the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD
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# Gall Bladder Problems... Multiple Sclerosis

**Dr. Robert Mendelsohn**

This month, my Newsletter is devoted to two disparate subjects --Gall Bladder Problems and Multiple Sclerosis. While certainly dissimilar as disease conditions, these two are united by the fact that conventional medical treatments for both are unsatisfactory and carry a high degree of risk, often hidden from the patient. Also uniting the two subjects is the evidence that dietary treatments for both often are successful and obviously have a far lower risk factor.

Q One hears of so many gallstone operations these days; are they really necessary? I have been having pains, and my physician had me take tests and x-rays. I have been informed that I have numerous pebble-like stones, and surgery was suggested to me. Since I am 60 years old, I am debating whether I should have surgery.

I read of a machine that gives electric shock treatments and pulverizes the stones; there is said to be a 90 per cent success rate with this method of avoiding surgery. Can the stones be dissolved by medication? Do they sometimes pass?

I sure would appreciate an answer from you because I find you are so right in many of your responses.--Galled

*When is gallstone surgery necessary?*

A If, as you say, I am right in many of my answers, the reason may be that I am often not directly involved, i.e., a specialist in the field in question. While some may argue that only specialists should be consulted on conditions in their field, I have found that the broader outlook and often greater objectivity of the generalist is crucial in enabling the patient to get a good overview of his own situation.

Although gallstone surgery is apparently well established, it is one of the most risky of the "common" operations from the standpoint of complications. I am sure this explains the ongoing, although as yet largely unsuccessful, search for agents that will dissolve stones without surgery.

One-third of all people over 75 will have gallstones. Unless you fall into the category of patients for whom a gallstone becomes

lodged in the small ducts between the gall bladder and intestine, a condition that may cause jaundice, I would advise you to think three times before going under the knife.

**Q** What is your viewpoint of taking out the gall bladder? I have been told I have "sludge and small calculi" in mine. X-rays did not show any gallstones, but ultrasound revealed the sludge. My doctor said sludge was worse than gallstones, and surgery is the only cure. I am not eager for surgery, but I don't want any liver or bile duct damage. What, if any, alternatives are there to surgery? I am almost 50 years old.--M.M.

*Risk of gall bladder surgery*

**A** "Cholecystectomy [surgical removal of the gall bladder] is not without hazard. The incision and technique employed to remove the gall bladder vary with the experience and training of the surgeon." So writes Charles G. McSherry, M.D., professor of surgery at New York's Mount Sinai School of Medicine ("Current Therapy" 1978).

Since you are worried about liver or bile duct damage, you may be interested in Dr. McSherry's description of the serious post-operative complications of cholecystectomy resulting from accidental cutting of the bile ducts, impairment of the blood supply to the liver, and cutting unobserved ductal and vascular channels between the liver and gall bladder. The operative mortality for this operation at Mount Sinai Hospital is 0.5 per cent, and the incidence of non-fatal complications is 6.9 per cent. The latter include pneumonia and other lung disorders, as well as overlooked stones. The principal cause of death post-operatively is myocardial infarction (heart attack).

Armed with this admittedly sketchy information, you can now return to your doctor and ask him how his statistics compare with these. You also can ask whether these known risks are worth the benefits he claims will result from the surgery. After this kind of discussion, you both may decide to seriously explore the alternatives to cholecystectomy, including nutritional approaches.

**Q** I had my gall bladder removed eight months ago because I was having periodic severe pain and vomiting. The x-rays showed the presence of gallstones, which was confirmed by the surgery. I made a good initial recovery, but approximately six weeks later, when I began eating a more substantial diet, I again experienced severe abdominal pain and vomiting. I have had eight or nine such attacks since my surgery, and I always associate them with something I have eaten.

Does this sometimes happen after gall bladder surgery, and will it go away with proper diet? I'm asking you because the doctor who performed the surgery does not live in this area, and it is not now possible for me to travel a long distance to see him. I know of no good doctors in this area. I have lost a lot of weight, and I need your good advice.--N.W.

*Pain after gall bladder surgery*

**A** Even though the symptoms you describe sometimes follow gallbladder surgery, the overall tone of your letter, particularly your last sentence about marked weight loss, concerns me. My best advice is for you to return immediately to your surgeon, in spite of the travel involved. At the very least, pick up the phone and call him. After all, he is the person who has assumed the greatest responsibility for your case. And since he was the one who got a look inside your abdomen, he should be in a key position to advise you. One final word: Contact him right away.

**Q** I am a victim of gallstones. As long as I stay on a non-fat diet, I do not have attacks. What's the story on persons "living with" their gallstones without surgery? Is there a drug which might help dissolve the stones?--P.M.

**A** *Dietary control of gallstones*

Your short succinct letter deserves a short succinct reply. Therefore, I am not going to burden you with a description of the considerable amount of medical studies on gallstones that have been done over the past decade. Rather, I will simply report to you what you probably know or suspect, i.e., surgery for people without symptoms who have gallstones is certainly not without risk, and its benefits are questionable. The dissolving substances currently being investigated are still of unproven safety and efficacy. Therefore, I congratulate you on the success of your dietary approach, and I urge you to write me 10 or 20 years from now, reporting your continuing good health. I would predict that, should you ask me the same questions, I probably will give you much the same answers.

**Q** My mother is 46 years old and very active. In 1979, she had her gall bladder removed. The incision still feels sore, and she has experienced extreme tiredness since the operation. She has had a complete medical checkup, x-rays, upper and lower G.I. series, but nothing has been found. The doctor says she is depressed, although she says she isn't. He prescribed Pertofrane, but she still is tired. Do you have any suggestions?

**A** *Fatigue after gall bladder surgery*

The antidepressant (generic name: desipraminine) which your doctor prescribed is an offspring of another antidepressant, imipramine (trade name: Tofranil). If your mother still feels tired, she should be aware that drowsiness is a side effect of her drug. Furthermore, since she has had her gall bladder surgery, she should be careful of any drug that can affect liver function. Pertofrane, metabolized in the liver, may cause liver damage as well as transient jaundice in which the passage of bile becomes obstructive. Pathologic changes in liver enzymes (transaminase and alkaline phosphatase) may occur, and repeated liver function tests are mandated. Indeed, in all patients who undergo a long course of Pertofrane therapy, periodic liver studies for signs of toxicity should be done.

Now that you know some of the dangers of your mother's prescription (and I certainly hope you and she will carefully read the rest of the four columns of prescribing information), I recommend that you accompany your mother to the doctor on her next visit and begin to ask some questions even more basic than those concerning Pertofrane's side effects. You might begin with, "Doctor, before you tell my mother that the problem is all in her head, how about investigating the continuing soreness of her incision?" If he fails to adequately answer that question, it is then time for your mother to find a new doctor. She is indeed fortunate to have such a concerned daughter.

P.S. Be sure your mother isn't taking the birth control pill which can cause liver and gall bladder disease as well as mental depression.

**Q** I have a stone in my gall bladder which measures 1.7 centimeters. I am 70 years old and in perfect health otherwise.

After discussing this matter with other doctors in the field, my internist recommends an operation while I am in good health. He said if I were younger--say 40 or 50--he would recommend waiting.

This condition doesn't give me much trouble. However, when I am tired and sit in a "roll-back" chair or lie in bed, I get pains in the upper right quadrant which go to the back. These pains are not severe.

Many years ago, I had terrific stomach pains and nausea. My internist ordered a G.I. series (never gall bladder tests) and diagnosed it as "a nervous stomach." Since I was under pressure at work and at home at that time, I thought the diagnosis was quite plausible. But now I am retired, except for two days a week, which are not stressful, and I do not have any more stomach pains.

What do you think?--T.S.

*Should 70-year-old have gall bladder surgery?*

A

Whenever doctors recommend operations, including removal of gallstones, on healthy patients, it is time to ask several questions:

1) Doctor, what is the published mortality rate for this operation?
2) What is the mortality rate in your own patients?
3) What is the mortality rate in my own age group?
4) What do you think my own chances are?

Armed with this kind of knowledge and in view of your mild symptoms since retirement, you can then begin to make a considered judgment about this kind of "preventive surgery." You may decide that it is worthwhile, or you may decide to follow Mendelsohn's maxim: "If this is preventive medicine, I'll take my chances on disease."

You must be careful when a doctor tells you that he treats older folks differently for the same condition than he does younger people. Discrimination against the aged is so ingrained in medical education that everyone recognizes how commonly doctors respond to the complaints of senior citizens with, "What do you expect at your age?" I recommend that any older person, when asked his age by the doctor respond with "thirty-five." If the doctor starts to argue that you couldn't possibly be 35, ask him who knows your age better--you or he? Ask the doctor why he has determined that you, in perfect health at age 70, should be treated differently than people a few decades younger, many of whom are in less than perfect health.

Finally, ask the doctor if it is not true that a majority of older people have gallstones. Would he recommend surgery for all of them? If not, then why for you?

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Q

I am 69 years of age, am "hooked" on Premarin, and have been taking Clinoril twice a day for the past month in an effort to alleviate lower back discomfort.

In 1963, a needles-and-pins sensation in my left arm and hand was diagnosed as multiple sclerosis by our family physician. Shortly after that diagnosis, he withdrew from private practice, and I was forced to find another doctor. The new doctor called my numb hand and arm the result of "a slight stroke." He prescribed various drugs to alleviate a slightly elevated blood pressure. The only result was still higher pressure, accompanied by nausea and gout. Aldomet was the last of four "trial and error" drugs which I stopped taking of my own volition because of side effects. Shortly thereafter, the nausea and other side effects disappeared. The doctor then prescribed Esidrix, a diuretic which I have been taking ever since with no noticeable side effects. I also take Dalmane once or twice a week to help me sleep, especially when traveling.

Lately, I am increasingly aware of a needles-and-pins sensation in my right hand and arm and in my lower limbs. Could the multiple

sclerosis diagnosis have been correct? Might I have been in remission over all these years, even though my present doctor has never changed his "slight stroke" diagnosis? Or might my drugs be causing my symptoms?

I'm considering going to the Mayo Clinic, but I'm afraid my doctor may try to dissuade me. Yet I'm sure his records would facilitate the clinic's procedure and expedite my admission. What is your advice?--L.B.

*Diagnosing multiple sclerosis*

A Although I know that Esidrix, the drug you now are taking for high blood pressure, can cause paresthesias (abnormal sensations such as burning, prickling, numbness), I do not know whether you were taking any drug in 1963 which might have had similar side effects.

Since you now report yourself as being on four powerful drugs, with heaven knows how many adverse reactions and interactions, I agree with you that a visit to the Mayo Clinic might be just what the patient ordered. If you doctor disagrees, please write me again.

Q I am in desperate need of your advice.

My husband has had multiple sclerosis for about 17 years. He's luckier than most--at least he can still work. His speech is very bad, and since it's hard for any of us to understand him, he sometimes writes down what he wants us to know. However, when we don't understand him, he usually gets very angry.

My biggest problem is his attitude. He constantly watches every move I make; he's suspicious of every phone call I receive, and he never believes me when I tell him whom I'm talking to. Most of the calls are from our five children who no longer live with us. I can't let him listen in since he can't understand voices over the phone. He hears well, but the voices get jumbled together.

I try to put myself in my husband's place to imagine how I would feel. I have spent 24 hours a day with him all these years--we do everything together. Since he's always suspicious of males, I no longer invite people over. Most of all, I've given up what little social life I had--cards one night a week.

He becomes irrational when he gets angry. He starts to throw things at me, and he wants to hit me. Many times, I have to defend myself by fighting back. He hates our oldest child (28 years old), and he doesn't speak to him. This attitude has caused our son to feel inferior and to become depressed.

Please advise me what to do--I love this man, but I'm about to go berserk.--No Name Please

*Multiple sclerosis and mood swings*

A Your serious situation leads me to offer the following checklist:

1) Is your husband taking any of the medications sometimes used for this condition such as steroids and tranquilizers which may cause mood alteration as one of their side effects?

2) Have you discussed your situation with your clergyman?

3) Have you talked to your own blood relatives?

4) Have you talked to families of other patients with the same diagnosis?

5) How sure are you of the diagnosis?

6) Is your husband receiving a supervised physiotherapy program which, in my opinion, is a must in practically every neuro-muscular disease?

7) Have you explored the great variety of conventional and unconventional approaches to the management of multiple sclerosis?

In the absence of this kind of information, any definite response on my part would be presumptuous. As a matter of fact, I have a feeling that if the above checklist were used by everyone who faces such seemingly overwhelming problems, valuable new solutions would emerge and letters to writers of medical newsletters would decrease.

**Q** Two years ago, my 30-year-old daughter was told she has multiple sclerosis. I believe the diagnosis was reached by a spinal tap. My daughter has been in and out of the hospital, three times a year, for the past two years. She has trouble with her back, legs, vision, suffers from headaches, etc., etc.

At times, her outlook is terrible, and she blames her mother and me for her sickness. At other times, she can be as good as gold. But then, her mood will swing again, and she becomes so mean to her mother that it's breaking our hearts. I'm 64 years old and retired, and we thought we'd be able to live our lives differently in our old age.

Can you help me by answering some questions about MS:

1) Is there a cure?
2) Is it inherited?
3) Does it affect the brain?
4) Is there a book I can get to read up on this sickness?

Please help.--J.W.

**A** Doctors will tell you that no-one knows the cause of multiple sclerosis and that there is no cure, but I presume you wrote me because you wanted a second opinion. Therefore, I recommend that you ask your doctor for information about the publications of Drs. Stovicek, Palffy, Merei, McAlpine, et al, who in the 1960's described the apparent provocation of multiple sclerosis by vaccination against smallpox, typhoid, paratyphoid, tetanus, poliomyelitis, and tuberculosis (BCG). Also, ask him about the work of Zintechenko, who in 1965 reported 12 patients in whom multiple sclerosis first became evident after a course of anti-rabies vaccinations. These references are available to every doctor through his medical library, providing a challenge to any doctor who tries to tell you that MS is exclusively hereditary.

As far as treatment is concerned, you might want to read about the effectiveness of the low-fat diet in multiple sclerosis, detailed in "The Multiple Sclerosis Diet Book," by Roy L. Swank, M.D., Ph.D. (Doubleday, $8.95).

While emotional disorders may accompany multiple sclerosis, you should be at least equally concerned about the emotional disorders which result from the medical management of this condition. Adrenal corticosteroids, often used for MS (Prednisone, cortisone, etc.), can cause behavioral and personality changes including nervousness, irritability, hyperactivity, psychotic episodes, depression, manic states, and paranoia. Check into all medications which have been prescribed for your daughter.

Finally, since dozens of diseases may mimic multiple sclerosis, and since there is no single specific test (not even the spinal fluid tap), you and your daughter should, from time to time, raise questions with her doctors about the accuracy of the diagnosis.

**Q** A relative of mine mentioned that she had recently heard about advances being made in the treatment of multiple sclerosis. Although she says she saw this on television, I have been unable to find anything new about this disease.

Could you please comment on any recent news or developments in the treatment of MS?--P.H.

*New advances in MS treatment?*

Is there anything that has not been used in treating multiple sclerosis? Prednisone, a variety of immuno-suppressive drugs, many different diets, exercise, acupuncture--all have been tried. While any of these methods may be accompanied by improvement, it is difficult to tell whether a favorable result occurs because of treatment or in spite of it.

While scientists have spent millions of dollars in a fruitless chase of possible viruses that might cause MS, I believe the most overlooked area of research is that which doctors call iatrogenic (doctor-produced). Since it is highly unlikely that any miracle drug will be found, I would recommend that every MS researcher and all the various fund-raising organizations pursue factors that may prevent MS. High on my list of suspicious doctor-caused factors are delayed reactions to infant formula, routine immunizations, and allergy shots. After all, we now know that another serious neurologic condition, Guillain-Barre paralysis, comes from the swine flu vaccine and other vaccines.

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## Potpourri

*Great medical thoughts*

(From "You and Your Doctor," a pamphlet "prepared as a public service by the Chicago Medical Society.")

"...So you can easily see that your doctor is quite unusual.

"Does this make him any better than you--a mental or physical giant? No--your doctor is a mere mortal--the same as you or your neighbor. He needs three meals a day and a full quotient of sleep. He cannot run any faster or carry heavier loads. He needs the normal allotment of fun, relaxation, and exercise, the same as anyone else, but must often skip it. He cannot see any further into the future than anyone else. He is, in short, a human being like anyone else."

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ANOTHER VIEW (Cont'd from page 8)

"I always prefer working with the patient's physician," Dr. Andersen points out, "and I would recommend that anyone wanting to try this treatment put themselves under the care of a holistically-minded physician of some sort."

So there you have--another view. And perhaps if good nutrition and the gall bladder flush catch on, most gall bladder surgery will become a thing of the past. After all, look what's happened to appendicitis!

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"MalePractice: 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 Let's Live Magazine as well as a monthly column for RN Magazine.

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Robert S. Mendelsohn, MD, Editor
Vera Chatz, Associate Editor

# Another View

**by Marian Tompson**
**Executive Director,**
**Alternative Birth Crisis Coalition**

A lot of people I know seem to be having gall bladder operations, and when my mother mentioned that four of the six women working in her department had had their gall bladders removed, I seriously began to question both the treatment and the disease. Why are so many people afflicted with this problem? Is surgery the only way to get rid of gallstones?

Having read that 90 per cent of gallstones are chiefly cholesterol, and considering the evidence between cow's milk feeding in infancy and high cholesterol levels in later years, I wonder whether we are seeing some of the results of years of bottle feeding.

Herbert Ratner, M.D., editor of Child and Family Magazine, has given another clue by pointing out to me the relationship between oral contraceptives and gall bladder problems. The New England Journal of Medicine of January 22, 1976 published a paper by Lynn Bennion, M.D., et al entitled "The Effects of the Oral Contraceptive on Gall Bladder Bile of Normal Women" which demonstrated that the birth control pill as routinely prescribed induces important alterations in the composition of human gall bladder bile and suggests a biochemical basis for the increase in gall bladder disease among women who use oral contraceptives. Gerald Weiss, M.D., and Elaine Weiss, R.N., in "Hormonal Therapy and Cholelithiasis" (Int. Surg. 61:452, 1976) reviewed 1,346 gall bladder operations and found increasing gall bladder disease in women under 40 who were taking the Pill, the increase being especially dramatic in women under 29. "The Boston Collaborative Drug Surveillance Program" published in Lancet (1:1399-1404) points out this association as does the book, "The Royal College of General Practitioners: Oral Contraceptives and Health" (Manchester Pitman Publishing Co.).

Surgery is not the only way to get rid of gallstones. I know that now after having talked to Ross Andersen, D.C., D.T (drugless therapist) of Toronto, Canada. Dr. Andersen uses what is called the "gall bladder flush" to get rid of gallstones. He describes the process in this way: "First I look at the patient's x-rays to determine the size of the stones. Then the patient is put on large quantities of fresh or frozen apple juice, at least four large glasses a day, along with his normal diet, for two weeks. The apple juice has a softening action on the stones. Next, on a day the patient can stay home and rest, he is given one-half cup of olive oil blended with one-half cup of freshly-squeezed lemon juice and one teaspoon of disodium phosphate. He then lies down on his right side with his right leg up to his chest for half an hour. This causes a strong contraction of the gall bladder which expels any sludge or stones. Another teaspoon of disodium phosphate is taken in the evening."

If during this process a stone were to get stuck in the duct, Dr. Andersen would consider the patient a candidate for surgery. "I've worried about stones getting stuck," Dr. Andersen admits, "but in the 40 or 50 people I've treated in this manner, I've never seen it happen. Even the occasional patient I have recommended against using the flush has used it with success. Another colleague in Toronto has treated 3,000 patients this way without a stone getting stuck. When necessary, the treatment can be repeated in a couple of weeks.

Dr. Andersen feels that diet is definitely a part of the cholesterol buildup, and he recommends that patients stay away from greasy foods, alcohol, rich fatty foods, dairy products, and certain oils like cottonseed oil and palm seed oil. He agrees that one of the less recognized drawbacks to surgery is that when their gall bladder has been removed, patients feel they can eat anything. Yet in reality, if patients continue to eat as unwisely as before, they will just shift the problem to another area of their bodies.

(Cont'd on page 7)