

# the People's Doctor

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

P.O. Box 982

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VOL. 5, NO. 3



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Inderal



**Dr. Robert Mendelsohn**

Only one drug has generated so much mail that it has prompted me to make it the sole subject of an entire Newsletter. That drug is Inderal, and whether or not you yourself are taking it, it behooves you to read as much about it as possible. Your parents or grandparents may already be among the users and, since its indications are ever-broadening, it may well be prescribed for you someday. Caveat emptor (let the buyer beware)!

**Q**

I read everything you write because you make so much sense about drugs. Tell me more about Inderal. So many of us over 60 take this medication to control rapid heartbeats, and we'd like to know whether it has any side effects that we should watch out for.--P.S.

**A**

*Side effects of Inderal*

The prescribing information on Inderal (propranolol) 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.

Your very next move must be in the direction of your public library or local book store to closely study about Inderal in the Physicians' Desk Reference.

**Q** We consider your writings to be a prime example of irresponsible reporting using alarmist techniques to unduly worry patients about side effects from medications. Your newsletter has a negative effect on the practice of medicine and creates undue fears in patients' minds. Drug effects can best be handled by a physician dealing with his patient directly.

What you have to say about the side effects of Inderal is a typical example of these tactics. Certainly Inderal has side effects which are not any more serious than many other fine and excellent drugs used in the practice of medicine. This medication has been of extreme benefit in many patients with heart disease and hypertension. To emphasize side effects and to create fears in persons' minds regarding the use of this drug is irresponsible and does no good for patient or physician. If you are going to write an article about harmful effects of Inderal, you certainly should be knowledgeable and conscientious enough to include the warning that it should not be stopped abruptly since it can produce some untoward cardiovascular effects. Should we see evidence of untoward effects in the next few weeks of patients suddenly discontinuing Inderal on the strength of reading your article, you can be assured we will advise them of your "malpractice."--A.H., M.D. and R.S., M.D.

**A** Hardly a week goes by that my mail does not include letters from patients who suspect they have been damaged by this drug. I hope you both make sure that your own patients have an opportunity to carefully read the three full columns of contraindications, warnings, precautions, and adverse reactions to Inderal so that they will not have to write me the kind of letter which follows:

*Two doctors protest*

**Q** I presently take Lanoxin and Inderal and am so completely exhausted that I am ready to give up. Can the combination of these two drugs be making me feel this way? My doctor says I have an erratic heartbeat which he is trying to regulate through use of these two drugs, but at this point I'm so depressed that I'd like to toss all my medication out the window and let come what may. I am 55 years old, and I cannot picture myself as going on feeling this dragged-out all the time.--Mrs. C.F.

**A** I am not surprised that you are exhausted and depressed since the prescribing information for Inderal clearly lists among its adverse effects mental depression, lassitude, weakness, and fatigue. Also, you should know that Inderal, taken together with digitalis (Lanoxin belongs to this group) can cause further slowing of the heart rate.

*"Dragged out" from Inderal*

While the doctors who wrote me about Inderal seem to be concerned about stopping this drug, increasing numbers of patients are even more concerned about continuing it. The information I have just provided you on the documented risks of Inderal should establish a basis for your next joust with your doctor.

**Q** What can you tell me about a drug called Norpace which is given to arrhythmic heart patients? A friend told me that her father in New Jersey has been taking this drug for two years and feels fine. My husband has the same history as this woman's father--sudden heart arrhythmia followed by hospitalization and electric shock treatment, in turn followed by a year on digitalis, in turn followed by toxic reactions to digitalis, in turn followed by treatment with Inderal.

The side effects of Inderal frighten me. My husband has changed so much since taking this drug: He is surly and lethargic, and he never was that way before his use of this medication. He has started gaining weight because of his inactivity, and I worry that the extra weight is bad for his heart.

Isn't there some other drug for regulating his heart besides Inderal, perhaps something with fewer side effects? Should he take Norpace?--D.E.

**A** If the side effects of Inderal frighten you, wait until you read the three columns of contraindications, warnings, precautions, and adverse reactions to Searle's Norpace!

*Is Norpace safer than Inderal?* I am always surprised that so many people who wouldn't think of using the next guy's toothbrush are willing to swallow his pills. While you are certainly correct in trying to learn as much as you can from the case of your friend's father, it now is time for you to present this information to your husband's physician, as well as to thoroughly discuss with him your husband's possible reactions to Inderal.

**Q** A friend who has a five-year-old child (delivered by Caesarean section with extremely high blood pressure at that time) is taking Inderal for hypertension. She is now one month into her second pregnancy, and we wonder whether Inderal may have any bad effects on this present pregnancy. --G.C.

**A** Ayerst's Inderal (propranolol), a popular drug for high blood pressure, migraine, and other conditions, carries this warning: "The safe use of Inderal in human pregnancy has not been established." The warning further points out that animal studies have shown some toxic effects on the embryo.

*Inderal in pregnancy* Inderal has been studied in the pregnant ewe, and passage of this drug from the mother sheep to her fetus caused a slowing of the fetal heart rate ("Perinatal Pharmacology and Therapeutics," Bernard L. Merkin, Ph.D., M.D., Academic Press, 1976). Another study quoted in this reference reports that some infants born to mothers who received this drug during labor are depressed at birth and may require resuscitation.

In view of these findings, the patient's next step is to insist that her physician offer her safer alternative therapies for hypertension.

**Q** I've long suffered from migraine headaches, and my doctor now has 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.

**A** Early in 1979, five-page advertisements blossomed in the medical journals "Announcing Inderal for prophylaxis of migraine." Inderal, we are told by its manufacturer, Ayerst, "may provide a solution for many migraine sufferers."

*Inderal for migraine* 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.

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.

**Q** My husband has been taking Inderal for high blood pressure. While he was at the doctor's office, he asked if he should abstain from alcohol because of taking Inderal. I was stunned to hear the doctor's reply: "A cocktail a day or a glass of wine is good for a person who has heart trouble." I told my husband I would write and ask your opinion about this advice. What are the effects of drinking alcohol when taking Inderal? Do all people react the same way? Can one drink just a little and not feel the effects?--Mrs. E.G.

**A** The prescribing information on Inderal does not list any direct interaction with alcohol. However, Inderal does interact with dozens of medications including antidepressants, antihistamines, barbiturates, digitalis, Dilantin, and insulin. Also, when Inderal is combined with smoking, blood pressure may be increased.

*Inderal  
and  
alcohol*

Of course, there are plenty of drugs (including some antihypertensives) which DO interact with alcohol. These include aspirin, Dilantin, Aldomet, Apresoline, Elavil, Ismelin, reserpine, Tofranil, Sinequan, chloromycetin, and Flagyl.

Your letter points out the necessity for careful reading of the prescribing information. I hope by the time this answer reaches you, Congress will have passed the FDA-sponsored legislation which would mandate distribution of prescribing information to patients with every important prescription.

**Q** I have been taking Inderal for hypertension for the past four years, and it seems to have fewer side effects than do some other blood pressure medications. But after reading some of your advice on this drug, I'm not so sure that Inderal is as safe as I'd like to think it is.

My blood pressure runs about 150/110, and I am 43 years old. I haven't been to a doctor in a couple of years because of a move. I'd like to discontinue using Inderal--do you think that would be wise? My arms go to sleep when I'm lying in bed--could this be caused by the Inderal?--P.J.

**A** Since Inderal is such a new drug and has so many contraindications, warnings, precautions, and adverse reactions, commonsense dictates that you should be consulting with a doctor frequently to determine whether the dosage should be changed or whether the drug should be discontinued. As a matter of fact, the prescribing information clearly states, "As with any new drug given over prolonged periods, laboratory parameters [a favorite medical word for 'measurements'] should be observed at regular intervals."

*Long-term  
use of  
Inderal*

Had you been going to a doctor, he might have told you that the problem with your arms may be the same as "paresthesia (an abnormal

spontaneous sensation, such as burning, prickling, numbness, etc.) of hands" listed under the many adverse reactions to Inderal.

I can sympathize with you for not going to a doctor because of your move, but if I were you, my next move would be to a doctor's office.

Q

You once wrote that Ayerst's Inderal could be responsible for Peyronie's disease. I was taking Inderal last year, and I did become afflicted with this condition.

Please tell me what your source was for this information.--J.B.

A

*Inderal  
and  
Peyronie's  
disease*

The source for my information is page 534 of the AMA Drug Evaluations, Fourth Edition (1980) which is prepared by the AMA Department of Drugs.

Your question about Peyronie's disease, a condition characterized by deformity of the penis and painful erection, prompted me to re-read the AMA's important information regarding precautions and adverse reactions to Inderal. Since so many people now take this drug (generic name propranolol), I'm going to quote extensively from AMA Drug Evaluations regarding this antihypertensive, anti-migraine, anti-anginal medication.

"Propranolol may cause pronounced bradycardia [slowness of heart-beat] and hypotension [low blood pressure], particularly when administered intravenously....

"Propranolol may precipitate heart failure in patients with inadequate cardiac reserve....

"Propranolol may precipitate or aggravate Raynaud's phenomenon [spasm of the digital (finger) arteries accompanied by blanching and numbness of the fingers]. It...generally should be avoided in patients with chronic occlusive [obstructive] peripheral vascular disease.

"Sudden withdrawal of large doses of propranolol has been followed within a two-week period by the recurrence of unstable angina [chest pain], ventricular tachycardia [fast heart rate], fatal myocardial infarction [heart attack], and sudden death....If it becomes necessary to discontinue propranolol, the dosage should be reduced gradually over a one- to two-week period, and the patient should be instructed to restrict physical activity during this time....

"Propranolol increases airway resistance and may provoke asthmatic attacks. It should be avoided in patients with a history of asthma or bronchitis.

"Propranolol should be used cautiously in diabetics....

"Fatigue and lethargy are the most common side effects of propranolol. Vivid dreams (with or without insomnia), depression, hallucinations, and paresthesias [strange skin sensations] have been mentioned by several investigators. There is one report of acute organic brain syndrome induced by propranolol.

"Propranolol may cause nausea, vomiting, diarrhea, and flatulence [gas]. Fever, rash, myotonia [muscle spasms], cheilostomatitis [sore mouth], Peyronie's disease, thrombocytopenia [abnormally few blood platelets], and agranulocytosis [major reduction of white blood cells] have occurred rarely. Propranolol crosses the placenta and has caused bradycardia and hypotension in newborn infants whose mothers were receiving the drug. It is also excreted in breast milk."

Why am I giving you all this scary information? So that you and my other readers will realize that Inderal is a drug a doctor must prescribe with extreme caution and a patient must ingest with equal caution.

**Q** I am 65 years old. Whenever I do any kind of housework, such as sweeping, my chest knots up, I have a hard time breathing, and I feel like I'm going to die. I had a bad attack a week ago, and I was put into the hospital. All tests proved negative, even five EKG's showed nothing. But a stress test indicated I had spasm of the coronary arteries, and all the doctor gave me was Inderal and Lanoxin.

I'm getting no better. Could you explain my case to me and tell me what's the best medication to take? All my doctor said was, "This heart ailment won't kill you; you'll have to learn to live with it and limit your work." I can't even walk a block; if I do I get a terrible breathing attack. Please help.--Mrs. H.S.

**A** I'm not surprised you are getting no better since the prescribing information for Inderal, used for angina pectoris, clearly states "Inderal exerts both favorable and unfavorable effects, the preponderance of which may be beneficial." (How's that for a definitive evaluation of a drug's effect?) And the next sentence reads, "Inderal should not be continued unless there is reduced pain...."

*No relief from chest pain with Inderal*

This information should be enough to send you right back to that doctor for further discussion. Tell him to come up with a better answer than the time-worn, meaningless cliché, "You'll have to learn to live with it."

**Q** I have been taking Inderal for two years, and I find I am almost completely impotent. My doctor either ignores the problem or professes that he "doesn't know what to do about it."

Is there any solution? The urge and desire is still there, but my body doesn't respond.--C.A.

**A** Thus far, Inderal is not listed among the ever-growing list of drugs which cause impotence. But don't let that deter you from pursuing this line of thought.

*Inderal a cause of impotence?*

Have you recently taken any of the dozens of prescription drugs which cause sexual dysfunction? Have you contacted Ayerst Laboratories, makers of Inderal, to determine whether they have any information on this subject which may not yet have appeared in the prescribing information? What happens when your doctor allows you to go off Inderal, since there are plenty of other methods--including other drugs--for treating the conditions for which Inderal is indicated?

If your sexual prowess returns after your Inderal has been stopped, you not only will have the answer to your question, but your doctor also had better have plenty of potent reasons to explain why he didn't figure it out himself.

**Q** Neither my internist nor the neurologist he has consulted can find a reason why my feet and legs are numb and tingly. They say it's not due to lack of circulation. I am 82 and take Lanoxin, Apresoline, Inderal, and Equanil. Could any of these drugs be causing the weakness, numbness and tingling in my feet?--B.S.

**A**  
*Inderal  
potentiates  
other  
antihyper-  
tensives*

You are indeed a smart lady for wondering if your medicine is the possible cause of your condition. At least two of your present medications--Apresoline and Equanil--are listed as having among their adverse reactions numbness and paresthesias (Greek for an abnormal spontaneous sensation such as burning, prickling, numbness, etc.). These side effects occur when these drugs are taken singly, so you can imagine the possible interactions between not only these two potential offenders but also the possible interaction between all four of the drugs that have been prescribed for you. Inderal, for example, has the capability of potentiating (increasing all actions) of many antihypertensives, of which Apresoline is one. I must add that some of your medications also may be responsible for the weakness of which you complain.

I now have thrown out some ideas, as you requested. The next move is for you, together with your doctors, to determine which of these ideas applies to your particular case.

**Q**

Since my mother has been on Inderal, she has developed some of the side effects from the drug, which she attributes to the Inderal. The other day, she passed out and had to be rushed to the hospital. She wants her doctor to take her off Inderal, but he says her blood pressure will go up and she may have a stroke if he takes her off the drug. How many side effects does she have to develop before the doctor takes her off Inderal? --F.S.

**A**

*Will she  
die  
without  
Inderal?*

Doctors learn early in their education how to handle patients who question their remedies. The most efficient method is (with honesty and the best of intentions) to simply threaten the patient with death if he does not follow orders: "If you do not take the Inderal (or Aldactazide or Diures, etc.), you will have a stroke and die!" "If you do not give your child the penicillin (Ilosone, phenobarbital, Dilantin) I have prescribed, he/she will develop rheumatic fever or convulsive seizures and die."

I refer to these grim prognostications (made explicitly or by implication) as the "voodoo curse" of the religion of modern medicine. And how many patients are strong enough to withstand that all-powerful priest --the modern doctor? Therefore, practically everyone trembles with fear, opens his mouth, and "religiously" swallows the doctor's holy wafers.

However, the doctor-priest fails to warn you that the medicines themselves may (and often do) lead to disability and death. You have to discover that information on your own. When a patient becomes informed of the dangers of the drug (or the operation or the x-ray), he then may become equally or even more frightened about his treatment, and this is the point at which intelligent decision-making finally can begin.

As he or she recovers from the panic reaction induced by the doctor's curse, the patient, still confused and unsure, can now begin to challenge the doctor. "What proof do you have, doc, that I will die if I don't take your Inderal?" "Give me the percentages of my death from not taking your advice compared to my chances of death from taking it." "Show me the evidence in your books and journals to back up your forecasts." "Give me information about the alternatives to Inderal."

The manner in which the doctor answers these challenges presented to him by your mother, as citizen to citizen, might determine whether he continues to be her doctor.

# Another View

by Marian Tompson  
President, La Leche League  
International



Writing about Inderal seemed to be a simple enough task. After all, I have a friend, John, who began to take Inderal several years ago for his cardiac arrhythmia, and John is a man who has a lot of opinions about medical care. Surely he would have something to say about Inderal that would be of interest to others.

But when I sat down to talk to him, I was surprised to discover two things. First, he was confused about which of his medications he was taking for what condition. When we got that straightened out, I was also surprised to learn that he had stopped taking Inderal more than a year ago.

"Oh, I don't take that Inderal anymore," John said. "In fact I took it only for a few months. When it didn't seem to make a lot of difference in how I felt, I figured it was just a waste of money, and I stopped taking it. It's funny though, because in the past year, my arrhythmia has just about disappeared. Maybe it's because I've been taking it a lot easier.

"Isordil (which was prescribed for my angina) always gave me such headaches that I hated to take it. Well, I discovered that when I get an angina attack, if I take deep breaths and hold them as long as I can--until I can feel my heart pounding--I can actually feel the pain leave my arm and leg as I exhale. This works most of the time, cutting down my need for Isordil."

I told John I thought his self knowledge was great, and I asked him what his doctor thought about all this. His reply really set me to thinking, for he answered, "I've never told him." I began to wonder how many other people have stopped taking medication which was prescribed for them by their doctors, without ever telling those doctors. And how many doctors are under the false impression that the stabilized or improved condition of these patients is due at least partly to the medication they have prescribed? Surely this impression, false though it is, must influence physicians' prescription-writing for others with the same symptoms.

So I began asking around, and I was surprised at the number of people who either occasionally didn't have their prescriptions filled or who didn't use up all the medicine even if the prescriptions were filled. Do they tell their doctors? No way: "Me tell my doctor, you must be kidding!" "My doctor would be furious if he found out! After all, I went to him for help." "Why should he want me as a patient if I'm not going to take his advice?"

It seems to me that we have a real problem. If doctors and patients are to realistically appraise the need for drugs, they should be hearing a lot more from such people as John. Such input would help balance the information we're given on drug test results which are largely confined to laboratory animals who live in isolation under controlled conditions. But going public and facing their doctors' reactions at "being disobeyed" calls for a kind of bravery which few people possess. So where do we go from here? Are there any brave, truth-telling volunteers out there?

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Dr. Mendelsohn's book, "Confessions of a Medical Heretic," is now available in paperback (Warner Books, \$2.75).

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

Published monthly. Subscription rate: \$18.00 annually.  
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