

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. 9

*please
return*



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

1-79-9

IN THIS ISSUE:

Allergies: Part I



**Dr. Robert
Mendelsohn**

The word "allergy" is comparatively new. You won't find it in Shakespeare or even in English literature 100 years old. Once thought to be mostly inherited, it becomes more obvious every year that allergies are mostly environmental in origin. Yet, you can depend on most doctors to largely ignore the cause and instead rush madly to treatment. Unfortunately, the treatment is often worse than the disease, especially since the relatively safe folk-measures of yesteryear have been replaced by the sophisticated, dangerous drugs of modern medicine. This month's Newsletter shows how the risks of treatment can be avoided by the patient becoming an expert detective.

Q

My 2-year-old grandson is allergic, the allergies manifesting themselves when his mother stopped breastfeeding him at nine months of age. His grandparents and father also are allergic. The child has difficulty quieting down and getting to bed at a reasonable time, and he wakes up early in the morning. He is bothered by itching on his arms, legs and feet. When the affected areas are not red and itchy, the skin feels dry.

His parents do not seem to consider this serious, even when the child scratches and draws blood. They take him to the doctor for regular check-ups, but they don't seem to get any specific information or advice.

Your column offers such good practical approaches to situations, maybe you can suggest something to us.--Mrs. I.S.

A

*Red and
itchy skin*

In view of the strong family history of allergy, your daughter wisely breastfed your grandson. I hope that, since the rash appeared after breastfeeding was stopped, the doctor advised eliminating cow's milk. But how can you, the grandmother, be sure about the doctor's advice?

In my private practice, I have had plenty of grandparents phone me to check on the advice they had heard I was giving their children. My favorite approach is to encourage them to come along on the baby's next office visit. As a matter of fact, in my office I have watched mini-parades consisting of the father carrying the baby, followed by the mother, then both grandmothers. Perhaps such an approach might be just right for you and your grandson.

Q

My seven-month-old baby girl has been getting what appear to be colds fairly frequently since she was born. When she was two months old, she began having a lot of mucous in her eyes. Within a week, her nose had become congested, and she developed a bad cough. As a last resort, I gave her Dorcol for the symptoms, and the cold went away after about three weeks. I despise using any medication on my family, but the pediatrician said this medicine was very mild.

Since that time, the baby has had three less severe bouts of nasal congestion and extremely mucousy eyes. I am at wits end trying to find some cause for these illnesses. The doctor thinks it might be an allergy, and he advised the use of boric acid for the eyes and Triaminic to clear up the congestion.

I have nursed my daughter since birth and will continue to do so until she has weaned herself. She eats only fresh fruits and vegetables and a small amount of poultry. I feel I'm doing all I can, and yet she still gets sick. Is there anything I should be doing? Might air conditioning be an offender?--S.D.

A

*Allergies
in
breastfed
infant*

Dorsey's detail man must have passed through your doctor's office recently, since that company manufactures both the medicines to which you refer.

I hope your doctor was particularly careful in the dosage he prescribed for such a young infant (oral infant drops of Triaminic--one drop per two pounds of body weight four times daily; Dorcol, which is a mixture of three drugs and alcohol, has no dosage listed for children below age two). I give you this warning to ensure you do not make your child's situation worse through medicine.

Plenty of nursing mothers tell me their infants have symptoms of colds and/or allergies which, although never developing into anything worse, certainly are a source of annoyance and discomfort.

I applaud your searching for possible environmental causes (sometimes cow's milk ingested by the mother may be the offender), and even though nothing in medicine is ever 100 per cent, I hope you can derive some satisfaction from the evidence that nonbreastfed babies have a higher incidence of much more severe infections. To put it another way, think how much worse things might be if your baby weren't breastfed!

Q

During the past three years, I have been plagued by a skin problem so bad and depressing that I have seriously contemplated suicide.

I have been to several dermatologists, none of whom seems to care about finding the cause. Each one just gives me different creams and ointments.

At the onset of each outbreak of this condition, which is mostly confined to my hands, my hands feel intensely hot and begin to itch. Within a few hours, large blisters develop on the palms of my hands, and smaller ones develop on my fingers and the tops of my hands. The itching is almost unbearable, and my skin literally burns and peels over and over again for several days. There is some swelling, and my fingers split when I try to do even the simplest things that a mother has to do.

No one in my family has ever had a condition like this. One doctor says it's related to my hay fever. Is there really no way to find the cause? Would an allergist be able to help? Please advise me, because I can't live like this forever.--J.G.

A
*Itchy,
blistering
fingers*

I am sure your various dermatologists have considered the possibility of contact dermatitis from some offending substance such as dishwashing detergent, since your itching rash occurs only on your hands and fingers. I also am sure they have considered the possibility of drug-induced dermatitis from any medications for your hay fever or other conditions not mentioned in your letter.

I like your idea of consulting with an allergist, who may approach your problem from a different perspective than do the dermatologists. What you need is an astute medical detective, be he a generalist or a specialist. Shop around a little more and write me again if you're still unable to find help. I'm betting that there is a doctor in your state of Arizona who has the answer for you.

A

There is a possibility that J.G., who complained of a rash on her hands, is allergic to lanolin. If she uses lotions that contain this substance, that might account for her problem, at least in part.

Many years ago I worked in a meat-packing plant in which I removed the intestines of sheep, which were high in lanolin content. After several weeks of this work, my hands became swollen and broke out, especially between the fingers. I eventually had to be transferred to another job.

While lanolin seems to be beneficial to most people, there apparently are a few of us who are allergic to it.--D.M.

A

When my husband was recently hospitalized, I bought him a new pair of pajamas, which I washed thoroughly and dried with Bounce as a fabric softener. My husband broke out in a rash and itched horribly all over his body. A neighbor told me she had been seeing a dermatologist for eight months because of a skin rash she contracted after using Bounce.--W.E.

A

My father also suffered from unbelievable blisters on his hands. His doctor searched his records and saw that the blisters followed his being given prescriptions for antihistamines, notably Polaramine. The doctor took my father off all antihistamines, and his hands have never blistered again.--C.S.

A

After reading the letter from the woman with itchy and blistery hands, I recalled that this has happened to two people I know. Both of them used Joy dishwashing liquid. One man used Joy when he washed glasses in his work as a bartender. He lost his job because of his hands, and after two years, his insurance company canceled his coverage.

If your reader has been using Joy, this may be the cause of her problem.--San Francisco Reader

A

I had the same problem as J.G., and my husband remarked one evening that the scaly, itchy condition of my hands started about the time I changed from taking Anacin to Excedrin for headaches. A clerk in a store told me to take large amounts of vitamins C and E. Between that and eliminating Excedrin, the cracks and scales in my hands disappeared.--D.H.

Q

My baby has a bad diaper rash, and I need you to tell me what to apply to the rash to help it heal. I have tried the leading diaper rash ointment, and it didn't seem to help. Sometimes when I change my son's diaper, he scratches the rash, and it starts to bleed. Please tell me what to do.--Nervous Mother

A

*Diaper
rash*

I have now given up on the "leading ointments." After 30 years of practice and what seems like 10,000 diaper rashes, I have seen the leaders in the ointment field change from year to year, while the diaper rashes go on forever.

The same treatment I learned years ago still seems to work in 90 per cent of the cases: remove all rubber and plastic pants, don't use disposable diapers, use double or triple-thickness cloth diapers, and change them very often. Old-time ointments, such as Lassar's Paste or even baking soda, seem to be just as effective as the now stylish scented and medicated ointments, without their side effects, which themselves may cause rashes.

For the highly unusual rash, such as that due to yeast infection (often from antibiotics), prescription ointments may be necessary. In other rashes, certain foods such as cow's milk infant formulas may be responsible. And while we're on that subject, breast-feeding, which prevents the more serious conditions of allergies and infections, also produces stools which are more attuned to the skin of humans than to the skin of cows, thus reducing the incidence of diaper rash.

A

My heart goes out to NERVOUS MOTHER, whose baby has a bad diaper rash. My infant granddaughter had this same terrible problem until someone told me she should be dusted with corn starch. It worked; she was cured quickly.--I.B.

A

Here is a recipe for "guaranteed results" with diaper rash:

1. Soak all diapers immediately in a mild solution of washing soda.
2. NEVER use a detergent on diapers because there is no way you can completely rinse away the residue. Use soap.
3. When bathing the baby, let her soak in a mild baking soda bath, which is also great for heat rash.
4. If you feel powder is necessary, use corn starch.

As a mother of seven, each of whom has extremely delicate skin, I have fought the battle of diaper rash and have discovered that all the "new" remedies are only disguises that cover the problem--but don't solve it.--M.B.

Q

My daughter, who is now two-and-a-half, has been treated with Kenalog cream since she was three months of age. She was diagnosed as having eczema, a condition which continues to trouble her to this day. I have used Kenalog continuously on a very regular basis, having the prescription refilled on an average of every two to three weeks.

My daughter's eczema responds well to the medication; her skin clears up quickly and she itches very little. Her face, stomach, the creases of her arms, her posterior and both legs are affected. The pediatrician never has mentioned any other means of treatment since Kenalog does clear up her skin whenever she breaks out. I fully understand that the eczema is something she has to outgrow, and there is presently no cure for her condition.

What is your opinion as to the use of this cream on infants and children? I was especially interested in your remark that absorption of this medication into the body may occur and lead to the systemic side effects of steroid hormones. I have noticed for quite some time that my daughter has become very sensitive in the vaginal area. Could there be a connection between this and Kenalog? She is on no other medication.--A Very Concerned Parent

A
*Eczema
and
Kenalog*

The more you learn about topical steroid hormones, the less secure you may feel about continuing to apply this cream to your daughter's skin after two and a half years. The precautions listed for Squibb's Kenalog include the statement: "If extensive areas are treated. . .the possibility exists of increased systemic absorption of the corticosteroid. . ."

I cannot definitely assign a cause-and-effect relationship between your daughter's sensitivity in the genital area and Kenalog (after all, how much careful investigation has been done on little children who receive this powerful medication continuously, regularly, and over a large skin area?), but it will be interesting to see what happens to this symptom after Kenalog is discontinued. And your physician may be wise to consider this since, as stated in the AMA Drug Evaluations, Third Edition, "caution should be exercised when these steroids are used on the face or other cosmetically important areas since paradoxical skin eruptions may occur with long-term use." Wouldn't it be surprising if part of your daughter's continuing skin problems were linked to her treatment!

Finally, I sincerely hope your doctor is helping you to investigate the cause of the eczema (including the strong likelihood of cow's milk allergy) which may not only give the clue to your little girl's present condition, but may also help avoid the appearance of hay fever, asthma and other forms of allergy in later life. If such conditions do manifest themselves, and if your present system of medical management continues, even higher doses of steroid hormones are likely to be prescribed.

Q

My son who is now 17 years old has suffered from allergies since he was six. Allergy tests showed him to be allergic to English plantain and to molds in the air. He is presently taking Actifed, and through the years he has taken Demazin and Dimetapp. He breathes through his mouth, and none of these drugs has really solved the problem. Our doctor says these drugs aren't harmful, but I nevertheless am concerned. In responding to a new mother's letter about her baby's deformities, you once discussed Actifed's effects on pregnant women. Could you now please comment on its possible effect on my son, and could you also comment on Demazin and Dimetapp?--Mrs. V. McK.

A
*Allergies
to weeds
and molds*

Antihistamines have been in use for several decades in the management of allergies. In most cases, they dry up the nasal passages and decrease the discomfort from itching. However, as you see in your son's situation, while these drugs may alleviate symptoms, they do not really solve allergy problems.

Even though no serious side effects have been identified in relation to Actifed, I can appreciate your continuing concern despite your doctor's reassurance. Some patients may be mildly stimulated or sedated by this drug, and it should be used with caution in patients with hypertension.

As for Demazin, this substance should be used cautiously in patients with cardiovascular disease, thyroid disease or diabetes.

Dimetapp is contraindicated in pregnancy and is not recommended in the treatment of bronchial asthma. Everyone using this medication should know that its adverse effects include blood disorders, blood pressure disturbances, incoordination and visual disturbances.

Patients who take antihistamines face further dangerous effects if they simultaneously ingest alcohol, sedatives or tranquilizers.

Although your son has been taking lots of antihistamines by mouth, I am glad he is not using the steroid nasal sprays that often are used in treating allergic patients. These inhalers have been incriminated as

being destructive of the cilia of the nose and other parts of the upper respiratory tract. The cilia are those tiny hairs within the nose that are vitally important in properly moving mucous secretions.

I do not oppose the very occasional short-term use of antihistamines. But I am disturbed when these drugs are prescribed over years and years since almost no scientific information exists regarding long-term risks. I think you and your son should sit down and have a serious talk with your doctor about other methods of allergy management, particularly environmental control.

Q

My five-year-old great-granddaughter has dark circles under her eyes. Could you tell me what causes this?--E.N.L.

A

Circles under eyes

One of the most common causes of dark circles under the eyes is allergy, well-described as "allergic shiners" by renowned Miami allergist (and my cousin, incidentally) Dr. Meyer Marks. But whether or not this guess turns out to be correct, you as a great-grandmother have a great and grand claim to an answer.

Q

A few months back, I bought a dog. Everything was o.k. for about two months until my father developed an allergy. My father now gets a clogged nose and throat when he comes home from work.

Is there a medication or an injection to stop his reactions? Most important, do you feel they are safe? I am writing you rather than the family doctor because my parents feel our doctor gives medication too often and without reservation.

Please reply soon as my parents are trying to get rid of Kafka (my dog) as quickly as possible.--D.B.

A

Allergy to dog

Before your situation goes completely to the dogs, there are a few questions that should be raised. First, have you in fact definitely determined that your father's nose and throat troubles are related to your dog? For starters, let's presume you've already made careful observations of your father's symptoms when he is not in contact with the dog for an appreciable length of time. Second, let's presume your dog is not a Chihuahua or other short-haired variety, animals which are reputed to have a favorable effect (attributed by some to psychologic factors and, more recently, by others, to possible ionization effect of the short, sharp-pointed hairs) on asthma and other allergic conditions.

I would advise you to respect your parents' reservations about excessive medications. This is particularly applicable in the field of allergies, since antihistamines, steroid hormones, and long-term desensitization all carry significant side effects, as well as a high price tag.

I don't own a dog myself, but my dog-owning friends tell me that certain factors like dander and long hair are of some importance. Perhaps instead of going to a doctor for humans, you might do better to consult with either an experienced veterinarian or a dog fancier or breeder. Instead of the so-often simplistic medical advice, "Get rid of your dog," these experts might have the strongest incentive for finding a solution so that you can have a pet.

Finally, I am intrigued at your naming your dog presumably after Franz Kafka, the author who has been described as "among the most neurotic of literary artists." One of his works, "The Metamorphosis," deals with a son's wish to displace his father and take over his authority in the family.

In another work, "The Judgment," the tyrannical father condemns his son to death by drowning. And I can't resist mentioning that Kafka is also the author of a short story entitled "Investigations of a Dog."



Hospitals now can be held liable for x-ray treatments which later create new medical problems. Reversing an earlier lower court decision, the Illinois Appellate Court has ruled that an x-ray is a product, rather than a service, of a hospital.

The decision was made against Chicago's Michael Reese Hospital where patients in the 1950's received radiation treatment for tonsillitis, a treatment later abandoned when it was learned that these x-rays can cause cancer of the thyroid.

Is your doctor prescribing phenobarbital to prevent convulsions? Then you should know that according to research being conducted at Ohio State University, phenobarbital, which often is used to prevent possible brain damage from epileptic seizures, may itself threaten brain growth. Sarah Tijoe, assistant professor of pharmacology at Ohio State's College of Medicine, reports a reduction in the size of the brains of baby rats who were given phenobarbital.

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

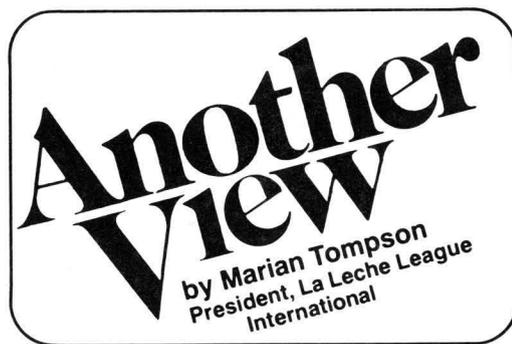
- | | |
|--|---|
| Vol.1, No.1: Pregnancy & Childbirth | Vol.2, No.11: Coping with Hospitals |
| Vol.2, No.1: High Blood Pressure & Anti-Hypertensive Drugs | Vol.2, No.12: Coronary Bypass Surgery |
| Vol.2, No.2: Women as Guinea Pigs: DES... The Pill...Menopausal Estrogens | Vol.3, No.1: Day Care Centers 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 | |

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, Associate Editor

© The People's Doctor Newsletter, Inc.



Allergies! It's a rare family which doesn't include at least one member who suffers from an allergy of some sort. Allergies can be caused by such irritants as food, pollens, traffic exhaust fumes, odors, insecticides, and chemical additives, and can produce a variety of symptoms ranging from eczema and sniffles to bedwetting and teeth grinding, to life-threatening conditions. Sensitization can begin in utero, or it may not show up until later in adult life. Even the breastfed baby doesn't always escape. While babies are never allergic to their mothers' milk, they sometimes are allergic to foreign protein, especially that contained in milk and eggs ingested by the mother.

In a Swedish study of colicky babies who were totally breastfed, it was found that the colic cleared up in most of the babies when their mothers were taken off milk and milk products. Speaking at a breastfeeding seminar for physicians held in Atlanta, Georgia, last July, Dr. Tatsuo Matsumura, a renowned Japanese allergist, referred to the breastfed baby as a mirror of his mother's food sensitivities. In Dr. Matsumura's experience, when a nursing mother eliminates the food which is causing problems for her baby from her diet, she also will find herself relieved of symptoms she was unaware were allergy-produced.

The only child in our family who ever has been to an allergist is our son Brian, and it was a long, drawn-out experience we will never forget. When Brian was about six years old, a bronchial problem was diagnosed as being caused by an allergy, and we were advised to seek expert help. The first expert told us that Brian had a slight allergy to cow's milk, among other things, and he should be limited to two glasses of milk a day. Discontent with this doctor soon led to a consultation with a second allergist who scoffed at the notion of a "slight allergy" to anything. "Either you are allergic to something or you aren't," he said. This allergist began a series of injections to build up Brian's tolerance to pollens and molds. After his third injection, Brian ran a fever, his arm became terribly swollen and, by the next day, he had lost his sense of balance and could not move his left arm (which had been injected) or leg. The doctor insisted the injections had nothing to do with Brian's condition, and he suggested our son be hospitalized for tests. The results showed nothing unusual although by now Brian could walk only with the aid of crutches and often was in a great deal of pain. This condition lasted for several months. During this period, we visited our third (and last) allergist, who believed it was the dilutant in the injections which caused Brian's problems. Since Brian's symptoms had almost disappeared by this time, we decided not to test out this possibility. Fortunately, his bronchial problem never did return, so we dropped both the investigation and the injections.

With this experience, we gained an appreciation of the complexities involved in tracking down the cause or causes of allergies, and we learned how the solution sometimes can compound the problem. Maybe the last word should come from Susan Dees, M.D., a pediatric allergist at Duke University, who has said, "If an allergic person learns to know himself and the things he's allergic to, he has a good chance of overcoming his allergies."