

DR CHRISTIAN JESSEN

Can
I Just
Ask?



THE 250+

**CURIOUS
QUESTIONS
THAT OFF-DUTY
DOCTORS ARE
MOST OFTEN
ASKED**



Can
I Just
Ask?

Can
I Just
Ask?

DR CHRISTIAN JESSEN



HAY HOUSE

Australia • Canada • Hong Kong • India
South Africa • United Kingdom • United States

First published and distributed in the United Kingdom by:

Hay House UK Ltd, 292B Kensal Rd, London W10 5BE. Tel.: (44) 20 8962 1230;
Fax: (44) 20 8962 1239. www.hayhouse.co.uk

Published and distributed in the United States of America by:

Hay House, Inc., PO Box 5100, Carlsbad, CA 92018-5100. Tel.: (1) 760 431 7695
or (800) 654 5126; Fax: (1) 760 431 6948 or (800) 650 5115.
www.hayhouse.com

Published and distributed in Australia by:

Hay House Australia Ltd, 18/36 Ralph St, Alexandria NSW 2015.
Tel.: (61) 2 9669 4299; Fax: (61) 2 9669 4144. www.hayhouse.com.au

Published and distributed in the Republic of South Africa by:

Hay House SA (Pty), Ltd, PO Box 990, Witkoppen 2068.
Tel./Fax: (27) 11 467 8904. www.hayhouse.co.za

Published and distributed in India by:

Hay House Publishers India, Muskaan Complex, Plot No.3, B-2, Vasant Kunj,
New Delhi - 110 070. Tel.: (91) 11 4176 1620; Fax: (91) 11 4176 1630.
www.hayhouse.co.in

Distributed in Canada by:

Raincoast, 9050 Shaughnessy St, Vancouver, BC V6P 6E5.
Tel.: (1) 604 323 7100; Fax: (1) 604 323 2600

© Christian Jessen, 2010

The moral rights of the author have been asserted.

All rights reserved. No part of this book may be reproduced by any mechanical, photographic or electronic process, or in the form of a phonographic recording; nor may it be stored in a retrieval system, transmitted or otherwise be copied for public or private use, other than for 'fair use' as brief quotations embodied in articles and reviews, without prior written permission of the publisher.

The information given in this book should not be treated as a substitute for professional medical advice; always consult a medical practitioner. Any use of the information in this book is at the reader's discretion and risk. Neither the author nor the publisher can be held responsible for any loss, claim or damage arising out of the use, or misuse, or the suggestions made or the failure to take medical advice.

A catalogue record for this book is available from the British Library.

ISBN 978-1-84850-246-8

Printed in the UK by CPI William Clowes Ltd, Beccles, NR34 7TL.

All of the papers used in this product are recyclable, and made from wood grown in managed, sustainable forests and manufactured at mills certified to ISO 14001 and/or EMAS.

Contents

Introduction	vii
1 General Health	1
2 Women's Health	21
3 Men's Health	41
4 Children's Health.....	63
5 The Human Body	85
6 Skin, Hair & Nails.....	103
7 Bowels & Bottoms	121
8 Diet & Fitness.....	133
9 Medicines & Drugs.....	161
10 Travel Health.....	175
11 Sex	185
12 Contraception, Fertility & Hormones.....	205
13 Pregnancy & Babies.....	219
14 Oddities	239
Index.....	257

Introduction

There is one constant about doctoring that is universally agreed upon by all medics: we are never, ever off duty. I don't mean that if someone collapses in the street we must go running to help, or if a passenger is taken ill on a plane we are obliged to go to their aid (though of course we are!). I mean in everyday life, during everyday conversations. Family gatherings all too often turn into mini-clinics, with brothers wanting to ask about this mole or that lump, aunts wanting info on which is the best HRT for them, and ever-wary grandparents wanting to check up on their own GP's competence in prescribing the correct blood pressure tablets. At nearly every conceivable occasion, once we have revealed our chosen trade, the questions quickly come rushing in – and by the hundreds, too. Dinner parties are definitely the worst. The more wine the guests drink, the bolder the questions get – things people have clearly been desperate to ask for years, but can only query under the liberating influence of wine and good food, never in the austere environs of their local GP surgery.

This got me thinking. Perhaps it would save us doctors a lot of breath if I collected together all the questions we get asked. Perhaps it would actually be a good reference book? After all, of whom can you ask all these questions? You can't make an appointment with your GP just to ask what your appendix does. Maybe your question seems just too silly to waste anyone's time over (*Does chewing gum really stay in your system for seven years if you swallow it?*). Perhaps the question is a little morbid and might cause raised eyebrows (*Do we poo ourselves when we die?*) or is just too buttock-clenchingly embarrassing to ask anyone, ever (*Why does my vaginal discharge smell so bad?*). The Internet

Can I Just Ask?

contains vast amounts of information, but how do you know if the site you are looking at is accurate and up to date?

So I decided to put together this collection of the most common and curious questions that we doctors get asked. I sat down and talked with colleagues, and made notes of many of the things I get asked, both in the clinic and out. I went through old letters and emails, thought of every person who ever stopped me in the street or at a party with a question, and recalled as many drunken dinners as I could. I've even thrown in lots of top 10 lists and boxes of interesting facts and figures to keep you hungry for more.

So now you don't have to ask anyone out loud, and you can let us docs forget about medicine and allow us to enjoy our dinners out, free to gossip about *The X Factor* and not X chromosomes, because it's all here instead, divided neatly into sections to help you find the answer to your particular mystery. It covers male and female problems, sex, diet and fitness, and even some oddities that I couldn't fit into a conventional pigeonhole (*Will I get arthritis if I crack my knuckles?*). If you have a certain condition and want to find out more, or just want to know some extraordinary facts about your body, this is the book for you.

I have also become increasingly aware of the considerable number of myths circulating around, mistakenly advising that such-and-such a behaviour is guaranteed to improve health. I'm sure many are recommended in good faith, but medicine has come a long way and we really shouldn't be propagating this sort of nonsense any longer. The advice that you drink two litres of water a day, avoid carbohydrates if you want to lose weight, detox regularly and try homoeopathy are just some of the 21st-century health mantras that are often unquestioningly accepted - and in my view are pure hokum - so I cover as many of these as I can, too. And don't get me started about chiropractors ...

Dr Christian Jessen

London 2010

www.drchristianjessen.com



General
Health

Should you really feed a cold? And if so, why is chicken soup always recommended?

Eating not only helps your body to combat a cold, but can also help you feel better. Dutch researchers have found that eating stimulates the very type of immune response that destroys the viruses that cause colds. Their experiments showed that six hours after we eat a meal, our levels of *gamma interferon* – a substance produced by infection-fighting cells and involved in the process by which T cells destroy cells attacked by a foreign invader (pathogen) – increase fourfold. By contrast, gamma interferon levels actually drop in people who drink only water when they have a cold.

Not just any old food will do, though. You need to choose a healthy, balanced diet. Chicken soup has been offered to the bed-bound since the dawn of time, and it seems the gesture is not at all futile. The soup has anti-inflammatory properties, and some studies have shown that it can reduce the movement of the white blood cells that can cause congestion and other undesirable cold symptoms.

What about starving a fever?

Most doctors would advise you to stick to a normal diet whether you have a fever or not. Some research even suggests that fasting during an illness may be dangerous. As we learned from the question above, restricting food intake hinders the immune system's ability to respond to an infection, because it deprives key cells of the energy they need to produce proteins that recognize invaders and target them for destruction.

Did You Know... Your hearing is less acute after a large meal. Musicians and singers often avoid eating before a concert for this very reason.

Why do we have earwax? And what is the best way to remove it?

Earwax is a useful substance that your body produces to protect and clean the ears. It has a number of important functions: it cleans, lubricates and protects the lining of your ear by trapping dirt and repelling water. It is also slightly acidic and has antibacterial properties. Without earwax, the skin inside your ear may become dry, cracked and infected, or waterlogged and sore.

The rate of earwax production is usually fairly steady, but if you get colds or have a lot of allergies then you may produce more. It can build up and become blocked, which will affect your hearing. People have one of two types of earwax: dry or wet; it is the wet type that can get blocked up. Never use cotton buds, as they just push the wax further into your ears and impact it. Forget those ear candle things, too; they will do nothing except drip hot wax on you. Chewing gum can help shift it (by chewing it, not sticking it in your ear), and olive oil in the ear will soften it and help it work its way out.

When I fly I get sharp pains in my ear. They usually go away quite quickly afterwards but my hearing can be a bit muffled for a while after. Why does this happen, and what can I do about it?

When you go up and down in a plane you experience considerable pressure changes within your ears. These changes usually affect you more when the tubes connecting your ears and nose are blocked due to a cold or infection.

I suggest you try some nasal drops one hour before you take the flight, and when you are landing chew gum or some toffee so that you keep swallowing. Swallowing helps open the tubes and clears the pressure, and so relieves the pain. Opening your mouth really wide, as when you yawn, can help, too. You could consider

having a check-up to see if you have any chronic infections or sinusitis.

I can see blood in my urine. What should I do?

Get yourself checked by a doctor. The commonest cause of this is an infection, but there are other causes: kidney stones or bladder stones, and even growths in the bladder. The important thing to say is that it is never 'normal'. It is a sign that something is wrong and needs looking into. Infections can be simply treated with an antibiotic, but you definitely need to report this to your GP who will want, at the very least, to send off a sample of your urine to the lab. Some 4 per cent of the population have blood in their urine without any detectable cause, but it tends not to be visible to the eye. It's more likely to be found on 'dipstick' testing. Visible blood in the urine should always be investigated. Remember that some foods, like beetroot, can colour your urine pink. Alarming, but entirely harmless.

I have a small hard lump growing on the back of my hand. It's been there for a while – what could it be?

This sounds like a really common thing called a *ganglion*, which is a little jelly-filled cyst that grows around tendons, which is why the back of the hand is a common place to get them. It's not serious at all and can be left well alone. The historical treatment was to whack them really hard with a big book, like a bible, to burst them, but I don't recommend you try this! If it is sore or causing problems, then a doctor can put a needle in it to drain it, or it can be removed surgically. Otherwise just leave it alone as it may just disappear in time.

Did You Know... Only around one-third of the human race has perfect vision, and this proportion decreases significantly with increasing age.

I am suffering from two groin hernias. I keep being told that I need to lose weight, but what can I do that won't make them worse?

Most hernias are caused by increased pressure in the abdomen, caused by straining (as when lifting heavy objects), coughing, or if constipated. If you are overweight then this will also contribute, because much of the excess fat tissue is deposited around the intestine inside the abdomen, increasing the pressure on the tummy muscles and forcing the intestine to protrude through any weakness in the abdominal wall – a hernia. Groin hernias are the most common in men because of a natural weakness there, left when the testicles descend into the scrotum before or after birth.

You need to keep your weight down to prevent the hernia getting worse, and also to make surgery easier. Exercises to avoid are any involving heavy lifting, pulling or pushing, as these involve closing off your throat, which only serves to increase abdominal pressure and the size of the hernia. I suggest that the best thing to do would be aerobic-type exercise, for 30 minutes at a time, every other day. The best ones are swimming and using an exercise bike.

I have varicose veins on my legs. Will exercising make them even worse?

No, exercise will not make your varicose veins worse. In fact, it should actually improve the circulation through your legs, so may make the varicose veins less noticeable. Blood goes into your legs through your arteries, and returns to the heart through your veins. Your veins have valves in them to stop the blood going

the wrong way, and varicose veins occur when the valves in your veins don't work properly and the veins distend and stretch. If they are particularly unsightly or painful, then you can have an operation to have them removed.

My mum and my grandma have osteoporosis and I'm worried that I'll get it, too. I'm 26 and want to know what I can do to avoid it.

Osteoporosis is a condition where your bones become thin and weak, and can break easily. It can happen to women after the menopause because of changes to their hormone levels, which normally regulate calcium levels and bone strength.

To avoid osteoporosis, the best first step is to look to your diet. Calcium-rich foods like green veg, nuts and soy products are all good. Dairy and fish are also good sources. If you think you aren't getting enough and don't have much dairy in your diet either, then you could take a supplement with calcium and vitamin D.

The other important thing for keeping your bones strong is weight-bearing exercise. The more you can do now, while you are young, the stronger your bones will be as you get older. Try walking, jogging, skipping, weight-training or aerobics, and keep your body weight within a healthy range, because being very underweight will put you at risk, too.

Did You Know... We all have our own unique smell, except for identical twins. Newborn babies can recognize the smell of their mothers, and many of us can pinpoint the smell of our significant others and those we are close to. Part of that smell is determined by genetics, but it's also largely determined by environment, diet and personal hygiene products, all of which create a unique chemistry for each of us.

I have lost my sense of smell. I can't remember any event that caused it, and it is really spoiling my enjoyment of food, as I can't taste it properly. What could be causing it?

Loss of smell needs to be taken seriously, so it's important that the cause is found. The most common causes are nose infections, colds and hay fever. They only cause a temporary loss of smell, however, and it should come back when the problem settles.

Some women can lose their sense of smell because of an underactive thyroid gland, and this problem can be revealed by blood tests. It can be corrected with tablets to correct the lack of thyroid hormone. The most sinister cause is a brain tumour pushing on the smell nerves in the top of your nose. Although this is rare you must have tests to exclude this possibility. I would go to your GP as soon as you can and get started with the investigations.

I have recently had an operation on my tummy. What can I do to make the scar smaller and less noticeable?

If your scar is relatively new, then it will be quite dark and prominent, which is normal. Scars do settle down and fade with time, although this can take between six months and a year. The good news is that there are products available to help if you can't wait that long. You can get silicon gel patches that you stick over the scar, or a silicon-based cream called Dermatix that you need to rub on the scar twice a day. They take a few months to work and are expensive, but can be effective, especially with scars from burns (for which they are often used in hospitals). A simpler and cheaper solution for you may be to try Bio-Oil® or vitamin E capsules. Cut them open and massage the oil into the scar every day. This will help it heal and become much more discreet.

When I get nervous I get big red blotches over my face, neck, chest and arms that are very noticeable. Drinking makes them worse. Is there is anything I can take to stop them appearing?

You have a condition called idiopathic craniofacial erythema, or excess blushing, which seems to affect up to 10 per cent of the population. It's caused by the blood vessels in your skin dilating due to chemical and nerve signals that occur when you get stressed or pressured. It can be difficult to treat, but there has been lots of success with cognitive behavioural therapy (CBT) and neuro-linguistic programming (NLP). There is also an operation available to cut the nerves that control blushing. This has its risks, of course, but can work well for some.

Did You Know... If something cannot be dissolved in saliva, then it cannot be tasted. For foods – or anything else – to have a taste, chemicals from the substance must be dissolved by saliva in order to stimulate the taste buds.

I have really bad breath, and have done for years. It seems to come from the back of my mouth/tongue. Can you get antibiotics to reduce the amount of bacteria in the mouth, and would this be worth a try?

Bad breath is a problem that can affect everyone at some stage or other. We all know what it's like getting close to someone after a meal of garlic and onions. Your case sounds a little more serious, however. I suggest that the first thing you do is to get a full dental check-up, as gum disease and tooth decay are some of the main culprits, along with cigarette smoking and excess boozing.

Dieting can also make your breath bad – the Atkins diet being a notorious example of this. Other possibilities include liver or kidney disease, and even some drugs, such as antidepressants,

which reduce the amount of saliva produced. Make sure you floss your teeth regularly, and it may be worth investing in a tongue scraper – although, be warned: the colour and smell of what you remove when you first use it will probably horrify you!

If you have tried all these and none works, then it is possible that you may have an overgrowth of bacteria in your mouth, which will need an antibiotic called Metronidazole to get rid of. You will need to get a prescription from your GP.

Is Botox safe?

Everyone has heard of Botox, but not everyone knows that it is actually a purified form of the toxin made by bacteria that causes food poisoning! However, injected into facial lines, it temporarily paralyses the contractions of the underlying muscles, which, in turn, reduces the appearance of wrinkles.

There are very few risks associated with Botox injections, but I would only recommend that a trained doctor administer it because a good knowledge of facial anatomy is needed to achieve a satisfactory result and results can vary according to the practitioner. The effects aren't permanent – they last only up to six months – so be prepared to need a top-up later on, and remember, as with most cosmetic procedures, less is more.

What exactly is Bell's palsy?

The muscles of the face are controlled by the facial nerve, which comes out of a hole in the skull just below and in front of the ear. From there it spreads like a fan across the face, with branches going to each of the many tiny muscles that control our facial expressions. Damage to this nerve causes all these facial muscles to stop working, which shows in affected patients as an inability to smile or close one eye properly.

By far the most common cause of this type of paralysis is Bell's palsy, caused by an inflammation of the facial nerve as it leaves the skull. The exact reason for this inflammation, and subsequent paralysis, is unknown. When the condition starts, the patient develops a sudden paralysis of the face muscles on one side only. There may be some mild to moderate pain at the point where the nerve leaves the skull beside the ear, but this settles after a few days. There may also be a disturbance to taste sensation. Two-thirds of patients recover completely within a few weeks with no treatment. Most of the others obtain partial recovery, but 10 per cent are significantly affected by facial paralysis for the long term.

Is all this stuff about it being dangerous and cancer-causing to live near electricity pylons true? Has there actually been any research done on it?

There is research being done, and a lot of it is still ongoing. The UK Childhood Cancer Study concluded there was 'no evidence that exposure to magnetic fields associated with the electricity supply in the UK increases risks for childhood leukaemia, cancers of the central nervous system, or any other childhood cancer'. But scientists at the World Health Organization criticized this research, saying that it was incomplete: not all forms of exposure were measured, and only small numbers of children in the higher-exposure categories were used. This makes the reassurance that the UK Childhood Cancer Study tried to give a little hard to swallow. I would say that the jury is still out on this one.

Did You Know... Small noises cause the pupils of your eyes to dilate. This is almost certainly why loud, uninvited noises can so disturb people doing close work, like surgeons and watchmakers. The sound causes their pupils to change focus and blurs their vision, making it harder to do their job.

Every now and then I get a weird twitching in the muscles of my eyelid. It feels like it's jumping a bit. What causes this?

This is a really common symptom and often occurs during periods of stress or fatigue. We don't really know the exact cause, but we do know it is of no significance and is certainly not a sign of any sinister underlying brain or neurological disease. It is more likely to be a sign that you need a good night's sleep. While there is no proof that caffeine makes it worse, decreasing caffeine consumption is said to help some people.

Eyelid twitching is not the same as a spasm of the muscles around the eye that causes it to close. Called blepharospasm, this should precipitate a trip to your doctor's.