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## Spring 2020 - NEWSLETTER

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### Immune Boosting Foods – Lessons From a Dietitian on the Front Lines

Allison Pingel is a registered dietitian working with the Moffit Cancer Center to provide patients with the nutritional knowledge they need to stay healthy. As we know, COVID-19 is a severe threat to those individuals with an impaired immune system. Allison talks about building a strong immune system by eating correctly on a consistent basis.

The construction of this strong immune response does not occur overnight but occurs over time when you give your body the correct nutrients. She is quick to point out that there are no scientific studies that document or prove that vitamin supplements are a good substitute for foods which provide these building blocks naturally. “Fruits and vegetables are a more economical and nutritious way to obtain your necessary vitamins and minerals as well as other nutrients that are helpful including fiber.”

“Foods high in Vitamins A, C, D, E and zinc support the immune system.” She cites broccoli, berries, garlic, ginger and spinach as products containing high amounts of these vitamins which assist the body in fighting infections. She encourages yogurt and nuts as plentiful sources of probiotics and zinc, which she considers essential for building a strong immune system. Additionally, she is a strong advocate of fruits and vegetables. One and a half cups to two cups of fruit per day, plus 2-3 cups of vegetables per day, are helpful for building a strong immune response.

While eating correctly to build your immune system is essential, so is some regular exercise and activities that are social and put you in touch with others in a safe manner. As spring descends on our country, it’s a fine time to take a walk or ride a bike and say hello to your friends and neighbors from a safe distance. Just make sure you adhere to your community’s stay-at-home restrictions.

The COVID-19 pandemic is frightening but with healthy eating, regular exercise and safe social interaction we will prevail and come out of this crisis stronger.

### Ranitidine (ZANTAC) Removed from the Market by the FDA

Ranitidine is an H-2 receptor blocker marketed in the United States as Zantac. It is sold over the counter (OTC) without a prescription at the 20 mg dosage and with a prescription at the 40 mg dosage. It is used for peptic ulcer treatment, gastritis treatment, heartburn, gastroesophageal reflux and other diseases in which gastric acid causes inflammation of the lining of the stomach and discomfort.

It is being recalled because when manufacturing this product, new techniques are apparently inadvertently producing a probable carcinogen known as NDMA (N-Nitrosodimethylamine). The longer the ranitidine sits around, the more NDMA is found. None of the levels measured are believed to be toxic.

Ranitidine is a relatively inexpensive blocker of histamine-2 receptor sites resulting in less digestive acid secretion in the stomach. The NDMA in the production product is the same chemical that resulted in the blood pressure medicine losartan and similar products being recalled. There are several alternative H-2 receptor blocker drugs on

the market to replace ranitidine or Zantac. NDMA has not been found in Pepcid (famotidine), Tagamet (cimetidine), omeprazole (Nexium), lansoprazole (Prevacid) or omeprazole (Prilosec).

Globalization started during the Clinton administration, and encouraged by subsequent Republican and Democratic administrations, has resulted in pharmaceutical manufacturers moving their plants to Asia and other overseas areas where labor is cheaper, and regulations are less rigid. Ronald Reagan eliminated the Food and Drug Administration's testing lab which set the gold standard for protecting Americans against tainted drugs. Prior to this action, no pharmaceutical product ever reached the American market and had to be recalled.

Subsequent administrations reduced the funding for the FDA, especially in the inspection department. With production now overseas, and virtually unregulated, we are dependent on the goodwill of foreign governments, and the liability attorneys for big pharma, to protect us from tainted products. Almost all antibiotics, both oral and intravenous, and all IV solutions are produced overseas in addition to most of the oral generics we are forced to take by our insurer every day.

We are currently living in a civilization altering pandemic with Coronavirus COVID-19. When this plague is under control, the country will need to reset our economy. My hope is that the big pharmaceutical firms will be legally forced to bring the pharmaceutical manufacturing back to U.S. soil. At the same time, the FDA inspection division needs to be funded fully to ensure that the products we need and ingest are safe and pure!

## Medical Marijuana and Pain Relief

On a daily basis, patients of mine complain of wear and tear injuries, aches, pains and how they deal with chronic pain. We all know aging is part of the normal life process.

For instance, as we approach age 70 we typically lose 75% of our functioning kidney cells (nephrons) but do well with our limited reserve as long as we do not constantly call on that reserve. When we take nonsteroidal anti-inflammatory drugs to relieve pain, like ibuprofen and naproxen, we are challenging that reserve - leading seniors to look for alternatives. Even when appropriate, opioids have become taboo. Thus, alternatives are sought.

Medical marijuana is a hot topic. It is being marketed as a pain relief alternative in several forms such as smoking, vaping or eating it. However, the limited legitimate research conducted indicates it's not very good at relieving non-cancer related chronic pain.

Patients have revealed to me they are using cannabis products obtained out of state for pain relief with no consideration of how it interacts with the medications they are taking. Strong public relations campaigns in various states have led to marijuana legalization in different forms, even if it doesn't work. Even with little evidence of its potential downside or upside, some investors stand to profit from it.

At the same time medical marijuana enters mainstream medicine, there is a similar legislative and marketing push to legalize marijuana for recreational use. A well-financed lobby of investors is trying to sell the concept of marijuana being less troublesome than legalized tobacco or alcohol. Recently, there have been several articles appearing in reputable medical journals and periodicals such as the *Wall Street Journal*, *New York Times* and *New Yorker* magazine all examining the known results of liberalizing marijuana use in three states.

Today's marijuana is more potent than the weed of the 1960's and has a higher percentage of the hallucinogen THC. To that point, states that have legalized marijuana have seen a tripling of visits to the emergency department for psychotic behavior. Violent crime and murders have tripled in many jurisdictions. Preliminary evidence indicates auto accidents have increased from marijuana's use as well.

There is little research evaluating marijuana as a drug and/or how it may interact with other drugs prescribed for you. Many questions remain. *What is the minimal dosage to create an effect? What is the dosage that can cause medical illness? How does the mechanism of delivery affect the final effects?*

I am not an anti-marijuana critic. I'd just like to know what I'd be getting in to before I consider "hallucinating".

Before we liberalize marijuana use, the product needs to be put through the type of research and scrutiny the old Food and Drug Administration (FDA) put a product through before it was approved for public use.

## **What Will it Take to Reopen the Office?**

There is clearly a major push and initiative by the Governor of Florida to open the society, restart the economy and get people back to work. The shove comes from his financial backers who want to get back into the business of making money without much consideration for the health and life and death consequences of declaring the stay at home order over and done with. My own Florida Medical Association, a staunch supporter of free enterprise and Governor DeSantis' and Senator Rick Scott's agendas, has written the Governor a letter asking him to reopen medical practices and non-emergent surgery on behalf of cash starved hospitals, specialty procedure oriented physicians and their staffs long before we have adequate amounts of personal protective equipment for frontline health care providers.

We will reopen our office when public health officials say it is safe for patients over age 60 to travel out into the community again. By their definition, this will mean that hospital personnel will have access to adequate personal protective equipment including masks, gowns, shields, gloves in accordance with Pre-COVID-19 pandemic protocols.

We will reopen when testing for acutely ill and asymptomatic individuals with COVID-19 is easily available and accurate in our community. Currently lab-based PCR nasopharyngeal swabs will only detect 70 out of 100 known cases. The turnaround time is 48 hours from test to result in the best of situations.

There is a saliva test developed at Rutgers Medical Center that requires patients at home to provide a specimen into a cup. It does not require the receiving person or office to be in total personal protective gear. It is only available currently to Rutgers' medical facilities. When it becomes available locally, it will facilitate decisions about relaxing the rules for social distancing.

The ballyhooed Abbott home test kit is only 70% accurate if the home nasal swab is done properly and if the nasal swab is mailed back in the correct transport medium. Remember that if 100 patients have the disease, and the tests only detect 70 of them, statistically 30 will be contagious and will transmit the disease to 5.7 more individuals (on average) prior to anyone realizing they really are sick and contagious.

We will reopen the office to patient visits when we have an antibody test that is accurate and can tell us if the patient survived COVID-19 and developed IgG antibodies against the pathogen. Current tests are inaccurate, and some do not distinguish between antibodies developed against minor Coronavirus infections like summer colds and the highly transmissible and fickle COVID-19.

The Governor of Florida proudly announced the purchase of 100,000 test kits from China to be distributed around the state. However, he did not reveal the test's manufacturer or how this test performed in China, Italy, Spain or elsewhere.

The last thing we need to do is create a sense of immunity and invincibility in someone who does not have antibodies from exposure to COVID-19 because you purchased and distributed a non-FDA approved, and marginally accurate, test kit.

We will reopen the office when the “flattened curve” shows a decline in new cases for a two-week period. This is a requirement of the federal government’s three phase path to re-opening America. Why is this guideline suddenly being ignored in Florida?

My family, having read the reports out of Wuhan, China on the [www.cidrap.com](http://www.cidrap.com) infectious disease website, started our stay at home several weeks before most states did. We are just as bored as you are. We are just as tired of not generating income as all involved in small businesses are.

We will not however, put our patients’ lives at risk especially after their prolonged efforts at home because our Governors’ financial backers are feeling the economic backlash of this crisis. We will bring you in for visits when it is safe for you and safe for the staff and not before. If you feel differently, feel free to call me or write to me.

Stay home. Stay safe.

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