

wynnshang sun, m.d.

These FAQs below are provided for your convenience and understanding of my practice.

If at any time you have additional questions, please call my office directly: 858.452.7040.

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What is internal medicine?

Internal medicine is the study of adult medicine. It is a specialty involving the diagnosis and management of many medical conditions, including heart disease, diabetes, high blood pressure, thyroid diseases, kidney and liver disease, and many other areas. General Internal Medicine also involves preventive medicine as well, including screening for common diseases to detect something early so that better treatments may be available. Chances are, if you're over 40, you need a good internist.

Why should I see a doctor? I hate taking medicines.

There is a lot of health care that does not specifically involve taking medications. Preventing disease is easier and much better than treating disease. By simply performing occasional screening exams, making changes in your lifestyle, or perhaps even trying "alternative" modalities of medicines you can often stay healthy. By seeing your doctor regularly, you can continue to stay healthy.

How often should I have a physical exam?

For anyone under the age of 40, I recommend that you come in for your complete physical exam, and if there are no medical issues whatsoever, then I would usually recommend a repeat physical exam in 2–3 years. Women under 40 will still need their annual Pap smears and breast exams, which may be done by her gynecologist. If any problems such as high blood pressure or high cholesterol are diagnosed, or if you have had a history of heavy sun exposure and you do not see a dermatologist on a regular basis, then you should come in at least once a year for a full exam. Beginning at the age of 40, I recommend that all men and women come in once a year for their complete physical exams, as there are important screening tests and exams that should be done annually. Not only are there many medical

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problems that do not present with any symptoms and should still be treated early, but there are also many medical problems that can be prevented if we are proactive in managing your health.

I already see a specialist. Why do I need another doctor?

A specialist concentrates on his or her area of expertise, and can often provide you with top quality care in that one area. However, you should also have a primary care physician, possibly an internist, who can coordinate your care between specialists, prevent and manage problems that don't need specialty care, and help you look at the big picture. The human body is very complex, and by concentrating in just one area, it may be easy to miss something else.

What role should alternative medicine play in traditional treatment?

Many things fall under the term "alternative and complementary medicine," and much of them have validity. A number of medications I prescribe originally came from plants, and pharmaceutical companies have simply standardized and produced the active compounds. However, I do believe that before I prescribe or recommend something, there has to be data to back it up. There is literature available about experiments on alternative medicine, and good scientific studies are currently being performed at many institutions, including the National Institutes of Health. Using this evidence, I make my medical decisions, which in some cases is a combination of "conventional" medications, along with various alternative therapies.

Do you believe in vaccinations?

The short answer is yes. While there may be some possible mild side effects to some vaccinations, serious reactions are very rare. This is an excellent article from the LA Times that I fully support.

Parents, don't be immune to vaccine truths

Doctors haven't done a great job explaining vaccines, so it's no wonder parents are confused.

By Rahul Parikh

April 20, 2009

As a second-year pediatric resident, I went to India to work in a hospital in Mumbai. There, among the rows of sick, poor children, were ones dying from vaccine-preventable diseases. Among them, most starkly, was a 9-year-old boy in the most

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severe stage of tetanus -- every muscle in his body was locked in spasm, the sides of his face pointed upward in a grimaced smile -- "risus sardonicus," as it's known in pediatric textbooks.

His mother's eyes were filled with terror and hopelessness as she sat next to her son, day after day, feeding him drops of fluid with an old spoon to keep him from starving to death. She was poor, uneducated and without access to the preventive care so many of us take for granted here. The boy spent several weeks in the hospital before, by some miracle, he started getting better.

It wasn't my first lesson about the importance of vaccines. That had happened a year earlier, when I was an intern at Cedars-Sinai Medical Center, half a world away. One night, we admitted a 9-month-old girl who was having trouble breathing. She arrived with her parents -- Mom in tears and Dad tense with worry. Her parents were movie stars from a Hollywood borough who, unlike that mother from a Bollywood slum, needed nothing. In a way, they had chosen "nothing" for their daughter from the time she was born -- refusing all vaccines for her.

My resident called the pediatric intensive care unit as I stuck a needle deep into the child's wrist, drawing blood from her radial artery to find out just how severe her respiratory failure was.

Her condition, as it turned out, wasn't grave enough to require us to hook her up to a ventilator. Other tests showed that she had an RSV infection, a common, but serious, cause of wheezing in babies.

But she didn't follow the usual course of recovery for children. We began to worry about other serious infections. We called for an infectious disease consultation and ordered another round of tests: We stuck more needles into her tiny veins, and her doctor performed a spinal tap to make sure she didn't have bacterial meningitis.

Late that week, as she was on the mend, we found out that in addition to being infected with RSV, this little girl had whooping cough -- a vaccine-preventable disease.

In truth, it's hard to know which was the biggest culprit, the RSV or the pertussis. My feeling is that if she had only RSV, then she would have gotten better faster than she did, which is what led us to evaluate her further.

But that combination -- being very sick and unvaccinated -- had led this child to the edge of respiratory failure, confined her to the hospital for a week, subjected her to many invasive tests and left her parents sleepless and scared. To top it all off, every person who had been in contact with her in the hospital was forced to take preventive antibiotics so we wouldn't get sick and spread whooping cough.

Refusing health

In the decade since that episode, vaccine refusal has become a trend in many places, including Southern California. As a recent Times article shows, that trend is particularly marked in affluent areas.

By now, most people know that many parents are refusing to vaccinate their children because they're scared that vaccines cause autism. They've heard the public rants of people who form a small but vocal and well-financed minority in the autism community and been frightened by them. Actress Jenny McCarthy, for example, who has had her share of appearances on "Larry King Live" and "The Oprah Winfrey Show," has screamed (literally) that she would rather children get measles than autism. At best, that's a false choice; at worst, it's a sick, horrible wish for her or anybody else's child.

You may be a parent reading this, unsure of what to believe when it comes to vaccines. I've had parents break down crying because they simply didn't know what to do.

And you know what? You have every right to be confused.

That's because doctors like me haven't been very good at communicating with you. For a long time, many of us blew off questions and concerns about vaccines. By the time we did start listening, sometime around the middle of this decade, we were way behind the curve. "Investigative reports," such as those produced by author David Kirby and environmental attorney Robert F. Kennedy Jr., condemned vaccines and the doctors who recommended them. .

We doctors, in contrast, were unsure of ourselves, even as a growing body of studies proved, time and time again, that vaccines (and things in them) were not causing autism. We clumsily scared the public by abruptly taking thimerosal out of vaccines in 2001, even though there was no science to support such a move. When McCarthy first showed up on "Oprah" and "Larry King" in 2007, we responded with coldly worded, bureaucratic statements.

Doctors respond

But slowly, and surely, we doctors have started to find our voice. In 2008, Larry King had McCarthy on his show again, but this time she sat next to American Academy of Pediatrics President David Tayloe and UCLA pediatrician Harvey Karp, both of whom calmly rebutted her anger and expletives. We've launched campaigns to give parents some straight talk about vaccines, such as *Why I Choose* and *Every Child by 2*. We've written books -- "Autism's False Prophets" and "Do Vaccines Cause That?!" -- that have exposed some ugly truths about the anti-vaccine community.

Most important, we now have more than 30 studies vouching for the safety of vaccines, with more on the way.

Despite all of this, though, you may still be confused and worried. That's because vaccine opponents keep shifting their hypothesis as to what actually causes autism.

In the early part of the decade, it was the MMR vaccine itself. But multiple studies demonstrated its safety. Then anti-vaccine folks moved to thimerosal, a preservative in vaccines. This too was discounted in many studies, including one early last year that showed that even though thimerosal is out of vaccines, autism rates continue to rise.

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Now the opponents are stuck somewhere between blaming other components of vaccines or the number of shots in the schedule. After we spend millions of your healthcare dollars to disprove these hypotheses, they'll move the target to something else.

And as they run out of ingredients to blame, they've turned their ire against pediatricians, painting them as some monolithic group of people who march to the beat of drug companies, both parties bent on making profits from vaccines at the expense of children.

That notion reeks of absurdity. First, pediatricians live in, and care for children in, communities all over the country. Our profession, in fact, rose with the advent of public health in the early 20th century. At that time, countless children lived in disease-infested tenements. Mass vaccination became a bedrock of our strategy to save their lives and give them a chance to grow up, and it worked beyond our wildest hopes. Second, for many doctors, the mere cost of buying vaccines is outstripping profits from administering them.

Over the years, we doctors haven't given you a lot of reasons to trust us. But if there's one subject we are right on, it's vaccines -- they're safe and effective. Like all things in medicine, they have side effects. But autism isn't one of them.

So please, talk with your pediatrician. Yes, we are stressed out and hurried in modern medical practice. But I can bet you that any of us would rather slow down to help you make the right decision than slow down because you bring your child into our office dying from bacterial meningitis, something that happened earlier this year in Minnesota.

It's a hot, flat and crowded world, one in which vaccine-preventable diseases can spread by a weekend drive down the 405 or, as in the case of the recent San Diego measles outbreak, by a trip to Europe.

For those who do choose to vaccinate, thank you for choosing health. Not just for your child and your family, but also for your community as well.

Parikh, a Walnut Creek, Calif., physician, writes the Vital Signs medical column for Salon.com. He has no financial relationships to drug or vaccine manufacturers.

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