

# the People's Doctor

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

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## Birth Control Pills

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**Dr. Robert Mendelsohn**

When the history of the latter half of the 20th century is written, I have no doubt that one form of medication will rank right up there with the Kennedy assassinations, Watergate, the Viet Nam war and the oil crisis as something which forever changed the course of this nation. That medication is the contraceptive pill--so important and so well-known that it is referred to simply as "the Pill." It is unlikely that there would have been a Women's Movement had there not been the Pill. It is unlikely that there would have been males and females living together in college dormitories had there not been the Pill. It is unlikely that America's birth rate would have taken such a drastic drop had there not been the Pill.

Whether the social, economic, and political changes the Pill has wrought are good or bad is something that future generations will judge. But we do not have to wait for future generations to know the physical changes the Pill has wrought on the present generation of female "guinea pigs." Those medical complications are the subject of this month's issue of my Newsletter.

**Q** Please help! I am a 24-year-old woman, and about four years ago I developed a constant dizziness--not an occasional spell that comes and goes, but rather a dizziness that stays with me morning, noon and night. There is no letup whatsoever. I can't drive, I can't work, and I can't go out to make friends.

Within the past three years, I have had the following tests: EEG, EKG, special ear studies, five-hour glucose tolerance test, brain scan, Halter monitor, CAT scan and various blood tests. Doctors have prescribed Antivert, Valium, Vasodilan, Tranxene, Compazine, Dilantin, Stelazine, Thorazine, Roniacol, Tofranil, Norpramin and Sinequan. I've even undergone psychotherapy.

Nothing has given me any relief whatsoever, and my doctors have given me the brush off. The only regular medication I take is a mild birth-control pill to relieve severe menstrual cramps. Please give me some advice.--Desperate in Detroit

**A** Dizziness, a side-effect of several of the drugs you took, is also one of the adverse reactions reported by some users of contraceptive pills. If this simple answer turns out to be the solution to your problem, your doctors may well feel a little dizzy themselves.

*The Pill  
and dizziness*

**Q** How long should a woman in her 50's continue to take birth-control pills? What effect do they have on a woman of this age? My doctor first said I will continue to have menstrual periods as long as I take the Pill; he then said I should take the Pill as long as I continue to menstruate. This doesn't make an awful lot of sense to me. What is your view?--G.W.

**A** I presume both you and your physician are familiar with the repeated warnings that have appeared in medical journals and in the mass media during the past few years regarding the increased risk, particularly of heart attacks, associated with use of the Pill by older women.

*The Pill  
after  
40*

In 1975 the Food and Drug Administration sent a warning bulletin to physicians throughout the country recommending that they switch Pill-taking patients older than 40 to some other contraceptive. In 1977, the FDA required that Pill manufacturers supply brochures containing warnings to doctors and druggists. The FDA's patient brochure emphasized the higher risk of heart attacks associated with oral contraceptives for that age group.

You fall into a rather small category of Pill-takers; according to a National Survey of Family Growth prepared by the National Center for Health Statistics, only seven per cent of married U.S. women using oral contraceptives were 40 or older in 1973.

You must have misunderstood at least part of your doctor's prescription. Regardless of how long one takes the Pill, menstrual periods obviously will not continue indefinitely. Perhaps when you clear up this area of confusion, you also might find out why he has not become as wary as many other physicians about prescribing the Pill for women over 40.

**Q** You have cited "studies" which conclude that there are physical dangers to users of the Pill who are older than 40.

I am curious to know whether there have been any studies conducted to learn the mental state and marital condition of women over 40 who have become pregnant.--Mrs. R.L.

**Q** You recently stated that a "large study conducted in the United Kingdom shows the death rate (from circulatory disease) in women who had used oral contraceptives was five times that of controls." You further stated that excess mortality in Pill users was "substantially greater than the mortality from complications of pregnancy in the controls."

You fail to state 1) when the study was done; 2) what type and what dosage level of oral contraceptive was involved; 3) the ages of the women in question, and 4) whether such other factors as hypertension, obesity, smoking, etc. also were studied.

You do your readers a disservice with fuzzy facts taken out of context and presented in a sensational manner. As a family planning nurse practitioner, I am obliged to keep an open mind, yet I am constantly harassed by pronatalist pseudostudies claiming this or that ill effect of pills. Obviously, the Pill is a potent medication with far-ranging metabolic effects over and above stopping ovulation. You correctly point out that Pill-users have elevated triglycerides; this is a fact, but what does it mean? The Pill also acts on the body's vitamin utilization, depleting the B-complex and enhancing the absorption of vitamin C and iron. Does this matter? We don't know. But your anti-Pill propaganda, which implies that any variation is abnormal and therefore bad, is neither scientific nor fair.

The most disturbing point about the media with regard to contraception in general is the underlying assumption that Natural is Good:

Pregnancy is Natural, therefore pregnancy is Good...Birth control pills are unnatural (they REALLY prevent pregnancy), therefore pills are bad.

Probably the "safest" contraceptive is the conscientious diaphragm-user, but people and methods are all too fallible. Curse the Pill for its convenience, if you will, and curse humans for their lack of discipline, which makes them opt for "instant gratification" and "hassle-free birth control." But PLEASE don't provide a Greek chorus of "what if's" and "oh dears" that only worry people off of pills and into pregnancy.--S.C., RN, FPNP, Manager, Boulder (Colo.) Planned Parenthood

**A** The United Kingdom study of 46,000 women, begun in 1968, was conducted by Dr. Valerie Beral of the Department of Epidemiology and Medical Statistics at the London School of Hygiene and Tropical Medicine (Lancet, Nov. 13, 1976).

Another English study, headed by Dr. Martin Vessey, Professor of Social and Community Medicine at Oxford University, reported nine cardiovascular deaths in 17,032 Pill-takers as compared to no such deaths among women using other forms of contraception.

One of the most comprehensive and authoritative sources of information on the Pill is available through Dr. Herbert Ratner's publication Child and Family Quarterly (Box 508, Oak Park, Ill. 60303).

Having provided this documentation, I hasten to add that, as both of your letters clearly indicate, lots of people will not be convinced by scientific studies one way or the other. To some extent, this is understandable since you can scientifically prove practically any side of any question.

For those who either do not rely on science or who reject any findings that do not agree with their own preconceptions, the issue becomes one of belief. Accordingly, those who religiously believe that the Pill is good and pregnancy is bad will opt for the Pill. On the other hand, those whose common sense persuades them otherwise will reject the views of Planned Parenthood (Planned NonParenthood?) and other Pill Pushers.

Some who reject the Pill will opt for the diaphragm or for that most unpopular commodity in some segments of American Society--children.

**Q** My baby was delivered by Caesarean section three weeks ago. When I returned to the doctor for my two-week checkup, he gave me birth control pills. I get nervous and irritable when the baby cries, and I don't like taking these pills. Is there any other safe method of birth control, and are these pills safe for me? I am 18 years old.--Mrs.B.A.

**A** I don't know where to begin in answering your letter. Didn't your doctor insist that you breastfeed? And, if you are breastfeeding, doesn't he know that the Pill dries up your milk? Even if you are not breastfeeding, haven't you read enough information on birth control pills to know that they can cause nervousness all by themselves?

*The Pill  
after  
childbirth*

You are only 18, but doesn't your physician, older in years and experience, know about the diaphragm and other birth control measures which are safer and just as effective as the Pill and the IUD?

Your letter makes me very concerned for both you and your baby. I could tell you to go back to your doctor and have a talk with him, but my best advice is to seek out a few mothers who have successfully given birth to, properly nursed and raised a number of children. Whether they have delivered their babies by section or vaginally, their experiences qualify them as the best experts for you.

Q

About two years ago, when I was 35, my doctor put me on birth control pills for the first time. About three months later, I slipped off my kitchen bar stool and pinched myself in the vaginal area. Several days later, I felt a lump about the size of a 50 cent piece, and two weeks later, I was hospitalized with massive blood clots.

I still suffer from this condition which confines me to bed for several days at a time. Both my legs throb like a toothache, although only the left leg has clots. I live on aspirin, take lots of vitamins, but I can't hold a job because I can neither sit nor stand for long periods of time. I've tried anything that might help--hot baths, heating pads, elevating my legs, support stockings, etc. I've had quinine prescribed, and I even went to a cardiovascular surgeon who said I shouldn't take so many aspirin, and I'd have to learn to live with this condition.

Is there any kind of therapy or medication which can help me? This condition has almost put an end to my sex life.--Mrs. N.H.

A

*The Pill  
and  
blood clots*

Although your letter does not clearly state that you stopped the Pill forever when you were hospitalized with those massive blood clots, let me assume this to be the case.

Thus far, you have behaved quite conventionally by confining your search for relief to standard medical circles. When your own doctor's recommendations did not help, you consulted a surgical specialist. This is the usual route traveled by victims of the Pill who, like you, have suffered what doctors call "thromboembolic incidents."

You now have two options: You can continue to shop around for other specialists within the field of conventional medicine. As a matter of fact, I will help you in your search by inviting my many doctor readers to write me, and I will publish their answers if they have a good solution to your problem. Your second option is to decide that you have had enough of modern medicine whose representatives first placed you on a dangerous drug and when you were damaged, told you to learn to live with it. This second route will lead you to nutritional and other unconventional healing approaches.

Q

I am a 31-year-old wife and mother who has stopped taking birth control pills after six years of continuous use. Prior to my only pregnancy (and prior to being on the Pill), my menstrual periods were always very heavy, often causing me to stay in bed for a day or two. My energy level also was very low. While I was on the Pill, my menstrual flow was not as heavy, but cramps and lack of energy often made me spend a day in bed. I am not by nature a lazy person--aside from housework, I bowl, play racquet ball, etc.

Last month I went off the Pill. My gynecologist told me not to expect a menstrual period for six weeks. Twenty-two days after that visit, I began menstruating more heavily than ever before. My energy level has been sapped to an all-time low, and I have been in bed for several days. My gynecologist is on vacation, so I have no alternative but to ask you these questions. What is happening? Is a heavy menstrual flow normal after the Pill is discontinued? Will use of the Pill alter future menstrual periods? I am ashamed to say I never thought to ask what to expect after I stopped taking the Pill. The booklet that comes with Ovril says only that there is as yet no evidence that side effects tend to develop or become worse with long-term use, whatever that means.

Can you tell me and the many others who now take the Pill what to expect afterwards? My fear of the continuous heavy menstrual bleeding

may be unfounded, but so far this is unlike anything I have ever experienced before. Can you answer my questions and alleviate my fears?--P.M.

**A**  
*Ill effects  
after  
discontinuing  
the Pill*

Abnormal bleeding and other effects, including infertility, are not uncommon after the Pill is discontinued. This seems only logical when one considers that Wyeth's Ovral, like other pills in the same class, works by suppressing pituitary hormones by virtue of the estrogenic and progestational hormonal activity of its ingredients. In other words, the artificial hormones in the Pill suppress the natural hormones in the body, thus leading to inhibition of ovulation and all the other effects of this kind of hormonal intervention. Thus, the entire spectrum of breakthrough bleeding, spotting, and failure to menstruate at all can occur during use of the Pill, and failure to ovulate or menstruate may occur after discontinuation.

Furthermore, changes in components that affect blood-clotting ability can cause many other forms of abnormal bleeding and clotting, including cerebral hemorrhage and cerebral thrombosis. The full description of Ovral in the Physicians' Desk Reference covers 14 columns, and careful reading of this small type makes this chemical truly a bitter Pill to swallow.

Your letter addresses itself only to the narrow issue of menstrual bleeding, but it seems to me that we must avoid tunnel vision in considering the Pill.

Recent British studies showing soaring death rates for women who used the Pill justify the statement made by Herbert Ratner, M.D., editor of "Child and Family," who characterized the Pill as "chemical warfare upon the women of this country."

Years ago, both physicians and patients could claim that there was no good evidence that the Pill was dangerous. However, the plethora of evidence filling scientific journals as well as the lay press over the past several years makes me wonder how a physician with any degree of literacy still can write a prescription for the Pill. And I wonder how any literate patient can have the prescription filled.

**Q** I'd like to comment on a letter that came from a woman who had experienced a heavy menstrual flow both before and after using birth control pills. I had a similar experience. My gynecologist said that the flow was a side effect of the Pill. After about eight years, I went off the Pill and decided to take kelp tablets and vitamin E. I had good results with this supplement, and I have been continuing with it for more than a year. A friend of mine, who had been troubled with highly irregular and heavy menstrual periods that were accompanied by severe cramps, tried kelp tablets, dolomite, and vitamins C and E at my suggestion; she now has a normal menstrual cycle with reduced pain. Both of us feel a lot more peppy.

I hope this letter may help some women, and I am grateful for the attitude you have expressed.--Mrs. V.R.

**A**  
*Combating  
those ill effects*

Thank you for sharing your experiences with my readers. It seems to me that when women of childbearing age exhibit practically any symptom, the first question a doctor must ask is, "Are you now, or have you ever been, on the Pill?"

**Q** You recently linked birth control pills to vaginal infections. I never have taken the Pill, yet I suffer from the same problem. How can this be?--Atlanta Reader

A

Not all yeast infections are caused by the Pill, but some of them are. Just read the next two letters:

**Q**  
*The Pill  
and  
yeast  
infections*

I suffered from yeast infections for more than a year. I went to three different doctors, and used (I am convinced) every cream and suppository which doctors can prescribe. The infection would abate until I stopped taking the medication, and then it would recur. Finally, I read an article in Mademoiselle magazine in which a woman doctor said one should stop taking all medication, including the Pill, if a yeast infection persisted despite treatment. I asked the doctor currently treating me if birth control pills could possibly be the cause of my problem, and he replied emphatically, "Of course not." In spite of this, I stopped taking the Pill (Ortho-Novum) for a month and used the cream which had been prescribed. And, of course, my infection disappeared.

Thank you for telling all women about something which I discovered only by chance.--S.G.

**Q**

Let me tell you my experience with yeast infections and birth control pills. I have been off and on the Pill for eight years, and I had found the only time I was untroubled by yeast infections was when I had stopped taking the Pill. I discussed this with both my regular doctor and my obstetrician, and both acted as though I were crazy when I said the Pill was the cause. In fact they told me it was not the Pill. But I knew from experience that, when I was off the Pill, I had no infections. You made me feel so much better to know that I wasn't imagining things. Thank you.--Houston Reader

**Q**

About nine years ago, when reports began surfacing about the link between the Pill and cancer and blood clots, I went to my gynecologist to ask to be fitted for a diaphragm. After the birth of my first child, this doctor had put me on the contraceptive pill (although I had not asked for it), assuring me that it would not only act as a birth-control device but would also protect me against cancer.

After being positioned and draped by the nurse, I heard the doctor coming in, gaily humming, "Well, hello Mrs. Robinson." When he discovered I wanted to be taken off the Pill, he became angry and said he would not fit me for a diaphragm. He told me that if I went off the Pill I was on my own. He advised me to "go down to the drug store, get some foam and take your chances." That was a direct threat that if I didn't do what he wanted, I would get pregnant.

A friend of mine who is a nurse suffered considerable water retention while she was on the Pill, so her gynecologist gave her a diuretic. After a while, the combination of contraceptive pill and diuretic began to produce symptoms of diabetes. The doctor then wanted to prescribe a third medication to control the diabetes. When my friend refused, the doctor suggested a hysterectomy as an alternative.

I think many gynecologists do not like women. If a woman is young, dumb and/or sexy, the gynecologist may find her tolerable, but he considers the rest of us to be less than human.

Your columns indicate that you are a compassionate and honest physician, but as a male, you can have no idea of the subtle and not-so-subtle things that go on in gynecologic examining rooms.--Mrs. L.R.

**A**

*Doctors  
who  
prescribe  
the Pill*

Thank you for lifting the curtain and allowing me to enter the examining room with you.

The takeover of medicine during the last few centuries from midwives and other female healers by the modern male physician is well documented in Barbara Ehrenreich's "Witches, Midwives, Nurses" (Feminist Press). I sincerely hope that the increased number of women medical students will be able to avoid the dehumanizing effects of medical school and will be able to relate to their female patients just the way the old-fashioned midwives did.

*Contraceptive  
pills and  
blood lipids*

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A study in Framingham, Mass. "tentatively" concluded 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.

*Increased  
mortality  
among  
Pill-takers*

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A large study conducted in the United Kingdom has shown that the death rate from diseases 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!

*If you're  
pregnant,  
stop  
taking  
the Pill*

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I recently received a letter from a young woman who became pregnant while taking the birth control pill. She wanted to know if this could hurt her baby. The last line of her letter read, "I would appreciate if you would publicize this question for all of the other young women like me who are concerned about the health of our children during pregnancy."

This woman's letter indicates that, despite all the warnings in the public press as well as in the FDA-mandated brochures which are to accompany purchases of the Pill, the message is not getting through. So let me repeat that message loud and clear: If you think you are pregnant, STOP TAKING THE PILL.

All female sex hormones, the Pill included, taken during early pregnancy, may seriously damage the offspring. The kinds of congenital anomalies produced by fetal exposure to these hormones include defects of the spinal column, the anus, the heart, the trachea and esophagus, the kidneys, and the arms and legs. One study showed a better than four-fold increased risk of limb-reduction defects in infants exposed in utero to sex hormones including oral contraceptives. Some of these exposures were very short and involved only a few days of Pill-taking. In another study, heart and blood vessel defects in children born to women who received female hormones, including the Pill, during early pregnancy, occurred at a rate of 18.2 per 1,000 births, more than twice as high as for children not exposed.

The prescribing information for the Pill clearly reads, "The safety of this product in pregnancy has not been demonstrated. Pregnancy should be ruled out before initiating or continuing contraceptive regimen."

I realize that this kind of information is plenty scary, but I hope that this is not the first time any taker of the Pill is learning this. She should have heard it first from her own physician when he handed her the prescription.

*Post-Pill  
pregnancy*

Women who become pregnant within 60 days after coming off the birth control pill stand a one to two per cent risk of producing babies with abnormalities of the bones, heart, eyes and ears. In a 12-month study of 18 pregnant women conducted at the University of Texas medical branch in Galveston, researchers found the first 12 weeks of pregnancy to be the most critical in developing malformations of the bones, heart, eyes, and ears of the fetus. William J. McGanity, M.D., professor and chairman of the Department of Obstetrics and Gynecology at the University of Texas cautions, "If a woman is going to minimize the risk, then there should be no attempt to become pregnant until she has had two spontaneously occurring menstrual cycles after coming off the Pill, the amount of time it takes the body to restore its normal metabolic function."

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*The Pill  
and  
dental  
problems*

According to an article in the Journal of the American Dental Association (October, 1978), women who take oral contraceptives may develop special dental problems. A research team from the University of Louisville School of Dentistry called attention to the fact that, among Pill-takers, there is an increased incidence of localized bone inflammation (dry socket) after the wisdom teeth are removed.

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*Pill-pushers  
aren't  
Pill-Takers*

It seems as if a major component of doctors' and other health professionals' behavior consists of "Do as I say, not as I do." For example, all of us know fat doctors who counsel their patients to lose weight and doctors who tell their patients to give up smoking while puffing on a cigarette. Well, the Planned Parenthood people are no different. A survey of 800 female staff members and volunteers in Planned Parenthood affiliates in the western United States showed that only 8.8 per cent of them take contraceptive pills while 70 per cent of their clients are on the Pill. Thirty-eight per cent of the staff choose to use the diaphragm, but only nine per cent of their clientele makes a similar choice.

Commenting on the difference in understanding of the risks of the Pill, Dr. Geraldine Oliva, who conducted the study, explains: "Patients are not going to learn as much from a half-hour talk as we know from what we come in contact with daily. We frequently deal with people who have had complications because of the Pill. For many of our clients, the Pill is just much easier to deal with."

The message to us is clear. It is much safer to be a member of the staff of Planned Parenthood than it is to be their client.

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*The Pill  
and  
premature  
heart  
attacks*

A study conducted at 10 medical centers in the United States has shown that women who take birth control pills have higher levels of blood fats which some doctors say may bring on premature heart attacks. Financed by the National Institutes of Health, the findings may explain why women on the Pill, especially women who smoke, are more susceptible to heart attacks and circulatory problems. Interestingly enough, the largest differences in blood fats between women on the Pill and other women was found in young women in their 20's.

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For more information on birth control pills, Dr. Mendelsohn's Newsletter Vol. 2, No. 2 "Women as Guinea Pigs: DES...The Pill... Menopausal Estrogens" may have the answer you're looking for. Send \$2 plus a self-addressed, stamped long envelope to The People's Doctor, 664 N. Michigan Ave., Suite 720A, Chicago, Ill 60611.



# Another View

by Marian Tompson  
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International



It is a constant source of wonder to me that anyone ever would want to take the Pill after reading the package insert information. But of course some women continue to do so, usually giving convenience as the reason. Yet I wonder whether there might also be a feeling that, if the Pill were really all that bad, the Food and Drug Administration would not continue to approve its use. If that is the case, we might well listen to Doris Haire, a medical sociologist who frequently represents the women's health movement at FDA hearings. According to Mrs. Haire, Richard Krout, director of the bureau of drugs, has advised her that the FDA does not guarantee the safety of any drug which they approve as safe. (Apparently, when the FDA uses the word "safe," it does not mean free from harm or injury.) The FDA has no system for gathering information on adverse effects and potential risks of a drug once that drug is marketed, nor does it require that physicians report adverse drug reactions to that agency. Therefore, there is no way to determine the exact rate of adverse drug reactions to an FDA-approved drug when it is used under non-research conditions. If a patient reports an adverse drug reaction to the FDA, but the prescribing physician refuses to provide the agency with the patient's medical records the FDA will not, in general, follow up and investigate the consumer's report. And while drug manufacturers are required to file all adverse drug reaction reports received from physicians, they can avoid filing such a report if the physician can be persuaded to change his report to an "inquiry" which is not required to be reported to the FDA.

In addition to the hazards a woman who takes the Pill is exposed to--increased possibility of thromboembolism, coronary heart disease, strokes, suicides and other complications--one must also consider the effect on the baby if a woman takes the Pill while breastfeeding. The package insert clearly states that "Drugs in Oral Contraceptives are known to appear in the milk and the long range effects on infants is not known at this time. Furthermore oral contraceptives may cause a decrease in your milk supply as well as in the quality of the milk." (Note: Protein, milk fats, lactose, sodium, potassium, calcium magnesium and phosphorous have been found to be diminished in the milk of mothers who take the mini-pill.) Yet many breastfeeding mothers have been given prescriptions for the mini-pill and have been told it was especially suited to lactating women.

Women clearly need more complete sources of information than those available through industry and government. As starters, I would recommend: "The Medical Hazards of the Birth Control Pill," \$1.00, 96 pages (available from Child and Family Quarterly, Box 508, Oak Park, Illinois 60303) or a \$4.00 annual subscription to Child and Family Quarterly which continues to document evidence on the pill. The most recent issue, Vol. 15, No. 2 contains Morton Mintz's "The Annals of Commerce: Selling the Pill." I also recommend "Breastfeeding and the Oral Contraceptive Pill" (La Leche League International, 9616 Minneapolis Avenue, Franklin Park, Ill. 60131, \$ .15 per copy) and "Little Known Facts About How the FDA Determines the Safety of Drugs - How Safe is Safe?" (single copies available free with a large self-addressed, stamped envelope from the American Foundation for Maternal and Child Health, Inc., 30 Beekman Place, New York, New York 10022).

If we are not to be exploited, then we must take heed!