the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

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Menopause: Part II...
Headaches

Dr. Robert Mendelsohn

In this month's Newsletter, I continue the subject of menopause which I began last month. In addition, I deal with the subject of headaches. This month's Newsletter approaches this condition from the perspective that drugs may not provide the best cure and that good alternatives to drug therapy exist, if only you know where to look for them.

Q Not long ago, you wrote about unnecessary use of prescription drugs, particularly the antidepressants. That was of particular importance to me since I had fought with my own doctor for more than a year because he strongly felt I needed antidepressant drugs.

At that time, I was having family problems, but not the kind that threaten a family. My mother was quite ill--indeed, she seemed at death's door several times; my husband was miserable at work--company policy has turned around 180 degrees over a 10-year period; and we could see that our son's marriage was headed for disaster.

Both my husband and I sensed that, more than anything else, I needed time to work out these problems. Yet, I tried all the "pill cures," and all they did was create physical problems, the most prevalent of which was an itching all over my body, arms and legs.

The doctor had put me on Elavil, and, on a Sunday when I was feeling quite fidgety, I took one of these pills. Within just a few minutes, I became dizzy and began to hyperventilate. I was scared silly. We drove to our druggist's, and he made us sit with him until the frightening "high" wore off. While my reaction was probably a very mild one medically speaking, it was strong enough for me that I never took another antidepressant, and, as my druggist suggested, I went to see an allergist.

Dr. Mendelsohn, whenever I tried to talk to my original doctor, I know that all he saw was a 47-year-old woman going through menopause. He never took time to listen to my reports of what the various antidepressants did to me.

I think doctors ought to listen to their patients. Mine told me over and over again that I wasn't sick, just at a point where I was afraid of old age and its problems. The allergist I went to DID listen, and he ascertained that I was allergic to some medications and foods.

I hope you continue to urge doctors to take time to listen to patients' "chronic gripes" because there really might be something worth hearing. And if a person can't persuade her own doctor to listen, perhaps it's time to go to another doctor. But, in this day of "instant cures," there are precious few doctors who do listen. And a person's physical health is often affected by his mental health, and his emotional problems must be worked out slowly before any real physical cures can begin.

My mother, who is now 85 and more agile than she was at 75, is well cared for in a nursing home. Our son has divorced his wife and has remarried--they seem very happy. My husband has retired, and although we are a lot poorer now, my allergies are pretty well under control. I take medication, but I take no antidepressants. I hope this will help someone else with problems.--Mrs. K.C.

A

Menopausal women need understanding, not drugs

Thank you very much for your letter, which should be required reading in pharmacology classes for all medical students. Meanwhile, the prescribing information which contains the side effects of tranquilizing drugs should be required reading for patients, on their way from doctors' offices to the local drug store.

As you have shown so clearly, popping a supposedly "calming" pill will not make a sick mother well, a son's marriage happy, or a husband's job fulfilling. And, very often, women are hit by such problems at a time when their own bodies are undergoing considerable change. A truly wise person, whether a doctor, a clergyman or a trusted friend, will understand how crushing such problems can be at this particular time of life. Just as a Band-Aid cannot heal a broken leg, no bottle of pills can substitute for a listening ear and a receptive mind.

Q

During puberty and childbearing years, my doctors were always obliging in explaining nature's course of events. But at the change of life, they dismiss all symptoms and shrug it off as, "This is the best time in your life....At least you don't have to worry about pregnancy.... Learn to live with depression, etc. It will go away in a few years."

Are doctors insecure in this area of their profession, or are they typical male chauvinists who would rather ignore women's pleas for a better understanding of menopausal symptoms?--G.S.

A

With rare exceptions, I would no more turn to a male doctor for advice on menopause than I would for advice on breast-feeding. Since the best counsel I can provide a mother who has questions about nursing the baby is to find other mothers who have nursed successfully, the best counsel for women with menopausal symptoms is to seek out other women who have successfully navigated that stage in their lives.

Although reading is no substitute for personal contact, there are plenty of books on the market today written by women for women. Among them are "Menstruation and Menopause," by Paula Weideger and "Woman's Body: An Owner's Manual," edited by Ann Kramer (Paddington Press Ltd.).

One of the advantages of consulting wise women rather than male physicians is that the former are far less likely than the latter to resort to the prescription pad.

Q Since you are against women taking estrogen replacement hormones, what do you suggest for a woman who has already had a complete hysterectomy?--J.R.

Q I am 29 years old and had a complete abdominal hysterectomy one year ago because of severe pelvic inflammation, the result of three IUDs over a five-year span. Because of the severity of the inflammation, I feel the operation was justified.

I've read your book, "Confessions of a Medical Heretic," and I couldn't agree more. Just like the many doctors you describe, mine neglected to inform me about the horrendous aftereffects of my operation.

Now, what do I do about estrogens? Should I put another foreign object--hormones--into my body after all I've been through? Although I have taken no hormones since I was released from the hospital, I sometimes feel as though the "hot flashes" will never disappear. The water retention I'm suffering is as mentally disconcerting as it is physically annoying, as I was always a thin person. How do you feel about hormonal therapy?--G.L.

Q Four weeks ago, I had a complete hysterectomy, bi-lateral salpingo-oophorectomy and appendectomy. I had been suffering from increasingly severe dysmenorrhea [menstrual pains] during the past several years. I had ovarian cysts, massive adhesions, a fibroid tumor the size of a grapefruit in my uterus, and endometriosis. Every other treatment for my condition had been tried before I consented (after getting a second opinion) to having the surgery.

My problem is the estrogen therapy which I have been on since the surgery. I have had migraine headaches for more than 18 years (two or three a week), but since taking estrogens (and several different kinds have been tried) I get a migraine headache every day. I read in the PDR that estrogen can trigger migraines, but what will happen if I don't take estrogens? What about hot flashes? Conversely, what are the hazards of taking estrogens for the rest of my life?--D.C.

A

Beware of new estrogen —Dixarit

I have run excerpts from all three of your letters because two of you are convinced that your surgical castration (that is the proper term when both ovaries are removed) was necessary. I will not argue with you on that point, since every woman must make up her own mind whether she is going to accept the recommendation of doctors, whether one opinion or several opinions, when they advise removal of a part or all of her reproductive system. But I will argue that an important part of the equation which determines the decision includes full information on the effects on a woman's entire body of "oophorectomy," the word doctors use when they cut out the ovaries.

You women, as well as many others who have written me, have dramatically described those aftereffects. For 50 years, doctors have been using Premarin and other female sex hormones for menopausal symptoms, whether occurring naturally or, as has become increasingly common, occurring as a result of the surgeon's knife. And for a large part of those 50 years, doctors have known the dangers of those hormones.

In the past decade or so, those dozens of once-secret side effects, including the risk of cancer, have leaked out to the public. Millions of women have been scrambling about seeking an alternative to those deadly hormones. Doctors now are obliging them by introducing a new drug for the treatment of "menopausal flushing." In accordance with Mendelsohn's First Law, one never learns the dangers of one drug until its successor is introduced. To illustrate this law, let me quote to you directly from the prescribing information for this new drug, Dixarit, introduced in Canada by Boehringer Ingelheim:

"Estrogens are probably the most effective agents for treating menopausal symptoms, but they are potentially harmful in patients with liver disease, thrombosis, sickle cell anemia, porphyria, cerebrovascular disease and tumors. Even patients with a lower risk of harmful effects, such as those with high blood pressure, atherosclerosis, obesity, gallstones, and diabetes, must be assessed cautiously before being treated with estrogen. The use of estrogen to relieve the psychosomatic effects of the menopause is controversial because its effects on these symptoms could not be distinguished from placebo effects in several controlled studies. The possible prophylactic effects of estrogen therapy for osteoporosis need to be assessed in properly controlled long-term studies."

The doctors who did the Canadian study point out that "Menopause is not a disease but a normal physiologic state with unpleasant symptoms...." and they recommend explanation and reassurance for management of the menopausal symptom. However, being unable to resist temptation, they state in the final sentence of this scientific paper that the use of Dixarit (clonidine hydrochloride) "should reduce the number of patients who otherwise would be exposed to the risks of estrogen therapy."

The promotional material for this drug includes three "case studies," each "verified by a practicing gynecologist as being typical." The first woman, 53-year-old Ann, suffered from night sweats. She was frequently awakened, drenched in perspiration, and always a little frightened. She often found it hard to return to sleep. "At work, the overwhelming heat and sweating generally forced her to find solitude in an empty office or the ladies' washroom." Because of Ann's history of breast cancer and radical mastectomy, estrogen treatment was clearly ruled out. After the doctor prescribed Dixarit, "Ann was able to sleep a full night uninterrupted."

A second case report, 50-year-old Bernice, spent most of her nights changing sheets. She found the night sweats terrifying and "the occurrence of flushing particularly irked Bernice...." She rejected her gynecologist's advice of estrogen replacement therapy, and so instead he prescribed Dixarit. Bernice "was exceptionally grateful when the flushing stopped."

In contrast to these medical anecdotes are the scientific studies proving the relatively poor advantage of Dixarit over sugar pills, The severity of attacks was reduced by clonidine in about 80 per cent of the patients and was reduced by the placebo (sugar pills) in 50 per cent of the cases.

What price do patients pay for this extra 30 per cent? Dixarit, like its higher-dosed twin, the antihypertensive Catapres (also clonidine hydrochloride), can cause dry mouth, itching and burning of the eyes, corneal ulceration, rash, headache, insomnia, drowsiness, increased depression, vomiting, anxiety, weakness, tiredness, faintness, nausea, constipation and lethargy.

Since medical treatment for hot flashes over five decades has proven to be more dangerous than the disease (what disease?), and since the latest non-hormonal treatments are no less frightening than their predecessors, my best advice to women with hot flashes is to stay away from the doctor. Talk to plenty of other women. Read books on the subject by women who are not doctors. If you must go to a doctor, remember that you are receiving experimental drugs whose side effects become more visible year after year. Therefore, make sure that you know at least as much about the doctor's prescription, whether hormonal or otherwise, as he does.

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

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

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

Her headaches seem hopeless

A Your case puzzles me, since tetracycline, particularly in children, can lead to effects on the nervous system that may CAUSE, not relieve headaches. This phenomenon, as well as headaches caused by exertion, is described in a book by Joel Saper, M.D., and Kenneth Magee, M.D., entitled "Freedom from Headaches" (Simon & Schuster, $8.95).

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

Q My husband is 54 years old, and he has been under a doctor's care for hypertension for the past 11 years. The doctor started him off on Aldomet and now has given him Ismelin. My husband takes Valium and Inderal daily. He suffers from very bad headaches which wake him at three or four every morning. He's been taking Fiorinal for the headaches, and he thinks he would be unable to work without this drug. Only very rarely does he have a day without headaches. He has discussed his problem with his doctor, but nothing else has been tried. Do headaches commonly accompany high blood pressure? Is there any non-chemical drug which might help?--Mrs. A.C.

Headaches and high blood pressure

A Since Sandoz' Fiorinal contains a barbiturate, aspirin, phenacetin, and caffeine, you have just asked me about seven drugs. While it certainly is possible that your husband's headaches are related to his blood pressure, you should know that Valium can cause headaches. There are significant interactions between your husband's antihypertensives, since both Ismelin and Inderal strengthen the action of Aldomet. Furthermore,

according to the table of drug interactions in "Hazards of Medication," by Eric Martin, PhD, (Lippincott), "Additive or super-additive central nervous system depression effects may occur with diazepam (Valium) plus barbiturates."

It is obvious that you, your husband, and his doctor have quite a bit of homework to do in sorting out the effects of the disease from the effects of the treatment.

In response to your question about "any non-chemical drug," it strikes me that this is a contradiction in terms. Perhaps you meant to ask whether there are any non-drug therapies for hypertension and, of course, there are plenty. You might begin to discover them by reading Mark Bricklin's "Practical Encyclopedia of Natural Healing" (Rodale $12.95). And you might also read the following letter.

Q

It is possible to correct hypertension and get rid of headaches without drugs! I am a 50-year-old female who took medication for high blood pressure for 14 years. I contracted hepatitis during a hospitalization, and the disease became chronic. After the doctors gave up on me, I changed my diet and regained my health.

When I was taking medication, my blood pressure ranged from 140 to 150 over 90 to 95. When I began to eat a macrobiotic diet, I gave up all medication. My pressure is now from 115 to 120 over 80 to 85. I am free of headaches if I eat well and stay away from sugar.--Mrs. J.A.

Q

I need help! I am a healthy, 55-year-old woman, and no matter how good I feel, I get a very severe headache every time I reach a climax during intercourse. I am still sexually active and have been married for 37 years. These headaches have been going on for the past 10 years, and every doctor I go to blames it on the menopause. The headaches last only about three minutes.

Can you please tell me what's going on, whether it's anything to worry about, and why it keeps getting worse?--V.L.N.

A

Headaches during intercourse

Severe headaches occurring during intercourse have been dignified by modern medicine with the name "benign orgasmic cephalalgia" (Greek for headache). This kind of headache most often appears at the moment of orgasm and, although more commen in men, may also affect women. Its possible relationship to migraine and other conditions is discussed in the previously-mentioned book, "Freedom from Headaches."

I do not know why your doctors blame your problem on menopause, since Dr. Saper, formerly assistant professor of neurology at the University of Michigan Medical School, and Dr. Magee, professor of neurology at that same school, cite the case of a 22-year-old woman who was hit by a brutalizing headache with each sexual buildup.

I hope this information points you in a direction that will enable you and your husband to enjoy another 37 years of bliss.

Q

My husband started having headaches within the past year. Previous to this, he would get occasional headaches, but they were never as severe as they are now. Our family doctor referred him to a neurologist who diagnosed the headaches as migraine attacks. Despite all the medication which has since been prescribed, these headaches have become progressively worse. My husband now gets them daily, and some days are worse than others.

I've heard that diet can control migraine. Is this true? Can migraine be inherited? My husband's grandmother also had them. Please answer as soon as possible--my husband is in a lot of pain.--Mrs. P.McC.

Is migraine hereditary?

A Before blaming your husband's ancestors for his migraine headaches, I would certainly look around for causes that offer some hope for change. As a matter of fact, I tend to be suspicious whenever heredity is invoked as the villain in any condition, since the opportunities for modifying one's genetic background are extremely limited. On the other hand, the detection of other causative factors can lead to much more optimistic approaches. Therefore, I applaud your suggestion that diet may play a role in migraine headaches.

If you would like medical reinforcement for the role of food allergy and other environmental irritants in producing migraine, get a copy of Marshall Mandel, M.D.'s, book, "Dr. Mandel's 5-Day Allergy Relief System" (Crowell, $9.95). Dr. Mandel gives detailed instructions for identifying food and other environmental allergies and for doing something about them. He cites case histories which show the effect of his method, not only on patients with migraine but also on a variety of other common conditions (hyperactivity, depression, asthma, arthritis, chronic fatigue, hypertension, etc.). Dr. Mandel's approach may be exactly right, particularly since your husband has failed to respond to the conventional medication already prescribed by his doctor. Finally, even though this piece of advice does not apply to your husband, all women readers should keep in mind that one of the major causes of migraine in modern times is the birth control pill.

Q I've long suffered from migraine headaches, and my doctor has now prescribed Inderal. I've heard of this drug being given for high blood pressure, but I don't know anything about its being given for headaches. Is it safe? What are the side effects?--C.V.

Inderal for migraine headaches

A About two years ago, five-page advertisements appeared in the medical journals "Announcing Inderal for prophylaxis of migraine." Inderal, its manufacturer, Ayerst, said, "may provide a solution for many migraine suffers."

As you point out, this is the same Inderal that's often prescribed for patients with high blood pressure. So naturally, the side effects are the same, regardless of the condition for which you're being treated. Here's the information you've requested:

The prescribing information on Inderal (propanolol) includes almost three full columns of contraindications, warnings, precautions and adverse reactions. There are seven contraindications (reasons NOT to take Inderal) ranging all the way from hay fever to heart failure. The warnings include problems of interaction with other drugs such as digitalis, with special warnings for patients with and without a history of heart failure or thyroid disease, patients undergoing surgery and anesthesia, and patients with bronchitis, emphysema or diabetes, as well as pregnant women. The precautions mention the need for certain laboratory tests "as with any new drug given over prolonged periods."

The long list of adverse reactions is divided by systems (cardiovascular, central nervous system, gastrointestinal, allergic, respiratory, hematologic) and a miscellaneous group which includes hair loss. A final section gives the expected changes in certain blood tests in patients on Inderal.

The dosage of this drug not only must be individualized to the patient, but is different for each indication. Dosage instructions take up almost a full column.

Of major concern is the black-bordered box right at the beginning of the prescribing information which states in capital letters: BEFORE USING INDERAL, THE PHYSICIAN SHOULD BE THOROUGHLY FAMILIAR WITH THE BASIC CONCEPT OF ADRENERGIC RECEPTORS (ALPHA AND BETA) AND THE PHARMACOLOGY OF THIS DRUG. Let's hope your doctor qualifies.

Medical News

All you folks out there who thought you were healthy because your blood pressure was 120/80 had better think again. I know you learned in high school or college biology or else from your doctor or from the American Heart Association that 120/80 was pretty nearly an ideal blood pressure. But science marches on!

Until 1971, the diagnosis of hypertension was based on a blood pressure reading of 165/95 or higher. But in that year (and coincidental to the explosion in the manufacture of antihypertensive drugs) doctors changed the definition of hypertension to anything higher than 140/90, thus making additional millions of Americans eligible for the new drugs.

In a column I wrote back in 1978, I predicted tongue-in-cheek that the expansion of the diagnostic criterion for hypertension would continue until each of us was so labeled. Well, that gloomy prophecy is coming to pass. A committee of the National Lung, Heart and Blood Institute has just come out with the pronouncement that anyone whose diastolic (the lower number) pressure is 80 or higher should be put on notice that he faces an increased risk of illness. Now since this means half of all American adults, the government doctors who have come up with these new numbers don't want to scare everyone. Thus, they hedge this news with a certain amount of backpedaling.

For example, Dr. Graham Ward, co-ordinator of the National High Blood Pressure Education Program, gives us this reassurance: "That doesn't mean that folks who didn't think they were sick before are sick now. They aren't sick." Ward goes on to explain that all it does suggest is that "These folks are at increased risk," and he goes on to tell us that the insurance industry has known this for a long time. "There would be no recommendation that people with such a diastolic pressure between 80 and 89 seek drug treatment," Ward says, because "medical authorities are uncertain about the need for therapy in that range."

I wonder how many of you will have any trouble predicting how doctors will react when they are faced with these new 15 million Americans who have been told to watch their blood pressure. Will the doctor, pen poised in writing hand, wave the patient out of his office with a reassuring "Don't worry about it"? Or will he apply his pen to the prescription pad with the same automatic response he now uses to treat the 60 million already-diagnosed American hypertensives?

BECAUSE OF THE DEATH OF MARIAN TOMPSON'S HUSBAND, HER COLUMN WILL NOT APPEAR THIS MONTH.

Male Practice: How Doctors Manipulate Women, Dr. Mendelsohn's latest book, is now available from Contemporary Books ($10.95).

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