

the People's Doctor

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

VOL. 3, NO. 10

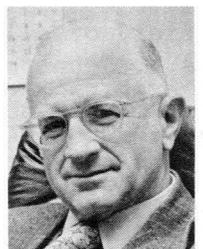


664 N. Michigan Ave. Suite 720 Chicago, Illinois 60611

Ruth & Martin Lockshin
3 Fraserwood
Toronto, Ont. M6B 2N3
Canada

IN THIS ISSUE:

- 1. Allergies: Part II
- 2. DES Lawsuits



Dr. Robert Mendelsohn

Last month's Newsletter began the subject with which I continue this month--allergies. After reading these two issues, I think you'll conclude as I have that this condition raises far more questions than modern medicine can answer. So let me suggest again that the best ways of coping with allergies is for the victim to become an expert detective, trying to find within his environment the causes for his condition.

I'm also using this Newsletter to bring to your attention two very important lawsuits in which large sums of money have been awarded to young women who were damaged by the DES their mothers took during pregnancy. No matter how large a settlement is made in these cases (and in the ones which are sure to follow), no dollar sum can ever compensate these unfortunate women for the vaginal cancers they have suffered. But their experience must serve as a warning to any pregnant woman to stay away from all drugs during that nine-month period. (Be sure to remember that some DES mothers thought they were receiving vitamins.) Otherwise, as surely as there was DES in the 1950's and thalidomide in the 1960's, some drug will inflict horrendous damage on the children of the 1970's and 1980's.

Q Please report any current findings you have on desensitization. Both my five-year-old son and my husband receive shots every other week for hay fever, molds and grasses. I wonder what these constant shots are doing to their systems. They seem to help, but could they be addicting? Could they do any harm? How reliable are allergy tests?

Upon the recommendation of La Leche League, my son was totally breastfed for four months before solids were introduced gradually. He has no food allergies that I know of. The only reason I agreed to shots was because the doctor said his allergies could develop into asthma.--N.B.

A I'm happy that your breast-fed son has no food allergies to date, and I regret he falls into the small category of breast-fed allergic children (as opposed to the large number of bottle-fed children). And I am not surprised that you fall into the ever-growing category of my readers who, despite their physicians' reassurances, are raising disturbing questions about the short-range and long-term consequences of allergy shots. Perhaps the swine flu inoculation (which caused an unpredicted neurological form of paralysis) has made people wary about all shots.

Allergy shots

Unfortunately, despite the fact that millions of patients have received allergy shots over the past 60 years, there are no good, long-term studies to determine possible neurologic and other consequences of this treatment. Even the evidence of the effectiveness of allergy shots

is quite conflicting. Many doctors argue in support of them, some on the basis of statistical and scientific studies, others using such "evidence" as presented by a doctor who wrote in the AMA Journal, "I have been interested in hay fever for 50 years, and I still have patients who come to me for treatment in the spring of each year. Does not that fact alone mean that the treatment has a positive value?"

A classic study was conducted by eminent pediatricians Vincent J. Fontana, M.D., and L. Emmett Holt Jr., M.D. ("Effectiveness of Hyposensitization Therapy in Ragweed/Hay Fever in Children." Journal of the American Medical Association, March 21, 1966) in which half of the children were given real injections while the other half were given an inert placebo ("dummy" injections). The conclusions of this five-year study: Even though the allergen injections may have had some beneficial effect on some children, the amount of benefit was indistinguishable from differences likely to occur in pure randomization experiments. No justification was found for promising any greater benefit to children treated with allergens than they would obtain from placebo injections. As a matter of fact, in four of the 15 comparison studies, the patients treated with ragweed fared worse than the patients receiving the placebo.

The above is not the only study in the field of allergy that shows negative results. In the late 1950's, Douglas E. Johnstone, M.D., of the Department of Pediatrics of the University of Rochester School of Medicine published a study showing no differences in the number or degrees of attacks in asthmatic children treated with bacterial vaccines compared to a control group treated similarly, except for omission of these vaccines. In this study (Pediatrics, September 1959), which lasted three and a half years, not even the skin tests changed significantly in either group.

When you next visit your allergist, ask him for the scientific studies, conducted either before or after the above-mentioned classic investigations, which support his point of view. Then you will be in a position to evaluate the evidence and to reach your own independent commonsense conclusions.

Over the years, I have respected your opinions which I also have shared with my patients. However, I was disheartened to read your recent comment regarding allergies and desensitization.

I agree that most patients are overmedicated, over-cared for, and do not participate enough in their own medical care and preventive care. Indeed I have structured my practice (medical otolaryngology and allergy) with this in mind. But I do not agree with your conclusions about hyposensitization vs. placebo therapy which is based on a 12-year-old article. Since then, many good articles have shown that specific desensitization does work and is a safe and effective modality in the treatment of allergy. I think you'll find the following references of interest:

1) "Evaluation of the Adverse Effects of Long-Term Hyposensitization," by A. I. Levinson, M.D., et al (Journal of Allergy & Clinical Immunology, August 1978).

2) "Clinical and Immunologic Specificity of Immunotherapy," by Lawrence M. Lichtenstein, M.D. (Journal of Allergy & Clinical Immunology, June 1978).

I think your comments have been right on target, and I hope this one was just an oversight. Or, if after thoroughly perusing all the recent medical articles, it still reflects your attitudes, then I will respect that point of view also.--L.M.B.,M.D.

I suspect you have not checked the literature about allergy shots for at least 10 years. I've taken the liberty of appending a brief bibliography. I don't know of any studies designed to test the safety of immunotherapy,

but don't you think there are enough honest and ethical physicians who give shots who would detect any long-term harmful effects in patient populations?

May I expect an enlightened retraction?--V.A.M.,M.D.

A I have carefully read the references you recommend, and, while such studies represent a good start, they raise even more questions than they answer. For example, Dr. Levinson and his colleagues from Walter Reed Army Medical Center, the National Cancer Institute and the National Institutes of Allergy and Infectious Diseases, National Institutes of Health state, "This study represents the first systematic investigation of potential adverse effects of long-term hyposensitization."

My question continues to be, where have all the investigators been for the more than half-century of widespread use of allergy shots? Dr. Levinson properly refers to the possibility that chronic injections of foreign proteins might produce long-term consequences, and he cites animal experimentation showing the appearance of abnormal protein and other blood factors as well as the development of diseases such as amyloidosis and myeloma in hyperimmunized animals. He also mentions case reports of multiple myeloma and similar conditions as well as "a striking incidence of positive 'rheumatoid factors' in allergic children receiving shots." While Levinson's present study showed no adverse effects, the total number of patients followed (63 in all) is woefully small. After all, it took a study of millions of injections of swine flu vaccine to discover the relationship between this immunizing agent and the heretofore obscure condition known as Guillain Barre paralysis. As a matter of fact, in his discussion of his own study, Levinson expresses his surprise that this question of adverse clinical and laboratory sequelae of chronic hyposensitization has not been systematically addressed before this time, and he states, "In fact, few studies exploring the effect of chronic antigen stimulation on the immune system in man have been reported, despite the suggestion that such treatment might ultimately produce amyloidosis, autoimmune disease, and plasma cell dyscrasias."

My opinion remains that while allergy shots certainly work on some patients, their overall effectiveness still is a matter of scientific controversy. More important, there is an almost total blackout on the kind of massive studies needed to answer the disturbing questions regarding long-term dangers of desensitization. I'm afraid all three of us doctors will have a long wait before those answers are fully in.

Q I have had daily headaches for more than three years. They started when I was recovering from surgery and was being treated for a bladder infection during which I had a fever. After a course of tetracycline therapy, I had three headache-free days. Later that winter, I had a sore throat on three separate occasions, and each time I had a number of days of tetracycline therapy, I was headache-free. Now, I am being treated with tetracycline for acne necrotica miliaris. I am not having the dramatic headache relief I experienced previously, but there is a noticeable difference in the severity of the headaches. A month ago, I had to stop the tetracycline because of side effects, and the headaches became as bad as before.

The doctors are unable to explain why exertion and exercise often seem to make the headaches worse. I have had to put away my exercycle, and I cannot go for brisk walks. Often I feel much worse the day after I do something physically tiring, no matter how pleasant that activity may have been.

Next week I have an appointment with an allergist. Do you think this may help? I haven't yet tried acupuncture or hypnosis, but that's about

all I haven't tried. I must have a diagnosis, or I will have difficulty qualifying for disability benefits. I'm coming to the end of my list of things to try. The kind of doctor who will say, "I can't help you, but others may be able to" is almost nonexistent in the real world. One doctor was even so cruel as to say to me, "You are never going to get over this." Do you see any hope for me?--Des Moines Reader

A
*Acne
and
tetracycline*

Your case puzzles me, since tetracycline, particularly in children, can lead to effects on the nervous system that can CAUSE, not relieve headaches. This phenomenon, as well as headaches caused by exertion, is described in a book by Joel Saper, M.D. and Kenneth Magee, M.D. entitled "Freedom from Headaches" (Simon & Schuster, \$8.95). But just to show you how physicians sometimes do as much to obscure as to clarify headaches, the authors also refer to a headache that occurs at the time of sexual orgasm which goes under the high-sounding name of "benign orgasmic cephalalgia." Naturally, "cephalalgia" is Greek for "headache."

I am glad you are continuing to look for help. Your appointment with an allergist sounds like a good idea, particularly if he is familiar with the pioneering work of Theron G. Randolph, M.D. ("Human Ecology and Susceptibility to the Chemical Environment," Charles C. Thomas Publishing Co.) Other options, including those you mention, convince me that there is no reason for you to consider your situation hopeless.

DES A New York State Supreme Court has ruled against Eli Lilly & Co. in a \$500,000 suit which sought damages caused by DES. According to American Medical News (July 27, 1979) the case represents the first victory for a woman suing for damages caused by diethylstilbestrol, a drug first used in the 1940's and 1950's to prevent miscarriages. The drug (which did not prevent miscarriages) has been linked to vaginal cancers in the daughters of women who had taken the medication. The plaintiff, Joyce Bichler, underwent a hysterectomy and vaginectomy seven years ago.

The questions the presiding judge, Justice Arnold G. Fraiman, asked the jury to consider bear repeating:

1) Was DES safe for miscarriage purposes in 1953, the year the 25-year-old plaintiff's mother took the drug?

2) Did DES cause the plaintiff's vaginal and cervical cancer?

3) In 1953, should a reasonably prudent drug manufacturer have foreseen that DES might cause cancer in the offspring of pregnant women who took it?

4) Foreseeing that DES might cause cancer in the offspring of pregnant women who took it, would a prudent drug manufacturer test it on pregnant mice before marketing it?

5) If DES had been tested on pregnant mice, would the tests have shown that DES caused cancer in their offspring?

6) Would a prudent manufacturer have marketed DES for miscarriage purposes in 1953 if it had known that the drug caused cancer in the offspring of pregnant mice?

7) Did the defendant, Eli Lilly, and other manufacturers of DES act in concert with each other in testing and marketing of DES for miscarriage purposes?

American Medical News quotes Fran Fishbane, president of DES Action National, as saying, "If the pharmaceutical companies had established a fund for the DES-exposed when they discovered the link to cancer (in 1971), they would not now have to worry about the flood of lawsuits that are due to come. I expect they will be swamped."

A federal jury in Chicago has awarded \$800,000 in damages to a 26-year-old woman whose mother was given DES during her pregnancy. The damages are to be paid by White Laboratories, a New Jersey company which manufactured dienestrol, the DES drug responsible for Anne Needham's vaginal cancer. Extensive surgery and treatment rendered the young woman sterile. Her lawyer, Lawrence Charfoos, stated that the 400 females who have developed vaginal cancer since their mothers took DES in the 1950's "represent America's equivalent to thalidomide" (the tranquilizer taken by pregnant women in Europe which resulted in limb deformities.)

Parade, the Sunday Newspaper Magazine of September 9, 1979, carried a major article entitled "DES--the Pregnancy 'Vitamin' That Was a Time Bomb." Author Lynne McTaggart details accounts of mothers who swallowed this dangerous hormone because they were told by their doctors that they were taking vitamins.

Ms. McTaggart writes: "The FDA has proposed the withdrawal of DES for use as a lactation suppressant, has banned it in cattle feed as of November (1979) and has contraindicated it for use during pregnancy. However curtailed its use, DES remains on the market--even though there is no known safe level of input."

Commenting on that statement, as well as on the rest of the extensively-researched article, a certain syndicated newspaper columnist named Dr. Robert Mendelsohn makes some statements which I now modestly reproduce for those readers who may not have seen that issue of Parade:

"The reason they eventually found out about DES is because the symptom it causes, adenositis in young women, is so bizarre. All we're picking up are the edge-of-the-spectrum cases, but the amount of damage done by drugs that we can't figure out is fantastic.

"As far as I'm concerned, all of American medicine is one big experiment. The reason why they pussyfoot around it (the FDA ban) is because if you're going to ban DES, then you're going to have to ban the Pill, because the side-effects of each are so closely related. You see, all the female sex hormones are just too dangerous to be used. But they have to push the Pill because the IUD (intrauterine device) is too dangerous, and they feel you've got to do something about the population explosion. And that's really the question behind all of this. Once you decide people are expendable, then you can use dangerous drugs."

Needless to say, I couldn't have said it better myself.



*What
doctors
think
about sex*

In 1904 (from an editorial in the Journal of the American Medical Association, June 4, 1904) doctors were worried about women's education and their sex lives.

"...conditions of incomplete development of the genital organs in women are much more frequent than used to be the case. It would seem as though the intense mental application so freely encouraged by our modern educational system during the precious years between 12 and 16, when the maid stands where the brook of girlhood and the river of womanhood meet, may very well serve to divert Nature's purpose of developing the sexual side of the being. ...it behoves physicians to raise their voices in protest once more against the unnatural conditions that have developed and are unfortunately developing still more in our present-day educational system."

In 1979 (American Medical News, July 6, 1979) doctors studied their own sexual habits:

"Study Shows MD's Approve of Sex

"Sex is definitely necessary for happiness, according to nearly half the family physicians responding to a poll about lifestyle and personal health. About 35 per cent of the MD's said sex was 'probably' important, while 13 per cent said it probably was not, and four per cent said it was definitely not.

"Of the 900 physicians responding to the survey, one-third reported having sexual intercourse two to four times per week, one-fourth said one to three times per month, and one-fourth once a week. Five per cent report having intercourse five or more times per week, and three per cent say they have never had intercourse." (Is that what comes of having all those college-educated great-grandmothers with incompletely developed genital organs!)

"The physicians were given a list of six types of sexual activity--masturbation, heterosexual intercourse, oral sex, homosexual practices, extra-marital sex, and group sex--and asked to indicate if they thought the activity could be physically or psychologically harmful or immoral. Overall, group sex was judged the most potentially harmful and immoral with masturbation the least."

I wonder if the doctors are any closer to the truth in 1979 than they were in 1904. The lesson to be learned, I believe, is that patients seeking sexual advice from physicians might do well to follow the AMA lead and first ask the physician some questions about his own views.

Q I enjoy reading your Newsletter and had been meaning to write you for quite a while regarding some remarks you made about acne. I've noticed that you haven't mentioned any particular relationship between diet and general or specific nutrients such as zinc in the treatment of acne. I wonder if it is your general policy not to make either general or specific recommendations.

I am sure you are aware of studies such as those done on Northern Canadian Eskimos which showed that acne increased from zero to nearly 100 per cent with the shift from a "primitive" to a "civilized" type of diet. Similar studies have been performed elsewhere in the world. I am sure you have also seen some of the Swedish work on the use of zinc in acne.

I myself have found only a few cases of acne (even bad ones) which were resistant to treatment involving cleaning up the diet, avoiding food allergens, and adding such things as zinc, essential fatty acids, B-complex vitamins, and Vitamin A. Even in many of the resistant cases, attention to factors of nutrient assimilation seems to help. In fact, I have hardly treated anyone in the last four or five years whose acne didn't settle down to a dull roar or to nothing at all with nutrition-related treatment. And a Pennsylvania dermatologist whom I mention in my forthcoming book, Dr. Wright's Book of Nutritional Therapy, has found that Pyridoxin helps with the type of acne that flares premenstrually in teenage girls as well as in older women.--Jonathan V. Wright, M.D., Kent, Washington

A
Acne and diet

I am happy to bring your letter to the attention of those readers who may not be familiar with the excellent column you write for Prevention Magazine. As the dangers of chemical drugs and surgical procedures become more generally known, increasing numbers of people are turning to nutritional solutions to their medical problems, acne included. In addition to your new book, I would also like to call to the attention of readers two other recently-published authoritative books which emphasize nutritional approaches. The first is "Diet & Nutrition, A Holistic Approach" by Rudolph Ballentine, M.D. (\$15.95), and the second is Paavo Airola's "Every Woman's Book" (\$17.95).



Tens of thousands of children throughout our country receive daily doses of isoniazid because they have a positive tuberculin skin test. Now, a report of liver damage in children from this kind of prophylactic treatment has appeared. Dr. P. Spyridias of the Athens University School of Medicine has found elevated blood levels of certain enzymes in a study he did on 239 children who received isoniazid. While he characterizes the effects as usually mild and transient, he concludes that these findings suggest that liver injury in such children is more prevalent than was previously suspected.

Dr. Sidney Shulman of New York Medical College reports that in two-thirds of the cases of men who seek reversal of a vasectomy, immune reactions have developed as a result of the vasectomy. To date, there is no effective treatment for sperm antibodies in men.

The burning question is--just what is the significance of these post-vasectomy antibodies? How do these men differ from the one-third who do not show this reaction? When will we have long-term studies to explore possible differences in types of illness, and possibly mortality rates? Enough vasectomies have been done to make this kind of epidemiologic research feasible. Meanwhile, the responsible physician will bring Dr. Shulman's findings to the attention of each patient before blithely reassuring him about the "simplicity" of this operation.

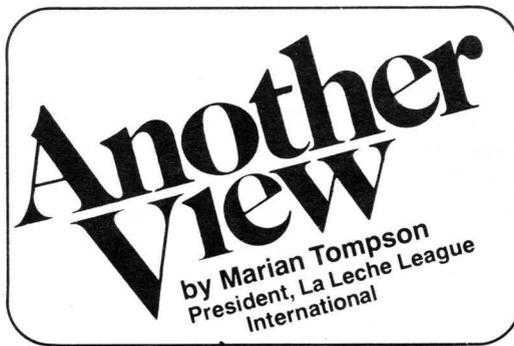
Dr. Mendelsohn's new book, "Confessions of a Medical Heretic" (Contemporary Books, \$9.95) is now available at bookstores throughout the country.

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, Illinois 60611

- | | |
|--|---|
| Vol.1, No.1: Pregnancy & Childbirth | Vol.2, No.11: Coping with Hospitals |
| Vol.2, No.1: High Blood Pressure & Anti-Hypertensive Drugs | Vol.2, No.12: Coronary Bypass Surgery |
| Vol.2, No.2: Women as Guinea Pigs: DES... The Pill...Menopausal Estrogens | Vol.3, No.1: Day Care Centers and Nursery Schools |
| Vol.2, No.3: Anti-Arthritis Drugs: Are the "cures" worse than the disease? | Vol.3, No.2: Tranquilizer Drugs |
| Vol.2, No.4: The Truth about Immunizations | Vol.3, No.3: Interference with Childbirth |
| Vol.2, No.5: The Dangers of X-Rays | Vol.3, No.4: Ulcers and Tagamet... Caesarean Sections |
| Vol.2, No.6: The "Disease" of Hyperactivity | Vol.3, No.5: Radiation Leaks at Three Mile Island...Sudden Infant Death...Children's Problems |
| Vol.2, No.7: How to Talk to Your Doctor (and other medical professionals) | Vol.3, No.6: Acne and other problems of adolescents |
| Vol.2, No.8: Feeding Your Baby | Vol.3, No.7: Hysterectomy |
| Vol.2, No.9: Fluoridation...Microwave Ovens...A Test-tube Baby... A Special Baby | Vol.3, No.8: Diabetes |
| Vol.2, No.10: Psychiatry and Counseling | Vol.3, No.9: Allergies: Part I |

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.

<p>The People's Doctor Newsletter 664 N. Michigan Ave., Suite 720 Chicago, Illinois 60611</p> <p>© The People's Doctor Newsletter, Inc.</p>	<p>Published monthly. Subscription rate: \$18.00 annually. Robert S. Mendelsohn, MD, Editor Vera Chatz, Associate Editor</p>
--	--



How can we best avoid allergies in our children? Speaking last July in Atlanta at La Leche League International's Seventh Annual Breastfeeding Seminar for Physicians, Tatsuo Matsumura, M.D., of Japan made the following suggestions: 1) Make it a rule to breastfeed your baby. 2) During the time the baby is totally breastfed, if you notice symptoms in him which might be allergy-produced, try to determine the cause by systematically eliminating certain foods from the mother's diet. In North America, the most common of these troublesome foods are cow's milk, eggs, wheat, and corn (widely used and difficult to avoid in the form of corn sugar, corn syrup, corn oil, and cornstarch). 3) During the weaning period, don't give the infant foods which had previously caused allergic symptoms when eaten by the breastfeeding mother. 4) Introduce foods one at a time so you can note any reaction. 5) During subsequent pregnancies, eliminate allergenic foods as much as possible from the mother's diet.

If you are already at the point where you are beginning to wonder whether the frequent sniffles, fatigue or other complaints your child is experiencing might be due to an allergy, you might find help in Dr. William Crook's practical manual, "Tracking Down Hidden Food Allergy" (Professional Books, P. O. Box 3494, Jackson, Tennessee). If you follow this medical doctor's suggestions for "elimination diets" and if you answer the questions in the question and answer sections, you not only will have a better understanding of allergy control, but if food is the culprit, you also will have a good chance of uncovering the cause of the problem.

If one reads a list of typical allergic symptoms, it's easy to get the impression that all of us, at one time or another, are allergic to something. Allergic symptoms include headache, eye pain and blurring of vision, vertigo, hearing loss, tachycardia, nausea, vomiting, heartburn, abdominal pain, nervous stomach, fatigue, muscle weakness, enuresis, learning disorders, insomnia, hyperactivity, and poor memory. So, if you often suffer such symptoms, it might be worthwhile to consider allergy as the cause. Therefore, I'm recommending another book, Dr. Mandel's "5-Day Allergy Relief System" (Thomas Y. Crowell, New York). Marshall Mandel, M.D., is a bio-ecologist and a colleague of Drs. Abram Hoffer and Theron G. Randolph. In his book, Dr. Mandel not only demonstrates how to test and treat yourself for sensitivities to food and common chemicals, but he also explains in detail the role of allergy in many physical, mental and psychosomatic disorders. This easy-to-read book presents case histories of people who were diagnosed as being anything from alcoholic to schizophrenic. Yet their disorders were relieved when the causes of their symptoms were discovered and eliminated. And since many physicians are not yet familiar with bio-ecologic medicine (which treats the person within the context of his surroundings), it's worthwhile reading for everyone who is interested in understanding how the environment affects our health.