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Herpes...Shingles



Dr. Robert Mendelsohn

In addition to its sometimes catastrophic medical consequences, sexually-transmitted herpes has profound philosophical, moral, and ethical implications. Until the advent of penicillin 40 years ago, both doctors and patients knew that moral behavior was linked to freedom from certain diseases. When penicillin and other early miracle drugs of modern medicine held out the promise of curing, perhaps even eradicating, the major venereal diseases, doctors mounted a public campaign to make syphilis and gonorrhea "nonjudgmental diseases." This "educational" effort was so successful that, for the first time in human history, a disease caused by the transgression of sexual mores became just another medical problem. Instead of following their traditional practice of warning patients against the consequences of immoral behavior, doctors substituted treatment for prevention. Instead of giving advice based on religious codes, they turned to a quick shot of penicillin.

However, as with most of modern medicine, the original miracles tarnished rapidly. The first disappointment was the emergence of antibiotic-resistant gonococci, and now we are faced with the devastation of herpes. Frantic efforts to find a cure are taking place in medical research laboratories around the country, and desperate victims of herpes are turning to proper nutrition, exercise, yoga, and all the other non-drug alternatives. Thousands of herpes sufferers, feeling isolated from the rest of society, are forming support groups in which they can "talk things through." Although voluntary, are these support groups perhaps the modern-day equivalent of leper colonies?

All this frenzied activity, however, will be of little value until both doctors and patients recognize and admit the ancient truths of cause and effect. Therefore, I predict that the siren song of the false prophets of the past 40 years is about to be drowned out by a thunderous return to judgmental attitudes by both physicians and patients. Even for confirmed atheists, herpes does a lot to restore one's faith in God.

Q

Do you know of any cure that might be in sight for herpes? What are the symptoms for men and for women? Does this disease, like other venereal diseases, have any long-range effects?--V.M.

A

*Hope for
herpes cure*

Herpes is a venereal disease which now has become a common affliction. The condition has a wide range of symptoms which, in women, may include a vaginal discharge, genital soreness, and vaginal bleeding. Men may suffer from blisters and/or ulcers on the penis, on the scrotum, and in adjacent areas. Both women and men may suffer from painful urination and from pain upon sexual intercourse as well as fever, malaise, swollen glands in the groin, itching, loss of appetite, and multiple

lesions in the genital area when ulcerations fill with fluid. Secondary bacterial infection may cause localized abscesses. Some studies have shown that the virus may be a transmitter of cancer.

In both males and females, complications of genital herpes have included neuralgia, meningitis, ascending myelitis, urethral strictures, labial fusions, and lymphatic suppuration. Five per cent of all patients with herpes have to be hospitalized.

Herpes recurs more frequently during pregnancy, and the disease increases the risk of premature delivery. Mortality in infected babies may run as high as 50 per cent. Birth defects, including blindness and abnormalities of the central nervous system, may also result.

Some of the conventional treatments for herpes include compresses, sitz baths, soothing ointments, painkillers, and abstinence from sexual intercourse.

Many new drugs now are being used to try to combat this disease. Among them are 2-deoxy-D-glucose, Virazole, vidarabine (Vira-A), and 5-IUdr. A controversial treatment called "photoinactivation" also is being tried. This latter involves painting the herpes sores with a light-sensitive dye and then exposing them to light, a procedure that is supposed to inactivate the virus. Some researchers have discovered that this dye-inactivated virus may cause cancer in hamsters.

Among other substances which currently are being used to treat herpes are ether solutions, chloroform, phenol steroids, salicylates, transfer factor levamisole, and BCG--an antituberculosis vaccine.

When you see a list of treatments this long, it's not hard to figure out that, so far, nothing really works. And I don't think any of the latest drugs and vaccines show great promise. As was the case with syphilis, a cure may come someday, but, so far, that day has not arrived. As far as I am concerned, the best way that doctors can deal with this disease is by warning their patients to avoid the kind of sexual behavior that causes herpes.

Q I have suffered from recurrent and painful genital herpes for the past six years, and I've always read everything I could find on the subject. As a result, I have quite an extensive collection of articles and information about herpes simplex virus, and I also have consulted with specialists in the field.

Therefore, I was surprised and somewhat alarmed by two statements you made recently. Please tell me where you got the information that herpes recurs more frequently during pregnancy and that it causes increased risks of premature delivery. I have never seen anything to support these two statements. I am getting married this spring and would like to have children, but if there is evidence to support your statements, I would certainly reconsider my decision to have children. Please advise.--M.Q.

A The information about the risk of herpes genitalis during pregnancy and to the infant can be found in standard medical textbooks as well as in easily available publications.

Herpes during pregnancy "WomanCare: A Gynecological Guide to Your Body," by Ob-Gyn Jane Patterson, M.D., with Lynda Madaras and Surgeon Peter Schick, M.D. (Avon, \$9.95), clearly states, "Herpes infection increases the risk for a premature delivery." The authors further point out that women with herpes have a miscarriage rate which is three times higher than normal, and they provide a reference in the scientific literature to support this statement ("Significance of Herpes Simplex Virus During Pregnancy," Clinical Obstetrics and Gynecology, 1972). "WomanCare" also points out

that recurrent attacks of herpes can be triggered by hormonal changes associated with pregnancy.

Now that I have added to your scientific knowledge, perhaps I am entitled to give you a bit of advice. The biggest mistake you could make at this point is to use herpes as a reason for not having children. The proper question for you to research is not, "Should I have children?" but rather, "Under what conditions can I most safely give birth?" (Read "The Herpes Book," by Richard Hamilton, M.D., Houghton Mifflin, \$4.95.) You and your doctor can prove your skill as researchers by coming up with the right answers to the right questions.

Q The last sentence in your answer about herpes really upset me! You wrote that "the best way today's doctors can deal with this disease is by warning their patients to avoid the kind of sexual behavior that causes it."

I imagine some people do contact herpes by being careless in their choice of sexual partners, but I've been married twice, and neither of my husbands had herpes. I had no other sexual partners, yet I have had herpes since 1972.

The closest recollection I have of contact with anyone who had herpes was a woman with whom I shared a hospital room. While in the hospital, I got a very red sore on my buttocks, and this was diagnosed as shingles. During my hospital stay, I never had more than that single sore, but afterwards I broke out in sores once a month before menstruation. In late 1980, the sores erupted more frequently and were accompanied by blisters. My menstrual periods stopped in 1979, and now I get the sores so often that one sore scarcely begins to heal before another one breaks out. It's all very discouraging, and I keep hoping for a treatment that will work.--H.P.

A The condition under question in that letter was genital herpes which is primarily a venereal disease and is therefore more prevalent among persons with multiple sexual contacts.

Different types of herpes Genital herpes, however, is not the only kind of herpes. For example, some forms of herpes which have absolutely nothing to do with sexually-transmitted diseases may be responsible for the run-of-the-mill cold sore. And, to further complicate matters, another name for shingles is herpes zoster. (Since your rash originally occurred in the buttocks area, you may be interested in learning that zoster is the Greek word for "girdle," and herpes is the Greek word for "a spreading skin eruption.")

Of course, shingles (herpes zoster) differs from cold sores (herpes simplex II). And all these herpes virus conditions differ from other herpes virus conditions which include such tongue-twisters as cytomegaloviruses and Epstein-Barr virus (that of infectious mononucleosis). Even chicken pox is caused by a member of the herpes virus group.

At this point, you may want to throw up your hands in frustration and wonder why doctors don't get their terminology straightened out so patients can understand it. Until that day comes, ask any doctor who diagnoses you as having herpes exactly what kind they are and what the name means. And have him tell you in English, not Greek.

Q You recently suggested that no known cure for the pernicious ailment of herpes has been developed. Let me tell you about my experience. I am 87 years old, going quite strong, and still sexually active. Out of

nowhere, I developed genital herpes. Ointments were effective only temporarily, and the herpes always returned.

I acquired some interferon from a Nature Cure doctor and took from twenty to twenty-five tablets. I subsequently had no more herpes for several months. It's my understanding that herpes is a viral infection, and interferon kills it. In addition, lysine is also mentioned as an effective combatant. I hope this information may be publicized for the benefit of suffering mankind.--O.M.

A

*Miracle
cure for
herpes?*

Perhaps it would be unwise and disrespectful to argue with a man more than 30 years my senior--and one with every evidence of continuing virility. Yet I did involuntarily raise my eyebrows at your report of acquiring interferon--the new miracle drug, which currently sells for up to \$100 for a trillionth of a gram--from a "Nature Cure" doctor.

The disappearance of your herpes, in all likelihood, did not result from those two dozen or so tablets, but rather from the natural tendency of herpes to disappear after a while (sometimes a very long while). As far as lysine is concerned, the only scientific comment I can make regarding this amino acid is that it couldn't hurt.

Despite our age difference, I must respectfully suggest that suffering mankind will continue to be distressed by genital herpes until it accepts that old adage: "An ounce of prevention is worth a pound (or even a trillionth of a gram) of cure."

Q

I am a 19-year-old female, and I'd like to know if it is safe to take Minocin (prescribed by my dermatologist for acne) and Azogantisin, prescribed by my gynecologist for an occasional outbreak of herpes, which I first developed about a year ago. I don't take them together very often, just when I get these irritating ulcers which my doctor said are a result of the herpes virus.

In addition, I get severe menstrual cramps two or three days a month for which one doctor prescribed Motrin, a second prescribed Naprosyn, and a third told me to take Tylenol #3. Don't ask why I went to three doctors--I just wasn't getting enough relief. I don't take all these drugs together; instead, I alternate them monthly to see which one gives the most complete relief.

My problem is these blue veins in my left leg that I just got during my last menstrual period while I was taking Naprosyn with regular Tylenol. The veins are on the back of my knee and are visible, but they're not as bad as the varicose veins which my mother and sisters have. Can the Naprosyn be causing this? What can I do to prevent getting varicose veins? (My job requires that I be on my feet a lot.) Please answer at least one of my questions--I can't afford to go back to any of my doctors, and I'm very concerned.--Poor College Student

A

*Herpes,
acne, and
menstrual
cramps*

I respectfully suggest your major problem is not the blue veins in your left leg. Rather, you had better do some serious thinking about the kind of life you are leading which results in a herpes infection, acne severe enough to be treated with a powerful antibiotic, and severe menstrual cramps. Furthermore, you must re-think your tendency to counteract these meaningful symptoms with a number of chemicals laden with side effects, prescribed by a platoon of doctors. Since you describe yourself as a poor college student, let me recommend a management plan which can simultaneously alleviate your poverty while pointing you in the direction of better health.

First, follow through with your plan, necessitated by practical economics, to skip any further visits to doctors. Do not substitute for these paid visits any free medical care you may be eligible to receive from your university's health center. Next, get to the magnificent library resources freely available to you as a college student, and start reading. You might take as a starting point an investigation into the ways in which blood vessels of the legs, as well as elsewhere in the body, are affected by diet, exercise, and the Pill. This kind of research should give you an extremely valuable education. And isn't that why you went to college?

Q I have a rash and some awful pains at the small of my back going around to my left side which my doctor has diagnosed as shingles. He says little is known about this disease, and he has prescribed Prednisone. He has cut the dosage from the original four tablets a day to one. I combine this with Excedrin whenever the pain makes me uncomfortable.

The condition is now going on its fifth week, and I'm worried about shooting pains in my left leg which reach from hip to ankle. The area seems numb to the touch.

In the two visits I made to the doctor, he never once took my blood pressure or listened to my heart. He merely looked at my buttocks and saw the swollen and painful welts.

In addition to the drugs I told you about, I also take Librium two or three times a day.

I'm a 60-year-old widow and am very nervous. I'd be grateful for any information you could give me.--S.R.

A Your doctor is correct when he says little is known about shingles. The only fact on which scientists do agree is that the virus found in shingles is related to the chicken pox virus. But just as with chicken pox, there is no preventive vaccine or specific treatments for shingles.

*Prednisone
for
shingles* Robert N. Buchanan, M.D., clinical professor of dermatology at Vanderbilt University School of Medicine, has written in "Current Therapy": "At one time or another, almost every drug and conceivable plan of treatment (for shingles) has been advocated. The astounding list of treatments is testimony that none is especially effective."

So I'm not surprised when a "miracle" drug like Prednisone is tried on shingles, even though the manufacturer's literature clearly states that the medication is to be used only for serious and life-threatening conditions. Dr. Buchanan has further stated that the anti-inflammatory effect of steroids is not certain, and that "the possible benefit must be weighed against the possible further dissemination of the virus." Furthermore, one of the possible adverse effects of prolonged use of Prednisone is compression fractures of the vertebrae and pathologic fractures of the long bones. Your doctor should make sure that those shooting pains and numbness you are now experiencing in your left leg are the results of the disease and not the treatment.

The combination of steroids and salicylates (Excedrin) have their own set of complications, including the increased production of stomach ulcers. And Librium, the third drug you are taking, markedly increases the chance of adverse interactions.

Since you say you are a nervous person, the use of Prednisone may not be in the best interests of your mental health. "Psychic derangements" are listed among the precautions in using this medication, and these effects include insomnia, mood surges, personality changes, severe

depression, and psychotic manifestations. To compound the problem, Librium, presumably taken to relieve anxiety, may cause confusion and other behavioral changes over the long haul.

I continually am appalled by the number of people who tell me their doctors have failed to give them a complete examination. In your case, while the disease itself may not involve your heart or blood pressure, the powerful drug you are taking does require regular monitoring. Frequent complete physical examinations and appropriate laboratory studies are mandatory for users of Prednisone.

It may be time for you to look for a doctor who will at least give you a thorough examination. Discuss with him the questions raised here. Perhaps he can come up with a treatment that won't be worse than the disease.

*Nutritional
help for
herpes*

Rosalie Tarpening, a national figure in the home birth movement as well as a registered physiotherapist, sends along the following advice about how to deal with herpes:

"I have found my nutritional program, megavitamins plus L-Lysine, has brought herpes of all kinds into complete remission. With a continued maintenance program, the remission has continued for the past two and three years.

"We know stress can cause flare-ups of herpes, so greater care must be taken in supporting the body's stress glands at those times. While I don't treat specific diseases, I do design individual programs to help people's bodies return to a state of good health so that the body can rid itself of these health problems."

*Herpes
changes
lifestyle*

Even the liberal New York Times concedes that people may be forced to change their lifestyles as a result of herpes. In a recent article on "The Herpes Syndrome," (NY Times Magazine, February 21, 1982), writer Daniel Laskin states, "Some experts believe that young people in general are becoming more cautious and conservative about sex partly because they fear herpes." Laskin writes that herpes victims sometimes even are asking whether they have grounds to sue their former sex partners.

"Will the fear of getting herpes actually diminish the amount of casual sex in American society?" Laskin wonders. While mentioning a Dr. Gillespie who believes that the habits of sexual freedom are too entrenched to change very much, Laskin nevertheless points out that "some doctors and nurses who work with young patients feel that fear of herpes has already reinforced more conservative social trends." And a Deborah Berkowitz of Columbia's health service acknowledges, "There's a little bit more of wanting to get to know somebody."

Laskin concludes with some information about how herpes has changed one victim's life. "He has become 'choosier' about his sex partners, placing more value on the quality of commitment and less on the quantity of sex. And he feels that American society is moving in the same direction. 'There will be more stress on having fewer and deeper relationships,' [he] predicts. 'This promiscuity thing is just too unhealthy --both physically and emotionally.'"

The Author (or authors) of the Old Testament couldn't have said it better Himself.

Potpourri

I have had tennis elbow pain in my right elbow for several years. I've had several injections of cortisone (administered when the injury first occurred), and I'm still having physiotherapy. Recently, I've had to take a painkiller because the pain worsened quite a bit after I used my arm.

Q

How long does it take for tennis elbow to heal, and how can healing be brought about?--Mrs. C.V.

A
*Treating
tennis
elbow*

Why would cortisone injections be used when tennis elbow first occurs? In his fine book, "Sports Health: The Complete Book of Athletic Injuries" (Quick Fox, \$14.95), William Southmayd, M.D., clearly states that cortisone injections are used only as a last resort for tennis elbow. Why do you next mention pain-killers, which Dr. Southmayd uses only if other treatments fail? You do not even mention having received other treatments. Did your physician fail to tell you that the best treatment for tennis elbow is rest? Did he fail to tell you to avoid opening car doors, and not to carry a briefcase or lift milk cartons with the affected arm? Did he fail to tell you about the use of ice and heat treatments? If you play tennis (and tennis elbow may occur in plumbers, mechanics, surgeons, bowlers, pitchers, factory workers, or anyone who uses his wrist in a powerful way), have you tried seeing a tennis coach to change your stroke, or wearing an elbow brace or support, procedures which have proved almost universally effective?

The longer you rest your arm, the better the chances are that it will heal completely. However, the older you are, the slower the healing process will be. One study has shown that players older than 40 have a significantly higher incidence of elbow pain than do younger players. This coincides with my own experience--although I have been playing tennis since my early teens, I didn't develop tennis elbow until age 45.

Medical News

After years of warnings from doctors and social workers about the risks of adolescent pregnancy, a study from Mt. Sinai Medical Center in Chicago shows that adolescence does not increase the risks of complications to mother and fetus. In a recent Journal of the National Medical Association, Dr. Pedro A. Poma reported on 130 pregnant adolescents aged 13 to 16 and 150 women aged 20 to 37. Dr. Poma's findings showed that adolescents did not experience greater difficulty in pregnancy, labor, delivery, or postpartum than the older women studied.

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

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

Dr. Mendelsohn now writes a regular column for Vital Magazine as well as a monthly column for RN Magazine.

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

Published monthly. Subscription rate: \$18.00 annually.
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Another View

by Marian Tompson
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Lauri's first baby was stillborn, and her second was born prematurely. In the twentieth week of what was considered a high risk third pregnancy, it was discovered that Lauri had herpes. The diagnosis was not arrived at easily. At first, because she had trouble urinating, Lauri was told she had a bladder infection. But after rushing to the emergency room twice in one day to be catheterized, she decided to check herself into the hospital until they found out what was really wrong. This was easier said than done. Although her doctor found a red mark on her bladder, he dismissed it as an "irritation of unknown origin." He told Lauri there was nothing wrong with her, and he sent her home.

But something was seriously wrong. With a continual low grade fever and no appetite, Lauri lost seven pounds in one week, and she felt awful. Soon, clusters of flat, water-filled blisters appeared on her buttocks, but these were diagnosed as a staph infection, probably picked up in the hospital. Her doctor lanced them each time she went to his office. Finally, during one office visit, the doctor's associate did the lancing. After he took one look, the frightening and correct diagnosis was finally made.

In fact, while Lauri never had any of the usual lesions in her vagina, she did have a classic primary case of herpes. For a month, she lay in bed barely able to move because of the excruciating circle of pain in her nerve endings, a pain which extended from below her waist to a few inches above her knees. Two weeks before her due date, the time when the doctor had planned to induce labor to prevent another stillbirth, the lesions recurred, but with none of the other symptoms. The decision was made to proceed with a vaginal birth because the site of the blisters was equidistant from the vagina and the place where the incision would be made for a Cesarean. Happily, Daniel, who weighed five pounds, 14 ounces, was born healthy and free of the disease.

Lauri still is puzzled as to how she contracted herpes. "I know that when you have herpes, everyone expects it happened through sexual contact," she admits. "Even relatives, who should have known better, were suspicious. My mother-in-law saw fit to send me an article on herpes from the New York Times with the banner headline, "VIRUSES OF LOVE!" But since my husband and I have never had sexual contact with any other person, we knew it had to have happened some other way. According to my doctor, I could have gotten it just by shaking hands with someone years ago. Certainly, being pregnant makes a woman more susceptible to herpes anyway. That, coupled with the timing of the first symptoms on the anniversary of my first baby's stillborn delivery (always a stressful time for me), might explain my vulnerability."

"Yet there is another aspect to it that I can't get out of my mind," she continues. "You see, because of my high-risk status, I was seeing my doctor every week. This included sitting, bare-bottomed, on a chair in his office to put on and take off my panty hose, sliding on and off the incompletely-covered examining table, and using the office bathroom along with a lot of other women. I know it sounds far-out, but I can't help but wonder if I really picked up herpes during one of my many visits to the doctor's office. I realize there must be other women who have had lesions on their buttocks--as I did--where they can easily cause contagion, and I'm aware that nobody really knows how long the virus is communicable. I wonder if other women have been put in jeopardy in just the same way that I was."

I wonder too, Lauri, and that's why I'm telling your story.