment. They cover common matters, such as soaks for skin

problems, use of crutches, appropriate clothing, bandages or bathing.

They are not complete and may not apply to everybody, but they provide a good review of general measures helpful for most patients.

17—MEDICATION

Information under this heading is generally of two types—drugs your doctor may prescribe, and non-prescription drugs you can take safely.

Prescription drugs are named by generic name or drug class. A brief description of a drug's purpose and effect is given. For more information about a specific drug, see the Glossary. It contains entries for generic drugs and drug classes mentioned in this book.

Additionally, you may refer to my book, *Complete Guide to Prescription and Non-Prescription Drugs*, published by The Body Press.

For general instructions about safe use of medicine, see Appendix 21.

18—ACTIVITY

Patients are often confused about whether they must stay in bed during an illness. They are often concerned with returning to work or school, and whether activity will be restricted after recovery. These questions are answered under this heading.

Additionally, guidelines are given for resuming sexual relations—an important area that patients are sometimes reluctant to mention. If the illness has been life-threatening, as with a heart attack, or if it involves abdominal or genital organs, this is particularly pertinent information.

Exercise references are often included, and when not specified otherwise, references to regular physical exercise mean *aerobic* exercise (see Appendix 20).

19—DIET

Diet information can vary from “no special diet” to references to the following diets included in the Appendix section:

- Regular, well-balanced diet that is high in fiber.
- Recommended diet for persons over 50.
- Pregnancy and lactation (breast-feeding) diet.
- Milk-restricted diet.
- Gluten-restricted diet.
- Allergy diet.
- Liquid diet.
- Low-fat diet.
- Low-salt diet.
- Weight-loss diet.
- Soft diet.

For additional specialized diets, consult your doctor or a dietitian.

20—CALL YOUR DOCTOR IF

For most medical problems, a phone call or visit to your doctor is recommended to establish a diagnosis.

After diagnosis, when the course of an illness differs from what is expected, your doctor wants to know. Many developing complications can be averted with prompt medical treatment. Specific symptoms are usually listed that indicate complications.

Of course, if any other symptoms begin that you believe are related to your illness or the drugs you take, call your doctor about them, too.