

# the People's Doctor

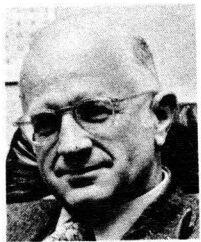
A MEDICAL NEWSLETTER FOR CONSUMERS  
by Robert S. Mendelsohn, MD

VOL. 4, NO. 7

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P.O. Box 982 Evanston, Illinois 60204

## IN THIS ISSUE: Jaundice and Bilirubin Lights



**Dr. Robert Mendelsohn**

For those of you who had your children more than a decade ago, the question of jaundice and bilirubin lights (phototherapy) probably never came up. In fact, many of you may have no idea what the subject is all about. But for those of you who have become parents in the late 1960's and 1970's, this matter is a very important one, as indicated by the number of questions on this subject which come to me in the mail.

In this month's Newsletter, I explain the causes of newborn jaundice, and I give the dangers of the treatment. Those of you who have no intention of having children in the 1980's may still want to pay close attention to this information because it may not be too long before your grandchildren, your nieces, your nephews, and other relatives find themselves under

those bilirubin lights.

**Q** My baby developed jaundice when she was three days old. My pediatrician, an advocate of breastfeeding, suggested I stay in the hospital a few extra days so the baby could be nursed and could receive treatment under bilirubin lights. On the sixth day, the doctor said he couldn't figure out what was causing the jaundice, so he had to assume it was breastmilk jaundice. The baby was taken off the breast for five days; she began to take formula, and the bilirubin count slowly decreased. I resumed breastfeeding, and the jaundice began to fade away during the third week.

My pediatrician says breastmilk jaundice is rare, but he recently has seen several similar cases. He is beginning to wonder whether something we eat or drink could be a contributing factor, and he has contacted neonatal specialists in our area who say that little is known about breastmilk jaundice, and little research has been done on it.

It seems to me that a diagnosis of breastmilk jaundice might cause many nursing mothers to become discouraged and to stop breastfeeding permanently. I was lucky to have an encouraging pediatrician who convinced me there was no reason why I couldn't stop nursing for five days and then resume successful breastfeeding.

Do you know whether anything can be done to prevent this type of jaundice?--M.F.

**A**  
*Breastmilk  
jaundice*

Not only is your pediatrician right in stating that breastmilk jaundice is rare, but according to Dr. Lawrence Gartner, who originally described this condition and is a member of the La Leche League International Advisory Board, there has never been even a single case of damage from this kind of jaundice, in spite of all the intensive research that has gone into its detection.

Dr. Gartner has shown that breast- and bottle-fed infants have the same degree of bilirubin blood levels in the first four days of life. Why then don't doctors switch jaundiced bottle-fed babies to the milk of their mothers' breasts?

Why should a nursing mother expose her baby to the known dangers of formula milk as well as to the risk of hospital-acquired infection from those extra days spent in the nursery? Reports of suspicions about the safety of bilirubin lights appear regularly in medical journals, and your physician can give you more information on this subject.

Concerning the yellow color of a normal newborn infant, it seems to me that a lot of potentially dangerous technology is being applied to a non-disease. Except for Rh erythroblastosis, I cast a jaundiced eye on the whole business.

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*Bilirubin  
lights*

Is your doctor recommending bilirubin lights for your jaundiced newborn infant? If so, ask him whether he is familiar with the work of Dr. James Sidbury, scientific director of the National Institute of Child Health and Human Development, Bethesda, Md. Dr. Sidbury reports that while phototherapy is effective in lowering the bile pigment levels in newborns, it also may be responsible for increased mortality, particularly in very small infants. The higher risk of death results from lung problems (respiratory distress syndrome) and hemorrhage. Dr. Sidbury concludes that until the risk to these very small infants is clarified, "Phototherapy should be administered with an understanding of the possible consequences."

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**Q**

Are there any dangers of phototherapy for jaundiced newborns?--N.A.

**A**

*Jaundice  
and  
phototherapy*

Even though use of phototherapy (bilirubin fluorescent lights) as a treatment for jaundiced newborns is only a few years old, the dangers to babies are being identified already. These include irritability and sluggishness, diarrhea, lactase deficiency, intestinal irritation, dehydration, feeding problems, riboflavin deficiency, disturbance of bilirubin-albumin relationship, poor visual orientation with possible diminished responsiveness to parents, and DNA-modifying effects.

I also am quite concerned about the threat to normal bonding between mother and child which may result because light therapy necessitates that the infant's eyes be bandaged, often for several days. My fears are based on important animal studies conducted years ago by Konrad Lorenz and Eckhard Hess. In those studies, ducks which were placed in darkness immediately after birth failed to develop the "imprinting" which leads to normal maternal-offspring relationships.

Now one might think doctors would be extremely cautious before exposing tens of thousands of babies to this still-experimental technique. After all, modern medical care of newborns does not have an unblemished record, as witness the history of mistakes which have been made over the past few decades. These include blindness resulting from oxygen therapy, brain damage from hexachlorophene soap, sensitization due to intramuscu-

lar blood injections, convulsions after consumption of SMA formula, and hypoglycemia caused by routine starvation of newborn infants. Yet these bilirubin lights continue to shine, with all their known risks and still-to-be-identified ones, even though proof remains lacking that light has any effect at all on the prevention of the form of brain damage (kernicterus) associated with severe jaundice.

If your doctor wants to turn on the bilirubin lights, be sure to ask him whether he has re-checked the laboratory blood reports to rule out any technologic error. Also ask him whether, in the absence of Rh or ABO blood incompatibility producing jaundice, the remote chance of kernicterus is greater than the risks of phototherapy.

The recognition and management of jaundice has become a growth industry in pediatrics, and I recommend extreme caution. (Reprinted from Vol.2, No.6, The People's Doctor Newsletter.)

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After the preceding question and answer appeared, Pediatric News ran the following piece which was written by their anonymous columnist, "Dr. X":

"I wonder how many pediatricians and neonatologists saw Dr. Robert Mendelsohn's (recent comments) on the dangers of phototherapy for jaundiced newborns. There should have been a lot of spilled coffee that morning.

"The dangers he enumerated were irritability and sluggishness, diarrhea, lactase deficiency, intestinal irritation, dehydration, feeding problems, riboflavin deficiency, disturbance of bilirubin-albumin relationship, poor visual orientation with possible diminished responsiveness to parents, and DNA-modifying effects.

"He also worries a good deal about the threat to normal bonding between mother and child and questions whether bilirubin lights should be used at all.

"Of course, (medical) column writers like to keep the pot boiling, but it seems slightly unfair to lay such opinions on lay readers who cannot possibly make knowledgeable judgments about their validity.

"The mothers of infants treated with bili-lights may have worries about the long-term effects, and Dr. Mendelsohn's (comments) could hardly be reassuring.

"He makes no mention of the rather large studies that appear to link elevated bilirubin levels with poorer CNS functioning later in life, nor does he mention that bili-light treatment is fairly standard practice throughout the land.

"This seems irresponsible in a medical writer who reaches a large number of lay readers and has a duty to present the facts as they are known."

Now, my dear "lay readers who cannot possibly make knowledgeable judgments," I do not usually respond to anonymous writers, even if they profess to be physicians. However, I will make an exception in this case, not because I am concerned about doctors spilling their morning coffee, but rather because many of you will have jaundiced babies and therefore will be faced with pediatricians who advise bili-lights.

Dr. X's contention that bili-light treatment is "fairly standard practice throughout the land" does little to reassure those of us who remember other "fairly standard practices" such as x-ray treatment of tonsils (which led to thyroid tumors), DES administration to pregnant women (which led to cancer in both themselves and their daughters and to genital abnormalities in their sons) and the swine flu vaccine (which led to Guillain-Barre paralysis.) So much for standard practices.

Furthermore, the complicated studies mentioned by Dr. X which link hyperbilirubinemia to neurologic damage effectively serve to confirm my insistence that the important factor is the cause of the elevated levels, and not the levels per se.

Whatever else Dr. X accuses me of, he does not accuse me of failing to tell the truth. Indeed, he cannot because he knows that all the side effects of bili-lights I listed are well documented in the scientific literature.

I never have tried to simplistically reassure my readers. Rather, my aim is to arm you with information which is often hidden in the pages of medical journals so that you can question your physicians more intelligently. Dr. X apparently regards this divulging of information as being irresponsible. I leave it to you to judge whether the concealing of side effects of treatments is not the most irresponsible act of all. Unless it is even more irresponsible for Pediatric News' Dr. X to conceal his true identity for the past 10 years!

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**Q** Could you please share with me your knowledge about the use of bilirubin lights in the treatment of jaundice in newborns? I'm expecting my second child next month, and I'd like to be better prepared to deal with the problem of jaundice than I was with my firstborn.--M.B.

**A** Concern over both the effectiveness and safety of phototherapy (bilirubin lights) for jaundiced babies continues to mount. Dr. Audrey K. Brown, associate chairman of pediatrics at the State University of New York, Downstate Medical Center, Brooklyn, has reported that this form of light treatment can prevent the buildup of bile pigment (suspected of producing brain damage) in the smallest low-birthweight infants but has little effect in larger babies (Medical World News, November 26, 1979). Dr. Jerold Lucey, professor of pediatrics at the University of Vermont and a pioneer in this field, notes (in the same publication) that the long-term effects of phototherapy still are unknown.

My personal policy for managing jaundiced babies is:

- 1) Practically the only kind of jaundice worthy of serious concern is that appearing in the first day of life, caused by the Rh factor.
- 2) Healthy babies who are not jaundiced within the first 24 hours of age (except for those lucky enough to have been born at home in the first place) should be sent home from the hospital, since the risks of blood tests, bilirubin lights, and other medical interventions often outweigh the alleged damage of late hyperbilirubinemia.
- 3) Parents of a jaundiced baby should review the variety of causes of jaundice (drugs during labor, failure to breastfeed immediately).
- 4) Doctors who claim that causes of jaundice other than the Rh factor may result in complications in an otherwise healthy baby should be closely questioned regarding the documented incidence, the risks of treatment, and the particular circumstances of other cases to determine whether or not their generalizations apply to the specific child in question.
- 5) Numerical bilirubin levels in the blood, whether 5, 10, 20, or whatever, should be regarded suspiciously since, by themselves, they constitute a highly inaccurate guide to both treatment and outlook.

**Q** Why do so many babies contract jaundice nowadays? Can you believe doctors say 99 out of 100 babies get it? Four babies recently have been born in our family, and each of them has been jaundiced and has had to stay in the hospital a little longer to get some kind of shot. Our granddaughter, who recently gave birth, cannot nurse her baby until his jaundice clears up. She has to go to the hospital every day to have her breasts pumped, her milk being donated to other babies until she gets her baby home. Why does this happen?--Mrs. E.M.

**A** While the incidence of jaundice in newborn babies may not be quite 99 per cent, I agree with you that this yellowing of the skin and eyeballs is much more common now than it was years ago. This is not surprising if one considers the many causes which can lead to jaundice (aside from the comparatively unusual Rh factor and other more rare forms of blood incompatibility). Medical students are carefully taught such infrequent causes of jaundice as cytomegalic inclusion disease, galactosemia, and other tongue-twisting conditions. But they are not impressed with (and the public is not aware of) the most common causes of neonatal jaundice, which include almost any form of obstetrical intervention (pitocin induction, analgesia, anesthesia), and the withholding of feedings on the first day of life, and the ever-growing number of drugs which can cause jaundice in either mother or newborn. Jaundice-producing drugs include antihypertensives such as Aldactazide, Aldoril, Hygroton, Lasix, Regroton and Serapes; antibiotics such as Cleocin, Nalidixic acid, Novobiocin, Chloromycetin, and tetracyclines; sulfonamides; anti-nauseants such as Compazine and Tigan; oral antidiabetics such as Diabinese and Orinase; diuretics such as Diupres and Diuril; tranquilizers and antidepressants such as Elavil, Mellaril, Placidyl, Sinequan, Stelazine, Thorazine, Triavil, and Valium.

*Proliferation  
of  
jaundice  
in  
newborns*

If a pregnant woman receives a drug that is not on this partial list, she should look up the prescribing information, keeping in mind that, since the placenta behaves not like a barrier but rather like a sieve, any drug given to a pregnant woman will find its way into her infant's bloodstream.

The pediatrician is apt to compound the problem, as in the case you mention, by blaming the jaundice on breastfeeding and thus depriving the infant of this invaluable source of nutrition and protection against disease while exposing him to all the dangers of infant formula.

Let me tell you how I handle these cases in my own practice: If a baby is fortunate enough to have been born at home, a careful history and some simple tests will exclude the disease-related causes of jaundice, and I can then label the jaundice as "physiologic" (a five-syllable medical word meaning "We don't know exactly what causes it, but it doesn't hurt the baby.")

If the baby has been born in a hospital, then I make every effort to immediately "spring" him from the newborn nursery before anyone else can get to him with needles and bilirubin lights. In both cases, breastfeeding is never, repeat never, discontinued or even interrupted.

**Q** I have a handicapped daughter who was jaundiced and was put under bilirubin lights. I never connected the two until I read your writings. Could there be a connection between these lights and the fact that she is handicapped?--Mrs. M.H.

**A**

In an earlier question, I have listed some of the dangers of phototherapy (bilirubin lights) which included irritability and sluggishness, poor visual orientation with possible diminished responsiveness to parents, and DNA-modifying effects.

*Damage  
from  
bilirubin  
lights*

Studies also have shown short-term growth retardation during phototherapy (Year Book of Pediatrics, 1976, Yearbook Medical Publishers). Thus, researchers at the University of Southern California found that 80 per cent of a group of babies not receiving phototherapy regained or surpassed their birthweight at the end of one week compared to 44 per cent of those receiving continuous phototherapy over a five-day period. Differences also were observed in the growth of body length and head circumferences. The treated group did not catch up until the fourth week of life. Other researchers have found that, during phototherapy, the amount of time it takes for food to get through the intestine is decreased by 50 per cent, and water loss via the stools is increased 300 per cent while retention of several important body chemicals (total nitrogen, sodium, potassium and chlorides) is decreased.

Concern about possible damage to the retina of the eye resulting from long-term exposure of newborn infants to bilirubin lights has produced a number of studies which have come to conflicting conclusions. Thus, studies on rats and piglets show extensive, often irreversible, damage after exposure to light conditions similar to those used in phototherapy. Other studies claim no damage to children when 90 foot-candles of illumination by fluorescent lights are used, but many phototherapy devices expose infants to 300 to 500 foot-candles. One researcher states, "Although many hospitals cover the eyes of infants during treatment, eye protection is recommended by few manufacturers of these units."

Of course, doctors will tell you these bilirubin lights are necessary to prevent the possibility, which everyone concedes is remote, of brain damage. However, in the case of your own handicapped daughter, as well as other children suffering from abnormalities that may have their origin early in life, it is vital, in seeking out the cause, to carefully investigate the treatment.

**Potpourri**

*Culled  
from the  
medical  
literature*

New York University medical researchers have been trying to help infertile men by prescribing a simple cotton bag to be worn over the scrotum. Dr. Adrian Zorngiotti of NYU's School of Medicine reported, "Of the first six men we tried this on, three pregnancies resulted." Now that's carrying equality of the sexes too far!

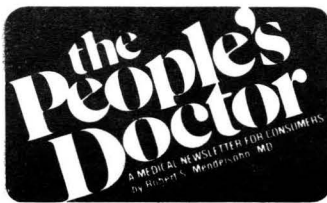
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"MalePractice: How Doctors Manipulate Women," Dr. Mendelsohn's latest book, is now available in paperback from Contemporary Books (\$6.95).

"Confessions of a Medical Heretic" is available from WarnerBooks (\$3.25).

**The People's Doctor Newsletter**  
P.O. Box 982  
Evanston, Illinois 60204

Published monthly. Subscription rate: **\$24.00** annually.  
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# Another View

by Marian Tompson  
Executive Director,  
Alternative Birth Crisis Coalition



"Ben was 24 hours old when they put him under the bili-lights, and they didn't even tell me first." Even though the event Katie was talking about had taken place a year ago, the stress produced by that memory was still apparent in her voice. "When I questioned the hospital personnel, the nurse said it was because Ben's bilirubin count was 8.5 mg and that, even though he was full term and weighed 6 pounds 3 ounces, he was the smaller of the twins. She handed me a pamphlet to read issued by the bili-light manufacturer which stated that this normal kind of jaundice would go away without the use of lights, but it would take longer."

Not only was Katie concerned about the hazards of bili-lights, but she was also disappointed about the effect this disruption would have on the good beginning she had planned for her babies. Benny could not room-in with his mother and brother Nathan, nor could he be breastfed exclusively and on demand. Indeed, the hospital's pediatrician soon made it clear he felt Ben should have formula to supplement the scheduled breast-feedings. So when Nathan's bilirubin rose to 10 mg the next day and Katie was told that he too would be kept in the nursery under lights, she decided her only recourse would be for all of them to go home. She had done enough reading about jaundice beforehand to feel that there was no justification for the overtreatment the babies were receiving, and after talking to her own doctor who agreed to assume responsibility for the babies, she made plans to leave immediately.

Normal (physiologic) jaundice of the kind the twins had occurs to some degree in 50 to 90 per cent of all newborns. But current hospital management of this common and normal condition has become so exaggerated that parents owe it to their babies to educate themselves about jaundice as part of their preparation for childbirth. They will learn that certain drugs taken during pregnancy or during labor actually can induce or intensify jaundice. Among these are aspirin, some sulfa drugs, Valium (when given by injection), hydrocortisone, thiazide diuretics, epidural anesthetics, some sedatives and tranquilizers, morphine, pitocin (used to induce or speed labor), and the oral contraceptive pill taken before or following conception. The best way to handle normal jaundice (which appears in the first few days after delivery) as well as "breastmilk" jaundice (which appears five to seven days or more after birth) is with early and unrestricted breastfeeding. The laxative effect of colostrum stimulates intestinal activity so that intestinal meconium, which is laden with bilirubin and which otherwise is reabsorbed in the baby's bloodstream, is removed. A good source of information on all cases of jaundice in the newborn is the pamphlet "Breastfeeding and Jaundice" available for \$ .30 from La Leche League International, 9616 Minneapolis Avenue, Franklin Park, Ill. 60131.

As soon as Katie made the move to leave, the hospital immediately offered her a private room where she and the twins (with their bili-lights) and even her husband Richard were welcome to stay round-the-clock. "But for us," she reminisced, "the real irony after all we'd been through was the admission by the hospital's pediatrician (as he reluctantly signed the babies out) that 10 years ago he never would have put a baby under bili-lights for normal jaundice. 'But today,' he said, 'they expect it of you.'"