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

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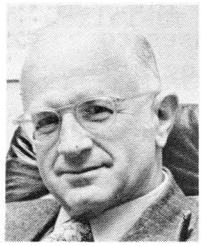
Parkinson's Disease



Dr. Robert Mendelsohn

The fact that practically nothing is known about the cause of Parkinson's disease does not prevent doctors from using one chemical after another in an attempt to relieve its symptoms. The problem, of course, is that the drugs used in treatment may cause more problems than they cure. In addition, some drugs can even cause parkinsonism. The purpose of this Newsletter is to shake your faith in anti-parkinsonism drugs, as well as to raise your consciousness to the fact that, in many cases, the cause of this condition may not be all that mysterious. This is a necessary first step in enabling patients with parkinsonism and their families to widen their horizons and begin to search for alternatives to drug therapy.

Q My 58-year-old mother was recently diagnosed as having Parkinson's disease. This diagnosis was made after one day at an out-of-town clinic and came after years of her being seen by numerous doctors in our town who said her aches and pains were imaginary. When she told one doctor she felt she was going to die if she didn't get some help, he told her to go ahead and die.

My mother has what I have now learned are classic symptoms of parkinsonism--shaking and trembling, rigid facial muscles, etc. Is our town hopelessly inadequate, or is Parkinson's disease hard to diagnose?--L.S.

Diagnosing Parkinson's disease

A Early in medical school, I was taught that Parkinson's disease is a condition that a physician should be able to diagnose when he sees the patient walk through the door, even before a single word has been exchanged. As you have already determined by reading and by observing your mother, most cases are indeed fairly easy for a doctor to diagnose.

Your city, New Orleans, is a very big city, and I am in no position to judge your mother's doctors. However, in letter after letter I receive, patients complain, often with apparent good reason, about their hometown physicians. These complaints typically are followed by a visit to a physician in a distant city, who finally makes the right diagnosis or begins the proper treatment.

This puzzles me. Are physicians in distant places so flattered by patients who make pilgrimages that they invest the extra effort that is always required to practice good medicine? Indeed, this seems like a reasonable explanation.

If it is the case, then we certainly are making a mistake in our national policy by advocating that doctors be available within a few miles of their patients' homes. To insure the best standard of medical care, perhaps we should arrange for all patients to travel (perhaps even be bused) to doctors in a neighboring city. Maybe someone will do a study to show that the accuracy of the diagnosis is in direct proportion to the distance traveled to receive it.

Q In 1956, my husband was diagnosed as having Parkinson's disease. He has been taking Pagitane Hydrochloride tablets each day, and he has not been to a doctor since 1975, which is when our family doctor retired. His condition is getting worse, and it is difficult for him to get up and walk. His memory is failing, and he sleeps a lot. He has been retired for nine years (he is 69 years old). He refuses to go to a doctor. Should I take him to an internist or a neurologist?--Mrs. H.L.

A I often wish that when family doctors retire, the medicines they prescribed would retire with them.

Drugs can cause parkinsonism

Let me quote from the prescribing information for Eli Lilly's Pagitane: "Great care should be taken in the administration of Pagitane to patients in the older age groups, particularly those with arteriosclerotic changes, because side effects are likely to be more severe." These side effects may include weakness, lightheadedness, and transitory confusional states. The prescribing information continues, "These side effects quickly disappear when the drug is discontinued."

I am not opposed to your taking your husband to an internist or a neurologist, but any general practitioner, osteopath, chiropractor, nurse, etc. should easily be able to help you determine whether his present symptoms are a result of his condition or of his treatment.

Q My husband has had Parkinson's disease for the past 15 years. Because the stress and nervousness are unbelievable, we have tried every kind of medication and lots of doctors. An internist presently has him on Sinemet, Artane, Sinequan, and Ativan. My husband either is climbing the walls or seems to be in a dying state. Needless to say, we're wearing out!

Neurologists have done nothing but charge huge fees and give him tranquilizers, and that's not the answer. During the night, his pulse rate drops so low we're sure he's dying. We really need help--do you have any suggestions?--Mrs. J.S.

A You have lots of learning to do. For example, are you aware that tranquilizers themselves can cause the shaking symptoms of Parkinson's disease? Are you aware that Pfizer's Sinequan can cause loss of balance as well as other neurologic disturbances? Are you aware that Wyeth's Ativan can cause unsteadiness and emotional depression?

The above are only a few of the side effects that can occur when these powerful drugs are taken singly. I doubt that anyone really knows

the full range of adverse reactions which can occur when they are taken in combination.

At this point, both your doctors and you should regard your husband as a human test tube. If he is to continue this experiment, then the same kind of care in mixing ingredients should be exercised as with any other chemical experiment. Even a computer working full time would have trouble predicting which way the chemical reactions will go. Therefore, your first step must be to hit the books and try to determine, with or without the help of doctors, how much of your husband's problems result from his disease and how much from his treatment.

Q My husband went to the doctor today because his left hand has been shaking for more than a year. The doctor diagnosed Parkinson's disease and prescribed Symmetrel. He didn't tell my husband anything about the drug. Is there anything he should know?--C.G.

A *Side effects of Symmetrel*

Since the prescribing information for Endo Laboratories' Symmetrel takes up more than a page in the Physicians' Desk Reference, your husband's doctor should have been able to tell him a few things about the drug. He might have mentioned, for example, that patients who take Symmetrel and notice central nervous system effects or experience blurring of vision "should be cautioned against driving or working in situations where alertness is important."

The doctor might have mentioned that the medication should not be discontinued suddenly because some patients with Parkinson's disease have experienced "a sudden marked deterioration" when this medication was stopped suddenly.

Your husband might have been told that the most frequent adverse reactions are depression, congestive heart failure, psychosis, and urinary retention. Convulsions as well as abnormal lowering of the white blood count have been reported as have hallucinations, confusion, anxiety and irritability, weight loss, nausea, constipation, dizziness ...but why should I continue? Your husband's doctor has come up with a diagnosis of a serious condition and has prescribed a potent medication. If your husband takes the medication as seriously as the doctor takes the diagnosis, it's time for him to revisit the doctor and ask for an explanation of both.

Q What does a person do if he has the beginning symptoms of Parkinson's disease? My husband, an expert in his field, recently was given this diagnosis, and naturally we need the quickest possible help.--F.R.

A *Understanding Parkinson's disease*

Even though your husband is an expert in his own field--real estate--that is no reason why he cannot, indeed should not, become an expert in Parkinson's. Therefore, I recommend that you and your husband begin reading everything you can get your hands on which deals with the subject. Read the standard medical textbooks so that you can find out the benefits and shortcomings of drug therapy. Read Prevention Magazine. Read the publications of nutritional authorities which are sold in health food stores. Read Linus Pauling. Supplement your reading by talking to a doctor or two. Talk to a nutritional expert, a holistic doctor, and an authority in macrobiotics. And certainly talk to other people who have the same diagnosis. You will then be in a position to determine the right course to follow.

Q I am writing to you in desperation about my brother. He is 73 years old and has been an outpatient at a local hospital for a long time. About five years ago he became ill and started to shake, and we took him to a hospital. About a year after, he was diagnosed as having Parkinson's disease. He takes Levodopa three times a day and diphenhydramine for sleep at night. He has an allergy for which he takes two Teldrin tablets daily.

We took him to a "world-renowned" clinic in Montreal in May of this year. The records from Buffalo had been sent to this clinic, and after a cursory neurologic examination, the doctor verified the diagnosis. We only had one hour consultation time, and we were told that further tests would not be necessary since enough tests already had been taken.

Both the Buffalo and Montreal neurologists agreed that, because of the nature of the illness, absolutely nothing could be done to help my brother since this kind of palsy rejects medication. Both said they were sorry that nothing could be done, and apparently he has to accept that. As for my sister and for me, who care for him, they told us, "Do the best you can." The Montreal neurologist said, "Don't let it bother you. There is nothing you can do."

But how can a person watch a brother suffer the tortures of the damned and not let it bother her? Is there someone or some place where I can take him? Or is there some other medication you can recommend?--K.M.

A Just because two doctors slam a door in your face doesn't mean there isn't another door somewhere that may be opened. However, it is doubtful whether you will receive much help from further visits to other world-renowned clinics or neurologists, practically all of whom use the chemical approach to parkinsonism.

In your brother's case, the three chemicals prescribed for him may present problems: The prescribing information for Teldrin clearly states, "Antihistamine overdosage may produce a mixture of excitatory and depressive effects on the central nervous system. Marked cerebral irritation, resulting in jerking of muscles and possible convulsions, may be followed by deep stupor."

While the above side effects are not exactly characteristic of parkinsonism, they do bear a certain resemblance to the symptoms of this condition. Furthermore, while your brother is taking the prescribed dose, one should always keep in mind that recommended dosages of all drugs merely represent a range of normalcy, and in your brother's particular case, the dose he's taking may represent an overdose. To add another complication, the diphenhydramine (Benadryl) your brother is taking for parkinsonism may interact with both Levodopa and Teldrin.

To further indicate the role drugs can play in producing parkinsonism, Morris Fishbein, M.D., in his "Medical Encyclopedia" (Doubleday, $14.95), states, "Excessive use of certain medicines, such as antihypertensives and tranquilizers may produce symptoms resembling the disease [parkinsonism]."

A newspaper cartoon which showed a doctor advising a patient carried the caption, "There's nothing more that modern medicine can do for your condition. Why don't you go ahead and consult with a good quack?" And since doctors generally regard nutritional approaches and other treatment modalities as quackery, you might want to examine the evidence that manganese deficiency may lead to parkinsonism ("Diet and Nutrition: A Holistic Approach," by Rudolph Ballentine, M.D.).

I have no first-hand reports, but I would recommend you also talk to experts in various techniques such as Shiatsu massage, Rolfing, and

the Alexander method to see whether they have had any success with parkinsonism.

My bottom-line advice is: Do not listen to doctors who tell you that nothing more can be done. That only means that they can do nothing more.

Potpourri

New pill—old reassurances

My local newspaper recently carried an announcement by a French researcher about a new contraceptive pill for women that need only be taken a few days a month and that "apparently has no harmful side effects."

Organizations have lined up pro and con in predictable stances. The Roman Catholic Church has declared its disapproval of this "product for abortion." Planned Parenthood has expressed delight because women on the new pill presumably will be "exposed to a much lower amount of chemicals." (Of course, Planned Parenthood is concerned about the side effects of the present birth control pill since surveys have shown that less than 10 per cent of the staff members of Planned Parenthood take the Pill, but it is prescribed for more than 80 per cent of PP clients. Regular readers will recall that this state of affairs has led me to comment on more than one occasion that it is much safer to be a staff member of Planned Parenthood than to be a client.)

Still to be heard from are the scientists, and I am not referring to the team of doctors who have developed, and are now promoting, the new pill. They have already announced that the new pill "did not appear to have the side effects that can occur with current oral contraceptives." Well, we have heard this tired old song every time a new variant (e.g., the mini-Pill) of contraceptive has appeared, and anyone who believes in a safe and effective birth control pill also believes in the tooth fairy.

The FDA has announced that no company has applied for approval to sell the new contraceptive pill in the United States. Therefore, I hope that the FDA, following the shining example of two decades past when this agency protected Americans from thalidomide, will permit residents of other countries to serve as the experimental subjects for a long time before it allows the new contraceptive to enter U.S. medicine cabinets. I also hope the FDA will insist on many animal studies which follow the effects of the new pill over several generations, since the promoters of this new (anti-progesterone) pill concede that it does not prevent ovulation, but rather causes expulsion from the uterus of an already-fertilized egg, inducing abortion in the earliest stages of pregnancy.

The new birth control pill is designed to kill the embryo. But what happens if the developing embryo is able to survive the lethal effect of the chemical, and instead of dying, suffers massive damage? After all, one need look no further than the disastrous, though not lethal, effect of the hormone DES for an historical precedent.

I will continue to keep you informed of the latest reports on this latest "Pill" which I at present recommend be taken with a huge grain of salt.

Q My son, who is now 31 years old, has been diabetic since he was eight. Four years ago, he lost his sight. During his last check-up, he was told by the family doctor that there was a decided change in his kidneys. He was sent to a kidney specialist.

During the first visit to the specialist, my son was told that his blood pressure was very high. He was taken off Aldomet (which he

had been taking for close to five years) and was prescribed Capoten, a drug supposedly available to kidney doctors and on the market for only the past half year.

After two weeks on Capoten, my son's blood pressure still wasn't down to where the specialist wanted it. The doctor then increased the strength, and my son has been on the stronger dose for the past three weeks. The doctor told him to think about dialysis for the future, telling him he had to be on dialysis before a kidney transplant could be done, this despite the fact that his father, brother, and I are available as kidney donors.

Can you shed any light on this situation? What do you know about Capoten?--Mrs. B.M.

Warnings about Capoten, a new hypertensive

A When your son's new kidney specialist placed him on Squibb's new anti-hypertensive, Capoten, and began to frighten him with talk of the artificial kidney and transplants, did he happen to mention the adverse reactions this drug has on the kidney? Capoten may cause some patients to spill protein into their urine, a most serious kidney condition.

Since your family doctor already noted a change in your son's kidneys, your son should know that the "existence of prior renal disease increases the likelihood of development of proteinuria" [when taking Capoten]. Kidney biopsies of patients on Capoten who lose protein show microscopic damage to an important element of the kidneys; the condition is called "membranous glomerulopathy," and it may be drug-related. Therefore, patients on Capoten should have urinary protein estimates, using a dip-stick, before therapy and at monthly intervals for the first nine months of therapy and periodically thereafter. For patients whose proteinuria increases, Squibb wisely recommends, "The benefits and risks of continuing captopril [Capoten] should be evaluated."

In case your son's kidney specialist missed this warning in very small type, a boldface statement a few paragraphs further in the prescribing information begins with the sentence, "Use captopril with caution in patients with impaired renal function...." Three paragraphs later, the first item listed under precautions is "impaired renal function." After reduction of blood pressure with Capoten, some patients with renal disease have developed increases in BUN and serum creatinine (waste products ordinarily eliminated through the kidneys). I hope the doctor has been measuring these substances in your son's blood, since in these patients, "It may be necessary to reduce captopril dosage and/or discontinue diuretic." For some of these patients, normalization of blood pressure, together with maintenance of adequate blood flow through the kidneys, may not be possible.

Since your son is a diabetic, he should know that Capoten may cause a false-positive urine test for acetone and that animal toxicity studies have shown changes in the retinal blood vessels, sometimes irreversible and progressive. Other adverse reactions of Capoten include renal insufficiency, kidney failure, too great a urinary output, too small a urinary output, and urinary frequency about which the manufacturer states, "Relationship to drug use is uncertain."

As far as your son is concerned, his first order of business (before even beginning to think about more radical measures) is to carefully read the few hundred lines of small type in the prescribing information for Capoten and then decide whether he wants to have a talk with his specialist.

As far as the rest of the readers of this Newsletter are concerned, since Capoten is being promoted in eight-page ads in medical journals

as "An unprecedented achievement in the pharmacotherapeutics of hypertension," politely ask any doctor who tries to prescribe it for a peek at the full prescribing information. Since the only information the doctor has about Capoten may be that which he received from the drug detail man, maybe he can read the prescribing information over your shoulder.

New infant formula recall

Despite the American emphasis on youth, sometimes I am happy to be 55 years old. This profound thought crossed my mind as I read the latest action of the Food and Drug Administration in recalling the infant formula, Nursoy, because it does not contain Vitamin B6. Lack of this vitamin, also known as pyridoxine, may lead to convulsions in infants. Reading this, my mind raced back a quarter century to another infant formula, SMA, which also was found to be deficient in Vitamin B6, a deficiency which was linked to hundreds of cases of convulsions in infants. It's hard to believe, but the same wonderful folks at Wyeth Laboratories who gave us B6-deficient SMA in the 1950's have given us B6-deficient Nursoy in the 1980's.

You might keep this in mind when your friendly neighborhood pediatrician marvels at how far infant formulas have progressed over the decades. The more things change, the more they remain the same.

Medical News

Although birth control pills once were prescribed to lessen the effects of acne, that is no longer the case. Since the Pill now contains a lower dosage of estrogen in order to cause fewer side effects, Dr. Alan R. Shalita, a dermatologist from the State University of New York Downstate Medical Center, reasons that these "mini-Pills" actually may make acne worse! Dr. Shalita points out that these low doses of estrogen may be just enough to make the body stop producing its own estrogen, thus making a woman wind up with less estrogen than she normally would have. In addition, the newer birth control pills may contain an androgenlike ingredient that makes skin oilier and thus worsens acne.

So goes the game of chemical roulette.

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

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

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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Another View

by Marian Tompson
Executive Director, Alternative Birth Crisis Coalition

We celebrated Mother's Day in a very special way at our house this year--we had a baby! Or to be more precise, on May 9 at 12:53 a.m., our daughter, Laurel, gave birth to a son, Austin Scott Davies, in the very same bedroom in which she had been born.

Since Laurel is our fourth child and is the first of our seven children who was born at home, we were delighted when she and her husband, Jim, decided to come home for the birth of their first baby. Laurel was due on May 1, and on May 8 I was due in Washington, D.C., for the Alternative Birth Crisis Coalition Conference--"Whose Birth is it Anyway?" So when Laurel went into labor on May 8, it took me all of a minute to realize that while others could fulfill my conference and TV commitments, I was indispensable at home. In truth, no matter what the rationalization, wild horses couldn't have dragged me away!

Laurel had a fairly long labor. Watching her, I was impressed anew with the special blessings of having a baby at home. Everyone who visited Laurel cared deeply about her. No one dampened her joyous expectation of soon holding her baby in her arms. She did not suffer from having an intravenous drip speed up her labor, and her innate modesty was not violated by the poking and prodding of strangers. Coming from a town in which a laboring mother is expected to dilate one centimeter each hour or else be faced with a Caesarean section, Laurel faced no such anxiety.

And Jim never left her side. ("I could never have done it without him," she would say later, again and again.) But transition from the first to the second stage of labor was a little frightening for both of them, so at Jim's request I never left the room. Husbands need to be supported while they support their wives during labor, and yet, how few hospitals allow the presence of a third "significant other."

Laurel was back in control again during the pushing stage, alert to her doctor's suggestions and dozing between contractions. She had no episiotomy when her 8 pound son was born, and Austin was not whisked into another room to be circumcised. (Did you know that in some hospitals babies are circumcised within minutes after birth?) The excitement and joy in the room as aunt, uncles, cousins, and Austin's other grandmother (also named Marion) gathered round to greet the new baby was matched by the radiance on Laurel's face as she and Jim caressed the baby.

Tiptoeing into the bedroom before leaving for the airport and the ABCC Conference later that morning, I saw Jim, six foot, four inches, on one side of the bed, sound asleep. Austin, all of 20 inches tall and also asleep, was lying in the middle of the bed. And on the other side of Austin was Laurel, wide awake and with the most beautiful smile on her face, eager to tell me how good Austin had been and that "he didn't wake up all night." I didn't have the heart to tell her that it was only two hours since we had all gone to bed.

Having a baby at home isn't everyone's choice, but it is important that we preserve that choice for those who want it. Birth at home serves both as a model and as competition. Where home birth has been outlawed, hospitals have become less responsive to parents' needs.

Austin has turned out to be a very easygoing baby who, according to his mother, is usually "drunk on my milk." The new family now is back in the rented apartment in the university town where Jim is taking his finals toward his Master's degree. And oh, I do miss them!