

the People's Doctor

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

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

VOL. 3, NO. 6

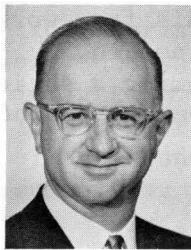
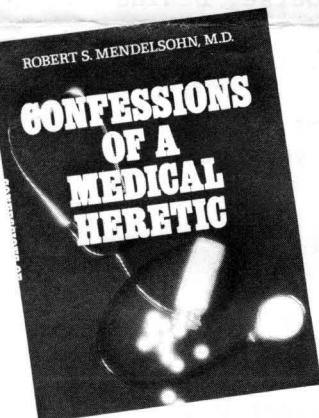


Ruth & Martin Lockshin
3 Fraserwood
Toronto, Ont. M6B 2N3
Canada

1-79-C

IN THIS ISSUE:

Acne and Other Problems of Adolescents



Dr. Robert
Mendelsohn

You will note that this month next to Dr. Mendelsohn's picture is a picture of a book jacket. That jacket is basically an extension of The People's Doctor because it covers the newly published book written by Dr. Mendelsohn. Entitled Confessions of a Medical Heretic, the book is published by Contemporary Books (Chicago, \$9.95) and is available at bookstores throughout the country.

Acne The subject young readers write me about most often is acne. Acne is a condition whose cause and treatment are exceedingly obscure. I can't imagine a doctor anywhere who wouldn't love to have a definite, effective, practical answer for the millions of people with this condition.

I recently became concerned when I read about a new "acne health care center," one of five such centers across the nation. The coordinator of this center defines its potential clients this way: "Any person who has one or more whitehead or blackhead pimples has acne." This definition bothers me, as I'm sure it bothers you, because it includes practically the entire youthful population of this country--indeed, most of the human race.

Dr. William A. Caro, associate professor of clinical dermatology at the Northwestern University Medical School has likened the marketing of acne treatment to that used in selling Kentucky Fried Chicken.

Years ago, I remember laughing at advertisements for certain digestive pills that defined constipation so broadly that about 95 per cent of the population would fall into the "irregular" category, thus becoming candidates for treatment. The medication was relatively innocuous, so the practice was fairly harmless, but today things are different. Treatments are not always harmless, and large numbers of people are being made to view themselves as clients in need of a service.

Thus, obesity is sometimes defined as being just a few pounds above the so-called standard norms; hypertension is interpreted by some screeners in such a way that it includes large numbers of people who would have been considered healthy just a few years ago; amniocentesis

is recommended by its advocates for all women over 35; some speech pathologists view speech defects as almost universal, and educators continually expand the category of "hyperactivity." In addition, caesarean sections now are being performed in 20 per cent or more of all pregnancies as delivery itself is increasingly defined as a pathologic event in family life.

The new acne specialists claim an 80 per cent success rate. I do not marvel at this figure since, if one accepts their definition of one pimple constituting acne, the success rate might well be more than 90 per cent if NO treatment were used. As mild forms of a disease are identified and treated with potent medications, the risks may outweigh the benefits. The treatment for acne, high blood pressure, hyperactivity, speech defects and normal pregnancy may create more disability than they cure.

In his Urban Studies classes at Northwestern University, Professor John McKnight stresses that "services produce needs." He teaches that in the name of curing, caring, helping, and loving, increasing numbers of people are being defined as patients and clients. Of course, behind this mask of service lies the reality of servicers who need income. Professor McKnight points out that "within this framework, the client is less a person in need than a person who is needed."

So don't let yourself be lured into becoming a patient because someone has so broadly defined a disease you never thought you had. One pimple does not acne make.

Q

I would like to know more about dermabrasion treatments. I'm in my middle teens, and I have numerous scars from acne on my cheeks and on the sides of my face. The pits and enlarged pores really upset me, and I'd like to know a way to remove them. Are such treatments for your face worth the cost?--J.B.

A

*Acne and
dermabrasion*

There are many treatments for acne, and dermabrasion, in which sandpaper, wire brushes or some other abrasive material is used to remove acne scars, has received quite a bit of publicity. Yet there is no good scientific evidence to support dermabrasion's effectiveness any more than there is any to support the effectiveness of lotions, creams, diets or vitamins.

To get such evidence, large numbers of acne sufferers would have to be accepted for dermabrasion treatment, and this procedure would have to be performed on every second patient (experimental and control groups). In addition, a number of other strict criteria would have to be satisfied to make this a valid scientific study. To my knowledge, no such study has been performed, so no real consensus can be reached on the effectiveness of dermabrasion.

But, even though scientific proof may not be available, that doesn't mean you have to throw up your hands every time you look in the mirror. There is still plenty of room for medical artistry, and some doctors can achieve excellent results with acne sufferers regardless of whether they treat them with medicines, diets, dermabrasion surgery, or a combination of methods.

The trick is for you to find such a doctor who can demonstrate to you and your parents that his treatments have resulted in success over a number of years. If you can't find a doctor of such stature, you may be taking quite a chance with treatments that carry a risk of causing complications. In that event, you might be better off sticking with the time-tested rules of a sound diet, plenty of sleep and cleanliness.

Q A

*Acne and
vitamin A
substances*

What do you think of the latest National Institutes of Health report on treating severe acne cases with synthetic drugs derived from vitamin A?

This new treatment, being used at Boston University Hospital as well as at NIH in Bethesda, Maryland, is considered experimental. Therefore, it is being tried on small numbers of patients, and these patients are being carefully studied for both short- and long-range side-effects.

You might be interested in the following sentence that appears in a New England Journal of Medicine editorial (February 15, 1979) entitled "13-CIS-retinoic acid in severe acne":

"Particularly important in this regard [side-effects] is the known teratogenicity [capability of producing severe fetal deformities] of the retinoic class of drugs."

This warning is enough to make me think twice about recommending the drug for you and should be enough to make you think three times before taking it.

Q

During the past 10 years, my 22-year-old daughter has been treated for acne. At one time the acne cleared up considerably, and that gave us much hope. However, to our dismay, the condition has returned in more severe form than ever. Over the years, prescription drugs, creams, soaps, sun-lamp treatments, lancing, cleansing grains and elimination of certain foods (chocolate, cheese, potato chips, dairy products, etc.) have all been tried, but to no avail.

Some friends have suggested that this problem is one of hormonal imbalance. They are urging her to see a gynecologist who specializes in this problem. Apparently, he performs a D and C (dilation and curettage) and keeps the patient in the hospital for several days for observation.

Our family doctor has spoken to my daughter's dermatologist, and he has pointed out several good reasons why he feels she has no hormonal imbalance--her menstrual periods are regular, she has no abnormal growth of hair, etc. He feels that the basic cause of acne is too many male hormones. I consider this doctor to be a most sincere, sympathetic individual who is obviously discouraged that my daughter's condition is unrelieved after all these years.

I hesitate to take her to the gynecologist, but my daughter is becoming more and more discouraged, despondent and emotionally upset. Her face is becoming pitted.

Should we continue with the medication she is taking, hoping for eventual relief, or is there another road for us to take? Should she seek the help of a gynecologist? Please answer us; she will be leaving for graduate school shortly, and we don't know where to turn.
--F.P.

A

*D & C
as acne
treatment*

Since your daughter has tried plenty of medications, treatments and diets, it seems rather pointless to continue these same approaches. Yet her friends' suggestion of gynecologic surgery for this condition boggles the mind!

Your letter mentions only one specialist, and since Buffalo is fortunate in having many renowned medical centers, you might want to follow the time-honored rule: When one doctor doesn't succeed, try another.

Despite all scientific advances, the cause and course of acne still remains obscure. Based on my experience (and also on my congenital optimism), I would not be surprised if your daughter's

new environment in graduate school were to lead to considerable improvement.

Q

Our daughter, who is almost 21 years old, has always been a joy to us. She now has her own apartment and commutes to college. She does not smoke or drink, although both her parents do. She dates weekly, but so far not seriously. We have never pushed her, but she has always wanted to excel.

Since the age of 14 she has had very bad skin. She has been to three dermatologists, has been put on tetracycline plus many topical creams for two years, and has shown very little improvement. She has always picked at her skin, and while she no longer tears at her nails, she does tear at her cuticle so badly that small local infections develop. We rarely say anything to her about this because we don't want to nag her. She is totally unconscious about this picking; while talking to someone, she constantly picks at her face. Both my husband and I are really disturbed to realize that she must be so nervous.

She is a happy and outgoing person. We did hope, in a way, that we might be the cause of her difficulty, but she is no better living away from home.

Maybe you have some advice that will hit the nail on the head. Her eating habits are good--lots of salads and fruits, few sweets, still drinks milk. She has tried vitamin A, yeast, zinc tablets and just about anything else you can think of.--Mrs. P.P.

A

Acne and nervousness

I receive lots of mail about young people with bad skin. Your letter particularly intrigues me since you have quite properly pointed out the global nature of the many factors that influence the appearance of one's skin. You have described your daughter's history, as well as her present situation, and you have alluded to nutritional and psychological elements as well as habit patterns that can be important, singly and in combination, in causing bad skin.

Let me begin by excluding certain aspects from consideration at this time, although they certainly are not unimportant. I will refrain from discussing the various medications, the various specialists, the various diets, and the various supplements that everyone knows are recommended for skin conditions. Instead, I would like to point out that your description seems to indicate a larger nervous condition of which the skin problem is only a part. Thinking about this, I am impressed by the fact that your daughter left home and is living alone. (I note that you mention this in the beginning of your letter as well as in the penultimate paragraph.)

While living alone seems to be in vogue these days, I must share with you my long-standing concern about this growing practice. Every doctor knows the many illnesses that afflict the adolescent who leaves home for college. First-year college students are prone to a variety of illnesses, including infectious mononucleosis, thyroid disease, menstrual disorders, emotional depression and one of the highest suicide rates of any age group. I question whether it is wise for people of any age to live alone. I know there is strong pressure on young people to "cut the apron strings" or "cut the umbilical cord." In my opinion, this is all part of anti-family attitudes that can lead to the unfortunate result where, as in your case, obviously fine parents begin to hope that they are the cause of the problem.

While I cannot, of course, incriminate solitary living as the cause of skin problems in any kind of scientific fashion, the nervous tension that may result from such isolation certainly can be reflected

in the appearance of the skin. I would suggest that I am not reading too much into your letter by reaching the clinical judgment that this issue deserves evaluation in your next conversation with your daughter.

Q

*Acne and
milk
products*

The letter from Mrs. P. P. who wrote about her 21-year-old daughter's problem with acne reminded me very much of my own experience. I suffered from a terrible acne condition for seven years, and my parents spent a fortune on medications and dermatologists' bills. Everything proved unsuccessful, and my complexion made me nervous and shy.

Finally, a doctor suggested that my bad complexion might be caused by a food allergy. On his advice, I omitted all milk products (milk, butter, ice cream, cheese) from my diet for a month, and my complexion showed a marked improvement. Reintroducing milk products produced a new eruption of pimples, so I again omitted all forms of milk fat from my diet. Once again, my skin condition improved. Today, 10 years later, I can eat milk products in moderation, but too much of these foods will cause my skin to break out.

I don't know if this might be the cause of this young lady's problem, but when the mother mentioned that her daughter still drank milk, I just had to write you.--Mrs. J.J.

A

I am glad you and your doctors finally got around to considering the role food plays in acne. To me, this top-priority item should be considered long before the doctor reaches for his prescription pad.

Q

Your practical advice in many areas has been a joy to read. Now I hope you will be able to shed some light on the problem of our 12-year-old son who has been diagnosed as having scoliosis. I have been told that 10 per cent of the teenage population has some degree of spinal curvature. I have found very little information on the subject, and no one seems to have any idea of what causes it.

Orthopedists have two ways of correcting this condition--braces or surgery. Yet, if my son wears a brace for the next five or six years (which the orthopedist says is the only remedy), it seems to me there certainly will be damage due to lack of muscle use. Possible psychological problems might also result because of restricted activity.

Can you give me any information about possibilities other than surgery or braces?--Mrs. L.R.

A

Scoliosis

A recent survey taken in Illinois projected the incidence of scoliosis at 16 per cent of high school students. This study, and others conducted during the past few years, represents a remarkable change from figures of 20 years ago which identified only 2 to 3 per cent of schoolchildren as having a curvature of the spine. Of course, each study has somewhat different criteria for diagnosis and may cover different populations, thus making comparison difficult. And if there is indeed a real increase, it would be important to examine nutritional and environmental factors (such as television viewing) that have changed during the past 20 years.

Your letter does not state the degree of curvature, and there is considerable orthopedic opinion that curves of less than 15 per cent will not require treatment.

Until recently, cumbersome braces and surgery represented the only methods conventional medicine had to offer for treating scoliosis. But much research is being conducted into new treatment techniques, including biofeedback (Rockefeller University, New York City) and

implantation of electronic pacemaker-like receivers (Hospital for Sick Children, Toronto). Ask your orthopedist for more information on these newer types of treatment for scoliosis before you accept his statement that you have no choice.

Q For drug education classes that I taught last semester in our high school, I purchased copies of "Marijuana Today" from the Myrin Institute in New York. Many of my students were astonished (and some of them were appalled) by the consistency of troubling findings about the effects of marijuana. Together with clinical observations, these findings do make a rather unpleasant picture. Have you seen either "Marijuana Today" or "What the Practicing Physician Should Know about Marijuana" in the January 1976 issue of Private Practice?

Do you think that essentially sound motives aiming at decriminalization for possession might be causing us to overlook the darker side of the health issue?--E.C.

A While I appreciate your suggesting these references on marijuana, I have already learned more about it than I can understand. It seems to me we must stop learning and start thinking if we are ever going to solve the problem. I doubt that science will ever be able to provide the answers. Plenty of studies prove marijuana to be dangerous and plenty of other studies prove it to be safe.

From where I sit, the thinking about marijuana must begin with an eye toward history. If I were teaching a high school drug education class, I would ask students to gather information on how the British used opiates on the Chinese 100 years ago; how their use disappeared in modern China, and how use of narcotics in the U.S. greatly diminished during the urban disturbances of the 1960s. Marijuana is a political issue far more than an exclusively medical concern. Therefore, an historical analysis of its use and abuse is the first step.

The second step is an analysis of contemporary conditions. You might begin by looking at your own high school for institutional patterns that lead to intolerable frustrations. For example, when I went to school, exams had absolute grades. If an entire class met established standards, everyone received a passing, even an excellent, grade. Today grading is often done on a curve, so that even if the entire class is made up of brilliant scholars, some of them are doomed to fail. This seemingly small ingredient serves as part of a total recipe which, in my opinion, predisposes students to seek the escape provided by easily available drugs.

So while I deeply appreciate your writing me on this subject. I do not believe that the answer to marijuana lies in the medical field. Try liberal doses of political science and history since, as we all know, failure to pay attention to history dooms us to repeat it.

UPDATE ON FLUORIDATION

Medical News
New Fluoridation book

The case against fluoridation (which I discussed in Vol.2, No.9 of my Newsletter) has been strengthened by the publication of "Fluoridation: The Great Dilemma" published by the prestigious Coronado Press of Lawrence, Kansas, and written by the international authority on environmental disease, George L. Waldbott, M.D., and two University of Kansas professors, Albert W. Burgstahler, Harvard PhD, now professor of organic chemistry at the University of Kansas, and H. Lewis McKinney,

Cornell PhD, now professor of history of science at the University of Kansas. The foreward to the book which calls it "one of the most fundamental pieces of work I have read," is written by Alton Ochsner, M.D., head of the New Orleans clinic which bears his name.

Never before in my Newsletter have I brought to the attention of readers so much of the academic credentials of authors, but it seems to me that this information is an essential ingredient of the fluoride controversy which has so often been marked by charges of scientific ineptitude and lack of qualified authorities among the critics of fluoridation.

As Coronado Press' notes point out, this is not a tirade "against 'wicked' fluoridationists, nor is it dedicated to the proposition that 'they' are out to turn us into zombies, or that the Commies are trying to unravel our moral fibre in their pursuit of world domination...The title tells us precisely what is its major thesis--namely, that before our enthusiasm to create a planet free of dental cavities gets entirely out of hand, we owe it to ourselves and others to take a long hard look at some of the potentially undesirable effects of too much fluoridation."

While the substance of this book is scholarly, and the documentation impressive, it makes for exciting reading, particularly those sections which deal with the historical background and political infighting. Names of people and institutions are clearly identified. If you want to learn what these authors have to say about the symptoms of acute and chronic fluoride poisoning, the scientific evidence supporting the linkage between water fluoridation and genetic damage and cancer, and most surprisingly, the lack of any sound evidence that fluoridated water protects the teeth (!), then this book, now being used as evidence in a number of legal actions challenging compulsory fluoridation of water supplies, is for you.

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

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

© The People's Doctor Newsletter, Inc.

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

Another View

by Marian Tompson
President, La Leche League
International



While celebrations honoring the culture of Japan were being held in a number of United States cities last month, I had the great good fortune to be visiting Japan for the first time. My trip was sponsored by Japanese businessmen and physicians to acquaint me with infant care in their country as well as to publicize the importance of breastfeeding through a series of public lectures in Osaka, Okayama, Maebashi and Tokyo.

I was very impressed with Okayama National Hospital where under the direction of Dr. Itsuro Yamanouchi, Director of Pediatrics, all mothers are encouraged to stay with their sick children, and all newborns are breastfed. The hospital houses the regional intensive care unit for premature babies, and even the preemies receive their mother's own colostrum and milk. When a premature baby must be left behind in the hospital, the mother pumps her milk and puts it into a specially designed plastic bag (the hand pumps and bags are available as a unit from the Kaneson Co.) which is then frozen and periodically brought to the hospital. Dr. Yamanouchi credits this procedure with contributing to these babies' remarkably low morbidity and mortality, an achievement for which he received his country's coveted Triple Crown Award.

In Maebashi (in the prefecture of Gunma), Dr. Tatsuo Matsumura's work with allergic children convinced him so completely of the superiority of breastfeeding that he has made the promotion of breastfeeding his life's work. His enthusiasm is reflected in the large number of babies (44 per cent) who still are being breastfed at six months of age in that prefecture.

Of course, in Japan as in the United States, the picture is not that rosy everywhere. There still are hospitals where mothers do not get their babies for 24 to 48 hours after birth and where supplementary bottles of water and formula are commonly offered. Nursing past a year is sometimes frowned upon too, because of concern that it will make the baby too dependent. I am sure much of this will change with the growing enthusiasm for breastfeeding evident among lay people and health professionals alike.

For me as a speaker, it was a new experience to be introduced by male physicians who spoke lyrically of the mystical bond between a nursing mother and her baby and who talked lovingly of the importance of motherhood. These feelings seem to reflect the kind of total mothering which Japanese babies have traditionally enjoyed as well as the national indulgence of, and delight with, small children. You can hardly do better than to be a baby in Japan.

New to me also was the thoughtfulness of Japanese hospitality and their creative solutions to commonplace problems. For example, in many cities, when the traffic lights turn green, they emit a pleasant chirping sound or a melody so that non-sighted people can tell it's safe to cross the street. Also, since traffic accidents have been a problem for Japan's narrow roads and many cars, new drivers must display a symbol on the front and back of their cars for one year after getting a license so that other drivers will be alerted to their inexperience.

It was a delightful trip. I enjoyed the freshly prepared food, the beautiful scenery, and, most of all, the people. I look forward to accepting the gracious invitations to come back soon.