

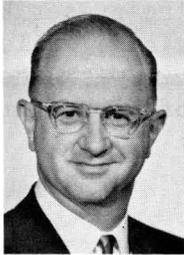
the People's Doctor

A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

VOL. 2, NO. 3

MARCH 1978

IN THIS ISSUE:
Anti-Arthritis
Drugs:
Are the "cures"
worse than
the disease?



**Dr. Robert
Mendelsohn**

Remember all the quack cures for arthritis? The copper bracelets? the genuine snake oil? the herb medicines? They may not have worked, but most of them did no harm.

Today, however, things are different. After a long interval during which aspirin and bed rest were universally prescribed as just about the only way to deal with this disease which afflicts millions, today's modern "medicine men" have unleashed a Pandora's box of medications designed to relieve the discomfort of arthritis. Surely a desirable goal. The only problem is that the drugs are so potent that the cures may well be worse than the disease.

Within the last few years, a flood of advertisements has appeared in medical journals heralding the advent of such anti-inflammatory preparations as Butazolidin alka, Motrin, Indocin, Naprosyn, Nalfon, Tolectin, and others. Drug companies have vied with each other in rushing their arthritis "cures" to market. In the intervening months and years, millions of prescriptions have been written for these medications, and many patients have suffered adverse reactions after taking them.

As you read the following letters from my readers, keep in mind that none of these medications cures arthritis--most merely reduce inflammation. The same is accomplished by aspirin--in fact, many of the more recent ads for the new anti-inflammatory drugs boast they are "As Effective as Aspirin." The question any user of these medications must ask himself is whether the risks of their side effects is worth whatever benefits they may offer.

Q

My doctor has prescribed an arthritis drug for me called Butazolidin alka. He gave me some sample pills and a prescription for a week's supply. He also told me to drink two bottles of antacid while I took the medicine, and he said I should stop taking it if I developed stomach problems.

That frightened me, and I became more frightened after I read a warning on a sample bottle that said: "Frequent blood counts should be made, and the patient should report to the physician immediately if fever, sore throat, lesions in the mouth, or black or tarry stools occur." Doesn't this seem like pretty strong medicine for arthritis? --D.R.

A

Dear D.R.: It is very strong medicine. Let me tell you more about it by quoting some of the information in literature put out by the manufacturer (Ciba-Geigy):

*Butazolidin
Alka*

"This is a potent drug; its misuse can lead to serious results. Cases of leukemia have been reported in patients with a history of short-and long-term therapy. The majority of the patients were over 40."

I went further into Ciba-Geigy's literature to discover 92 possible adverse reactions to Butazolidin alka, ranging from headaches, vertigo and coma to hypertension, retinal hemorrhage, and fatal and nonfatal hepatitis.

The company's ad cautioned me:

"Carefully instruct and observe the individual patient, especially the aging (40 and over) who have increased susceptibility to the drug, Use lowest effective dosage. WEIGH INITIALLY UNPREDICTABLE BENEFITS AGAINST RISK OF SEVERE, EVEN FATAL REACTIONS, THE DISEASE CONDITION ITSELF IS UNALTERED BY THE DRUG. (Caps. mine)

High-risk drugs are certainly indicated for some life-threatening diseases, but to include all forms of arthritis in this category seems ridiculous. A drug whose literature speaks of "weighing" death against temporary relief from pain would offend even a child's sense of logic.

I share your frustration at drugs that can cause such serious side effects when the problems for which they're prescribed seem quite minor by comparison. And I wonder when physicians, while handing a prescription to a patient, will also provide him with the readily available list of adverse reactions. I know of no better way for a doctor to protect his patient.

Q

I just read your warning against Butazolidin alka. I am 50 years old, and I have discontinued taking this drug because of its many side effects. I now take Motrin for osteoarthritis, and I'd like to know the side effects of this medication.

My doctor orders an extensive blood test every three months, and then he continues the medication. Aspirin in any form causes me great stomach distress, so I'd really like to know if Motrin is safe. --Mrs. F.E.T.

A

Dear Mrs. F.E.T.: The adverse reactions seen thus far from this rather new drug include stomach cramps, vomiting, stomach ulceration, skin rashes, dizziness, fluid retention, and visual disturbances.

Motrin

Upjohn, the manufacturer, mentions important blood disorders which result from Motrin, such as decreases in the white blood count and hemoglobin, and an increase in bleeding time. I presume that this is what your doctor is looking for when he orders blood tests every three months.

As you probably know, Motrin produces fewer gastrointestinal problems than does aspirin, but it does not eliminate them altogether. But aspirin has been around for a long time, and we are well informed as to its risks. Those of Motrin remain to be determined.

One of the unwritten tongue-in-cheek rules in medicine is to always write a prescription for a new drug quickly, before all its side effects have been identified. Only after several years will we be able to tell whether switching from Butazolidin alka to Motrin isn't just a case of jumping from the frying pan into the fire.

Q

May I add my two cents worth on Motrin? I began taking Motrin in July for arthritis on the prescription of my orthopedic surgeon. The pain diminished a little, but I began to develop blurred and double vision. The next month, when I went for my regular eye checkup, I

could barely see the letters on the chart. The eye doctor asked if I was taking any medication, and I told him I was taking Motrin. He said he was hearing more and more about Motrin's bad effect on the eyes. I continued taking Motrin for another week, but finally stopped as my vision was getting much worse. When I went for another eye exam in December, my right eye had improved, but there were still some problems with the left one. By my next checkup, I hope my left eye will be as good as it was before Motrin.--Mrs. A.R.

A

Dear Mrs. A.R.: Congratulations to your eye doctor for asking that all-important question: "What medication are you taking?" As so many new and powerful drugs come on the market, that should be the first question any of us doctors ask our patients when they tell us their symptoms. In your case, those five little words saved you from going the route of X-rays, brain scans, and other costly and uncomfortable tests that may be used to discover the cause behind the symptoms you reported.

Q

I was told to take four tablets of Indocin daily for arthritis. Within five days, I began vomiting day and night, went into a comatose condition and became dehydrated. I was taken to the hospital where, after a series of intravenous feedings, I was given a spinal tap and brain wave test. I hallucinated and lost my sense of balance.

Today, more than six years later, I still have an imbalance and cannot remember simple things. My sister is going blind as a result of taking Indocin, a condition diagnosed by her ophthalmologist. A friend of mine who was put on the medication found her body drawn up into painful spasms on the fourth day she took the medication, and she still is lame. My 28-year-old niece, who had been taking six to eight Indocin a day, became very ill, and hospital tests could determine no cause for her illness.

All the symptoms I've described are listed on a brochure that I found in a sample box of Indocin I was given. This brochure was intended to advise doctors of symptoms and reactions, and it advised them to keep patients under observation as long as they were on the medication. Nine major categories were listed, broken down into 64 separate reactions, with fatalities and irreversible reactions among them. The information came from the manufacturer, Merck, Sharp and Dohme.

None of the people I know was warned of Indocin's potential dangers, and none was kept under observation. Frightening, isn't it? --Mrs. A.E.

A

Indocin

Dear Mrs. A.E.: Your letter fails to make clear whether that brochure in the sample box was available to you before you began taking Indocin, or whether you received it after you had begun taking the drug.

With such a potent drug, it seems to me that physicians should be supplying each patient with such a brochure (or with a xerox copy of the information in the "Physician's Desk Reference") before the patient swallows the first dose. Some doctors claim such a procedure, if generally followed, would make the efficient treatment of patients almost impossible. Your letter strongly counterbalances such claims.

Since use of Indocin, as indicated by your letter, seems so widespread, it seems appropriate to quote from the opening remarks in the prescribing information: "Because of the possibility of adverse effects, some of which may be serious, the drug should not be used casually."

Q Three weeks after my husband was given a prescription for Naprosyn for his arthritis, he began hemorrhaging profusely orally as well as rectally. Emergency hospitalization, many transfusions, gastrointestinal search for the location and cause of the bleeding, etc. revealed a large perforated ulcer and a ruptured artery. Needless to say, his condition was critical for days from loss of blood, drop in blood pressure on the operating table and curtailment of the operation because of the latter crisis. We were asked to bring in all his medication, and no secret was made of the fact that the doctors all concurred that the cause of my husband's problems was Naprosyn.

Not only has this incident caused distress for the patient and family, but it has cost taxpayers by way of Medicare nearly \$10,000. Why is this drug on the market?--Mrs. K.S.

A
Naprosyn Dear Mrs. K.S.: Testifying about Naprosyn at a congressional hearing chaired by Sen. Edward M. Kennedy, FDA witnesses said that, although the drug would never have been approved for use if the truth about its safety tests had been known at the time approval was granted, through a "Catch 22" in the law, Naprosyn cannot be taken off the market now except through long and tedious proceedings. The FDA has attacked Naprosyn because it says that toxicity tests performed on animals by the Industrial Bio-Test Laboratories of Northbrook, Ill. failed to follow accepted laboratory procedures. Examination of the data (on the basis of which Naprosyn has been prescribed for enough people to bring Syntex sales of \$20 million from May through August of 1976) revealed improper records, underreporting of tumors, and questionable reporting of animal deaths.

Q While my husband sits and relaxes during the evening, he suffers from a stinging, burning sensation in his lower leg and instep. He gets some relief when he gets up and walks, or when he goes to bed. He has gout and takes 300 mgs of Zylprim daily. His doctor says the burning may be related to either the gout or the medication, and he will just have to "learn to live with it." We feel that something surely could be done to provide a little relief. Might this condition be due to a circulatory problem? My husband is 58 years old and plays golf nearly every day. He walks the course instead of riding in a cart, so he should be getting plenty of exercise. Do you have any suggestions?--Mrs. M.K., Fresno

A
Zylprim Dear Mrs. M.K.: I am very impressed by a 58-year-old man who, despite a diagnosis of gout, walks the length of a golf course almost daily. Burroughs Wellcome's Zylprim (allopurinol) is a potent drug for gout--the prescribing information warns in boldface type: "This is not an innocuous drug." This warning is reinforced by the list of

contraindications, precautions and adverse reactions that fill more than two columns in the manufacturer's leaflet.

Your idea of exploring the possibility of a circulatory disorder deserves consideration. Perhaps your doctor can refer you to someone who specializes in this field.

If there's one phrase I'd like to see eliminated in medicine, it is "learn to live with it." I have never seen this statement in any medical text, but it continues to emanate from physicians like dogma. Yet it is unnecessarily pessimistic in tone, and it closes off options for further management. The patient has every right to respond in two ways: 1) "That's easy for you to say, doctor"; or 2) "Help me learn to live with it."

When standard medical treatments do not provide solutions, doctors and patients might try using a little more imagination rather than relying on stock phrases. In your husband's case, if his doctor has no further remedies to offer from conventional medical literature, as a last resort he might turn to the cherry-eating treatment for gout mentioned in "The Encyclopedia of Common Diseases" (Rodale Press). There is no firm evidence that cherries do any good, but they sure beat Zylprim for side effects. Besides, you can learn to live with cherries.

Q A friend of mine who has had arthritis for many years has found relief for weeks at a time by taking a drug called Tandearil. Since I also was suffering from arthritis-like pains, she gave me some of the pills, and they worked for me too. This amazes me--only two a day for a few days seem to stop the pain for weeks at a time.

What do you think of this medication? Are there any dangerous side-effects? How safe is it?--E.H., Des Moines

A Dear E.H.: So you found relief from pain; heaven only knows what else you may have found! Let me quote from Geigy's prescribing information:

Tandearil

"Tandearil cannot be considered a simple analgesic and should never be administered casually. Each patient should be carefully evaluated before treatment is started and should remain constantly under the close supervision of the physician Therapy should not be initiated until a careful detailed history and complete physical and laboratory examination, including a complete hemogram and urinalysis, etc., of the patient have been made. These examinations should be made at regular, frequent intervals throughout the duration of this drug therapy Careful observation of the individual are essential to the prevention of serious, life-threatening adverse reactions Because of the unpredictability and severity of the potential side effects of Tandearil, the following should be accomplished at regular intervals:

"A complete physical examination including check of the patient's weight.

"A COMPLETE WEEKLY (especially for the aging) or an EVERY-TWO-WEEK BLOOD CHECK. . . . Cases of leukemia have been reported in patients with a history of short- and long-term therapy with the drug."

If the above information doesn't scare you, maybe you and your friend, who's dishing out Tandearil like candy, ought to read all six columns of the prescribing information!

I cannot understand why people who would never think of borrowing someone else's toothbrush think nothing of taking a friend's prescription!

Other Anti-Inflammatory Drugs

Unfortunately, space limitations make it impossible for me to explain the prescribing information for all the anti-inflammatory drugs currently being prescribed for arthritis. If you take Nalfon, Tolectin, Azolin, Colbenemid, or other drugs which have not been explained here, ask your doctor if he will go over the prescribing information with you. If that proves unsuccessful, ask your druggist to review with you the package insert that comes with the drug. If that doesn't work, head for your local library and a copy of the Physician's Desk Reference (Medical Economics Co., Oradell, N.J. 07649, \$12.25) Armed with that, a good dictionary, and a little bit of patience, you should be able to decipher what that drug you're taking is capable of doing for you and to you.

Update on Contraceptive Pills

New information on ill effects of contraceptive pills comes from both the U.S. and England. A recent study in Framingham, Mass., "tentatively" concludes that, compared with women who do not take the Pill, users were found to have slightly elevated cholesterol levels, marked elevations in triglyceride levels, slightly elevated levels of low-density lipoproteins, and lower levels of high-density lipoproteins. While factors such as age and smoking do figure in these results (women who take the pill tend to be leaner and younger and smoke more heavily than nonusers), analysis clearly reveals a strong relationship between contraceptive pills and blood lipid levels.

A large study conducted in the United Kingdom has shown that the death rate from disease of the circulatory system in women who had used oral contraceptives was five times that of controls who had never used them, and the death rate among women who had taken the Pill continuously for five years or more was 10 times that of controls. Total mortality among women who had used the Pill was increased by 40 per cent, and this excess mortality was substantially greater than the mortality from complications of pregnancy in the controls. Now, let's hear the comments from the "experts" who have been telling us that the Pill is safer than pregnancy!

Back issues of The People's Doctor Newsletter are available at \$2.00 an issue from: The People's Doctor, 664 N. Michigan Ave., Suite 720, Chicago, Ill. 60611. Vol. 1, No. 1 Pregnancy & Childbirth; Vol. 2, No. 1 High Blood Pressure & Antihypertensive Drugs; Vol. 2, No. 2 Women as Guinea Pigs: DES...The Pill...Menopausal Estrogens...

Your questions about the medical problems that trouble you most, will be answered by Dr. Mendelsohn. Please send your questions to: The People's Doctor, 664 N. Michigan Ave., Suite 720, Chicago, Ill. 60611.

The People's Doctor Newsletter
664 N. Michigan Ave., Suite 720
Chicago, Illinois 60611

Published monthly. Subscription rate: \$18.00 annually.
Robert S. Mendelsohn, MD, Editor
Vera Chatz, Assistant Editor

Material from People's Doctor columns © 1976-77 Chicago Tribune—New York News Syndicate, Inc.

Medical News

FDA Commissioner Donald Kennedy has announced a federal program to give U.S. consumers a greater voice in food and drug policy. According to Kennedy, one of the program's aims will be to "demystify medicine" and to cool the concept among many Americans that a successful visit with the doctor must end with a written prescription for medicine. Kennedy said, "We seem to have a national belief that there is a drug for every affliction. Physicians as well as patients are too often victimized by a kind of chemical ceremony in which no visit to a physician is complete without ending in a written prescription." (United Press International, January 20, 1978)

The Kentucky Supreme Court has ruled that unborn babies have no standing in law for collection of wrongful death damages. By a 3-2 vote, the court let stand lower court decisions and a state law precluding fetuses from wrongful death actions. The court took the action in a case in which an 8½-months pregnant woman was injured in an auto accident and lost the baby. The woman and her husband had filed suit on behalf of the unborn child. (American Medical News, January 9, 1978)

More than 200 tonsillectomies and adenoidectomies were not performed at a leading hospital last year because of a review program. The program, conducted by physicians and aimed at reducing unnecessary surgery, reduced the number of operations to remove tonsils and adenoids by 27 per cent. (Associated Press, December 13, 1977)

A Yale University study, which is still in progress, raises questions about whether enlarged tonsils are a sign of chronic tonsillitis in adults. Clarence T. Sasaki, M.D. and Neal Koss, M.D. discovered, to their surprise, that there was no correlation between tonsils that appeared to be enlarged and high bacterial counts. (Indeed, these seemingly swollen tonsils always were smaller than estimated when actually measured after removal.) In fact, the researchers found that larger tonsils (as measured after removal) contained fewer bacteria than smaller ones. (Journal of the American Medical Association, December 19, 1977)

Dr. Eugene Diamond of Chicago has surveyed 100 major U.S. medical schools and has found that one-third of them regularly ask applicants their views on abortion. Another third of the schools reported that the subject sometimes comes up in interviews. Two of the schools surveyed declared that an applicant's opposition to abortion would constitute a negative factor on his record. One in six schools said that students opposed to abortion create administrative problems which could be a factor when a school chooses among large numbers of applicants. (Parade Magazine, January 22, 1978)

Another View

by Marian Tompson
President, La Leche League
International



Marianne, the grandmother after whom I was named, was an elegant lady. Too elegant, according to one daughter-in-law, who thought it scandalous that the mother of eleven children should "look like a mannequin." But even with eleven children, the family was well off financially, so when my grandmother, in her early forties, noticed the first symptoms of what turned out to be rheumatoid arthritis, money was no problem as she and my grandfather sought relief from her pain. She tried cure after cure--medications, herbs, ointments, mud baths and hot wet packs, but nothing halted the progress of her disease or gave her much relief. By the time I knew her, she was confined to a rocking chair where she spent the rest of her days.

So my interest in this problem started early, and as I got older I decided to learn more about it. After all, arthritis of some kind is pretty common after thirty-five, and it seemed like a good idea to be prepared.

Seven books and many discussions with afflicted friends later, I know a lot more about the different kinds of arthritis but am more confused than ever as to the management of this disease. Arthritis has been with us for a long time. Neanderthal man suffered from it. In ancient Egypt the hieroglyphic symbol for old age was the picture of a man deformed from chronic arthritis. Osteoarthritis, the most common form, is considered a degenerative disease resulting from wear and tear on the body.

But what to do about it? Here is where the experts disagree. And even when they agree, they disagree! Take the matter of diet, for example. Some say, and this includes the Arthritis Foundation, that no food is effective in treating or curing arthritis except in the case of gout. Others insist from their own experience with patients over the years, that what you eat does make a difference. But their recommendations range from a total vegetarian diet with no meat, fish, cow's milk or milk products, to a modified vegetarian diet with lots of seafood and some fowl, to a diet emphasizing a quart of milk and a serving of liver daily!

There are proponents of acupuncture, B-6, mega-vitamin therapy, raw potato juice therapy, juice fasts, and, of course, aspirin and other more potent drugs.

I like looking to other means than drugs for pain relief. A friend, suffering from arthritis in her back, was able to do without her doctor's prescription of increased aspirin dosage or more powerful drugs when she began attending classes in body movement during which muscles are stretched and extended to regain their former elasticity and flexibility. Using these techniques, she finds she can control her symptoms.

But I'm perplexed when it comes to evaluating the various arthritis therapies and diets. I'm sure they've all helped some people, but how do we determine the one that's right for us? Having the money to spend didn't bring my grandmother any closer to an answer.

Dear Dr. Mendelsohn, what do you suggest?