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

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New cancer treatment needs study

I assume you have been exposed to all the publicity about the latest "breakthrough" from the National Cancer Institute--killer white cells. These cells (medically known as autologous lymphokine-activated killer cells or LAK), given together with recombinant interleukin-2 to patients with metastatic cancers, have been highly touted as a radically different method of treatment compared to conventional cancer surgery, radiation and chemotherapy.

But if a doctor were to diagnose you or your loved ones as having cancer, you could not expect to be able to get this new treatment; the doctors at NCI didn't use it on freshly diagnosed, untreated cancer patients. Nor did they do a controlled scientific study, i.e., taking a group of candidates for this new treatment, giving it to half the group, withholding it from the other half, and comparing the outcomes. Instead, according to the special report from NCI (New England Journal of Medicine, December 5, 1985), the doctors treated only patients "in whom standard therapy had failed."

This is not the first time the Cancer Establishment has decided to use a new treatment only on patients whose bodies already might have been seriously damaged by previous cancer treatment. In its much-criticized study of Laetrile, the Mayo Clinic did the same thing. Dr. Charles Moertel and his group gave Laetrile only to patients who had received, but had not responded to, conventional cancer treatment. Perhaps cancer doctors have so much "faith," justified or not, in conventional therapy that they feel it would be unethical to withhold it from a single patient. Maybe they're right. But perhaps some newly diagnosed cancer patients don't share these investigators' faith in surgery, radiation and chemotherapy. Maybe they would like to try out LAK-interleukin-2 (which cancer therapists like) or even Laetrile (which cancer therapists don't like) right from the start.

Isn't it possible that these new cancer treatments might be less toxic if they were given to patients who had not already suffered damage from previous treatments? The NCI tells us that severe toxicity can result from interleukin-2. As used in "our protocol," they say "a patient suffered abnormal weight gain and fluid retention in the lung resulting in severe respiratory distress." Two patients required intubation (the passing of a tube to assist breathing). How do these investigators know whether this side effect and others were due to the interleukin-2 itself or to the interleukin-2 superimposed on the damage resulting from previously administered "standard therapy"?

In the NEJM report, no deaths were mentioned. But appearing later on the CBS television program "Face the Nation," Dr. Steven Rosenberg, the report's senior author, confessed that one patient, who had not been mentioned in his article, had died. (This confirmed my long-held view that the mass media, and not the scientific journals--not even the highly regarded, peer-reviewed New England Journal of Medicine--are now the most accurate sources of medical information.)

If you have a close friend or relative who has just been diagnosed as having cancer, suggest that they ask their doctors to contact Dr. Rosenberg and his colleagues to find out why they didn't use this new treatment on freshly diagnosed patients. Why haven't they carried out a classic controlled study instead of comparing oranges to apples? What brand of science are these "medical scientists" practicing? For my part, I will send a copy of this Newsletter to both Drs. Rosenberg and Moertel, and I will share with you any replies I receive.

I have just heard that a contraceptive pill for men may come on the market. What do you know about this?--D.D.

New male contraceptive?

While modern medicine is more hazardous for women, the men of our country now are facing an important new medical danger. Newspapers across the country have carried UPI reports of a new contraceptive pill for men, touted by the National Institute of Child Health and Human Development and developed by California biotechnical scientists (reported in the British science journal, Nature, December 19, 1985).

Scientists have named this first hormone-based male contraceptive "inhibin," claiming it has the potential to lead to an "ideal contraceptive."

Since I had heard that phrase used before in the halcyon days of the Pill and later the IUD, my first response had been skepticism. But since hope springs eternal, even within the breast of this cynical columnist, I decided to read the reports further to find out what, other than its name, was new about inhibin.

When I learned the answer to my question, my hopes were dashed. Inhibin acts on the pituitary gland to prevent that master gland of the body from secreting the ordinary hormones which stimulate the sex glands in men and women, leading to production of sperm and eggs.

A light flashed in my brain. Another popular drug, Parlodel, introduced five years ago, also has the same mode of action--inhibition of a pituitary hormone. In the case of Parlodel, a drug also used for Parkinson's disease and amenorrhea (failure to menstruate), the affected hormone is prolactin, which is necessary for the production of human milk. Parlodel was and is widely used to suppress lactation in mothers who reject breastfeeding.

I first called readers' attention to the dangers of Parlodel in April of 1980. Parlodel does a lot more than just inhibit breastfeeding. In 30 per cent of patients, it can lower the systolic blood pressure by more than 20 mm and the diastolic pressure by more than 10 mm. Studies have shown that, on occasion, the drop in systolic pressure is as much as 50 to 59 mm. Dizziness occurs in eight to 16 per cent of Parlodel users, and fainting in less than one per cent. Patients who use Parlodel must be cautioned about "engaging in activities requiring rapid and precise responses, such as driving an automobile." Doctors are warned against prescribing Parlodel for patients under the age of 15. Of 686 infants studied who were born to women on Parlodel, 20 cases of congenital anomalies occurred. Twenty-three percent of patients had at least one side effect, and therapy had to be discontinued in three per cent.

In May of 1984, I brought readers up-to-date on Parlodel's adverse reactions. Sixty-eight per cent of patients who took Parlodel for amenorrhea

suffered adverse reactions including nausea (51 per cent), headache (18 per cent), dizziness (16 per cent), fatigue (eight per cent), abdominal cramps (seven per cent), lightheadedness (six per cent), vomiting (five per cent), nasal congestion (five per cent), constipation (three per cent), and diarrhea (three per cent). Long-term treatment (more than six months) with Parlodel has been associated with a variety of lung conditions, including fluid in the pleural cavity.

In October, 1984, I warned even further about this dangerous anti-pituitary drug. By this time, millions of women had received this drug, 500,000 of them in 1982. Reports of high blood pressure, convulsions and strokes associated with the use of Parlodel forced the manufacturer (Sandoz Laboratory) to change the labeling information to reflect these newly-discovered complications.

The promoters of inhibin try to assure us that inhibin affects only one pituitary hormone (FSH), leaving the others alone. But according to Parlodel's prescribing information, Parlodel also affects only one pituitary hormone "with little or no effect on other pituitary hormones..."

So fellow males, when the doctors come at you with their latest "ideal" contraceptive, tell them what you heard about the last pituitary-inhibiting hormone, Parlodel. What makes them think that inhibin, the latest pituitary-inhibiting hormone, will be any safer?

Since those of us who forget history are doomed to repeat it, tell the doctors you remember reading about the knights of old who futilely searched for the Holy Grail, the Spanish explorers who scoured Florida for the Fountain of Youth, and the medieval alchemists who relentlessly attempted to convert lead into gold. Doesn't modern medicine's search for the ideal contraceptive fall into this category?

When inhibin hits the market (and researchers tell us it "clearly is years away"), be a little inhibited when your doctor offers it to you.

Updates on AIDS

FDA Safety Director Sanford A. Miller has told the National Restaurant Association (Nation's Restaurant News, October 21, 1985) that food-service operators need not "worry so much" about employing possible victims or carriers of AIDS. Miller added that a recent discovery of the AIDS virus in the tears and sweat (did you know that?) of some AIDS victims raises an "important question" about the employment of AIDS patients or carriers in the food service industry. Miller said he was concerned about victims of the disease working "where food is already cooked and then delivered to the customer without any further processing."

Some companies already are beginning to act on this information. Ensearch Company of Dallas, a natural gas utility, is requiring that employees who handle food in its dining facilities be tested for AIDS. The City Council of Newark, New Jersey, is considering an ordinance which would require that food handlers annually have a doctor certify that they are free of all communicable diseases, including AIDS. Other cities and states are considering similar legislation.

Many doctors, myself included, consider the controversial AIDS antibody test which carries a wide margin of error, to be inconclusive. Scientific considerations aside, Linda Chavez, White House Deputy Assistant for Public Liaison, told the National Restaurant Association, "There is no federal law that grants antidiscrimination protections to homosexuals as a group. Sexual preference, sexual orientation, are not in fact included in the Civil Rights Act, so employers now, under federal law, are not prohibited from making distinctions on that basis."

E. Reed Heywood, M.D., a Salt Lake City (Utah) obstetrician, has stopped performing artificial insemination because he is not happy with the present screening methods for AIDS (AMA News, November 8, 1985).

Dr. Heywood points out that the present HTLV-III antibody test does not determine how long potential donors have been carrying and shedding the virus before the antibodies were formed.

Those of you who might be considering artificial insemination may decide that Dr. Heywood is the right obstetrician to go to for a second opinion.

Four nurses in San Francisco have charged that AIDS patients were allowed to have sex at San Francisco General Hospital (Associated Press, September 5, 1985). Their lawyer quoted a memo of minutes taken at a nurse's staff meeting on sexual activity at the hospital which recommended an approach that "acknowledges patients' sexual needs" and "arranges for private place and time for sex." The nurses reported that AIDS patients, as well as other types of patients, "have sex on the wards" ...and were allowed overnight visitors. San Francisco's public health director said that, while the hospital had no official policy on sexual activity by any patient, he recognized that it could happen during private visits.

The two-year-old federal policy asking individuals who are at high risk for AIDS to refrain from giving blood apparently is not working, according to medical researchers from the National Cancer Institute and the Centers for Disease Control. As reported in the Bulletin of the American Association of Women Voters (May/June 1985), homosexual males are continuing to donate blood. Latest estimates are that it may take two to 14 years for a person to develop AIDS after receiving the deadly virus from a blood transfusion.

According to the publication, Concerned Women for America, a gay spokesman on public radio recently said, "In 1981, we drew back and became more sexually conservative because of the fear of the AIDS epidemic. Now we have decided that certain death is preferable to dull sex lives."

The National Society to Prevent Blindness has put out a press release headlined, "Threat of AIDS Virus in Tears Discounted by Elite Eye Panel." Warning people against neglecting eye examinations and treatment, this group of eye specialists predictably feels that neglecting such treatment outweighs the possibility of contracting the AIDS virus during an eye examination.

Mounting evidence continues to build against the AIDS antibody test. Despite all the government reassurances that this test now performed on practically every pint of blood donated in the United States could protect the nation's blood supply, Harvard researchers Myron Essex, M.D., Chairman of the Cancer Biology Department, Harvard School of Public Health, and William Haseltine, M.D., told the San Francisco Examiner (December 23, 1985) that the test is flawed.

Because this antibody test cannot detect AIDS virus contamination in the early stages of infection, as much as five percent of contaminated blood may go undetected. The researchers said that transfusion-related AIDS may become as common as bloodborne hepatitis. Even more startling, the two doctors said that the techniques used by manufacturers and federal agencies to validate the AIDS antibody test were "biased," giving inflated measures of the test's sensitivity to AIDS infection.

Up to now, I have given my readers two warnings about AIDS: First, stay away from people with certain lifestyles. Second, stay away from blood and blood products. Now, I add two more caveats: First, whenever you hear about a new laboratory test, e.g., the AIDS antibody test, keep in mind that new laboratory tests, just like old tests, carry an error rate. Second, when-

ever you hear any pronouncement by government doctors, remember how they have failed to tell you the truth about AIDS.

Is AIDS computer info safe?

Regular readers will recall my warnings about giving blood, since all blood donations now are subjected to the AIDS antibody test. It is a poor test, with a 70 percent false-positive rate and at least a five percent false-negative rate. On the one hand, this means that plenty of people who don't have AIDS will fall under suspicion. On the other hand, plenty of blood which contains the AIDS virus still can get into our nation's blood products.

Because of my lack of confidence in medical confidentiality, I specifically warned that the identity of those who had positive reactions to the AIDS antibody (HTLV-III test might become public knowledge. At that time, I had no hard evidence to support my suspicions. Now, however, such evidence is emerging. A report from Springfield, Illinois (Chicago Sun-Times, January 4, 1986) headlined "Report hits security of state's computers" has disclosed the "lax security in state computers which handle confidential information."

Illinois' auditor general says the state's computers now are "vulnerable to unauthorized access and manipulation." He singles out the computer terminals used by several departments, among them the Department of Public Health. This department is the one which is most likely to keep computerized lists of the names of people who test positive for the AIDS antibody, those names having been transmitted to them by blood banks and local health departments. (Other departments fingered by the auditor include the Departments of Mental Health, Public Aid, and Children and Family Services.) The auditor's report described computer practices "creating opportunities for unauthorized people to invade the system....Doors to computer rooms were found unlocked at the Departments of Public Aid, Children and Family Services, Mental Health and Public Health."

Now maybe my home state of Illinois is unusual. Maybe the Department of Public Health in the state in which you live has ironclad security surrounding its computers. In any case, doesn't prudence dictate that you make some inquiries about your own state's capacity to insure computer confidentiality before you make your next visit to the blood bank?

I recently heard two experts attribute AIDS to overuse of antibiotics; many promiscuous homosexual males take antibiotics continuously to treat venereal diseases.

Why doesn't the media focus on this fact? And what about a vaccine experiment on 13,000 homosexual males which produced the new hepatitis-B vaccine? It's horrifying to me that the vaccine made from the possibly diseased blood of these men could be causing AIDS. What is your opinion?--T.S.

Did doctors cause AIDS?

You are not alone in your thinking. Although the virus theory of causation of AIDS seems fairly well established, this theory fails to explain why some people get the disease and others do not. Of course, everyone knows that certain forms of sexual activity and certain lifestyles (the use of hypodermic needles to inject illicit drugs) also play a role in causation.

Because of my special interest in doctor-produced disease, I have paid particular attention to patients who may have contracted AIDS via blood transfusions and other blood products (pooled plasma, anti-hemophilic globulin, gamma globulin, RHoGAM, etc.). Recently, experts have begun to speculate on other iatrogenic (doctor-produced) co-factors in the production of AIDS.

Master of Public Health Dana Ullman, an authority on homeopathic medi-

cine has advanced the theory that the use of penicillin over the past three decades has led to widespread damage to our immune systems. The Fall 1985 issue of Consumer's Medical Journal (171 Madison Avenue, New York, NY 10116) stated that "a rather interesting coincidental relationship exists between the rapid outbreak of AIDS and another program of the past decade. In 1978, a group of physicians tested a vaccine for the hepatitis-B virus in Greenwich Village, New York on a group of homosexual volunteers. The most perplexing result of this study was the death of two subjects who had taken the serum, not of hepatitis, but from 'an unidentified virus.'" Could this have been the beginning of AIDS?

"It is curious that the first recorded case of AIDS among homosexuals occurred in 1979--one year after the administration of the hepatitis vaccine," reports Consumer's Medical Journal. Homosexuality has been blamed for the onset of AIDS, but if such behavior could actually serve as the primary catalyst for the illness, an epidemic would have broken out long before 1979.

Dr. Max Essex of the Harvard School of Public Health, who is working on the African monkey theory of AIDS causation, suggests that these monkeys "may have infected human blood by biting a human trying to capture them." In case you aren't aware, one of the main reasons humans try to capture monkeys is for experimental research purposes. Wouldn't it be ironic if the vivisectors in medical research laboratories were, at least in part, responsible for the AIDS epidemic?

Perhaps "iatrogenic AIDS" will turn out to be an important new field for medical researchers. Meanwhile, I repeat the same advice I gave in the very first column I wrote years ago on how to avoid AIDS--Stay away from certain lifestyles and stay away from doctors.

I have a seven-year-old Rh-positive son, and I had to have RhoGAM at his birth. About two years later, I had a miscarriage in my first couple of months of pregnancy--I did not receive the shot at that time. I now am expecting another baby, and blood work shows everything to be fine. We are hopefully anticipating a home birth.

I have read that the RhoGam solution coagulates all the Rh-positive antigens so that the woman's system does not produce antibodies. These coagulated antigens disappear in about six weeks. How does this affect the woman? RhoGAM is always touted as a wonderful way of ensuring the baby's safety, and of course, I'm concerned about my baby. But at the same time, I wonder where these coagulated antigens go. Do they perhaps provide an added stress to the mother when she needs to regain strength?

I also believe there is a great possibility that the two blood types never mixed at all at birth. If that's the case, how necessary is the shot? Many doctors now advocate that the shot be given during pregnancy. I want to be able to make an educated choice about what is injected into my body, and I need to know all the pros and cons.--J.W.

Is RhoGAM Safe?

Since my own grandchildren were born at home, as were the children and grandchildren of many of my patients and my friends, I seldom face the RhoGAM question.

The RhoGAM injection, given to Rh-negative mothers to prevent serious jaundice and brain damage in their offspring is necessary because, in hospital births, where early clamping of the cord is routine, mixing of the maternal and fetal blood supplies is common. This intermingling of the two incompatible bloods, caused by the pulsations of blood in the umbilical cord cut before its time, results in sensitization of the mother--and hence trouble in subsequent pregnancies. Midwives and home-birth doctors, who delay clamping the cord until the blood has stopped pulsating, report an almost zero incidence of Rh problems.

While I have been wondering about the possible ill effect of RhoGAM

all during the past few decades, the entire question has risen to prominence because of public realization that RhoGAM is a human-blood product and therefore, despite government reassurances, may contain the AIDS virus.

You--together with every other mother whose doctor recommends this injection either during or after pregnancy--should ask the doctor the intelligent, probing questions you raise in your letter. Doctors assume, on the basis of no hard evidence, that RhoGAM is safe. But your concerns demand a response based not on assumptions, but on evidence. Ask your doctor to request the manufacturer to provide you with documented, printed evidence proving that RhoGAM--and particularly the batch he plans to inject into you--is safe, both immediately and long term, for the both baby and mother.

I predict you will be shocked at the almost total lack of studies designed to answer your excellent questions.

Question reassurances about AIDS

1) Have you heard representatives of the American Red Cross and other blood bankers repeatedly reassure us that the nation's blood supply, including products made from blood (gamma globulin, pooled plasma, RhoGAM, hepatitis vaccine, etc.) are safe from AIDS?

If so, next time you hear this claim, keep in mind the latest information from the Departments of Medicine and Pathology of Rutgers University in New Jersey. Published in the January 4, 1986 issue of Britain's medical journal, Lancet (do you, like me, wonder why some of these crucial articles do not appear in medical journals closer to home?), the report is entitled, "HTLV-III antibody in commercial immunoglobulin." Because researchers found a small batch of human gamma globulin to be repeatedly positive for this AIDS antibody, they tested 17 gamma globulin preparations from various manufacturers. All but one were repeatedly positive for HTLV-III antibody.

The investigators conclude: "...Our findings do re-emphasize the potential for HTLV-III infectivity by blood products and the need for careful donor selection and processing."

2) According to researchers at the University of California at San Francisco, condoms (remember when that word couldn't be mentioned in newspapers?) have been shown to block transmission of the AIDS virus. Just in case you think this is unalloyed good news, listen to what else these researchers have to say (AMA News, January 10, 1986).

The director of the study advises, "We must tell people that a condom should be put on during foreplay before there has been any pre-ejaculation." In addition to this precaution before getting started, the researchers also warn what to do after "the act" is over: "People also should wash their hands and shower after they have concluded their sexual activity. A condom does not allow us to go back to 1975 when you had sex, rolled over and went to sleep." Even for those who don the condom minutes (or hours?) before "the act" and scrupulously shower afterwards, the researchers issue further precautions: "Don't use an old condom or a condom suspected of not being in good condition."

3) Have you heard government doctors repeatedly telling us that the AIDS virus can survive only in a moist environment (e.g., body fluids)? Have you seen their "educational" posters assuring that you can't catch AIDS from doorknobs?

Well, you might want to contact those doctors from Atlanta and Washington, D.C. and ask them about the latest reports from the Pasteur Institute in Paris, France. These reports state that the AIDS virus can remain infectious in both dry and liquid forms for as long as 10 days.

In studies of this HTLV-III virus, which can be present in blood, semen, tears, saliva and sweat, the virus was found to be "unusually stable at two, four, and seven days when left as a liquid in a sealed tube or dried in a Petri dish (Lancet, II, p. 721, 1985)...infectious virus was present in the dry medium after 10 days."

Potpourri

Reading can't be believing

Those of you who do research know the importance of accurate references, citations and quotations. Therefore, you might be interested in a British Medical Journal report (September 29, 1985) in which six prestigious medical journals (including the U.S.'s New England Journal of Medicine) were assessed for the accuracy of their references.

Results of this study showed that the original author was misquoted in 15 per cent of all the references. Errors in citation of references occurred in 24 per cent, of which eight per cent were major errors. The authors of this study point out that inaccurate quotations and citations are not only misleading for the readers, but they also may lead to untruths becoming "accepted fact."

Here are some examples of errors: The title of a paper published in a Czechoslovakian medical journal in 1887 included the words "O uplavici" which means "On dysentery." This title was transcribed as being the author's name "Uplavici, O" by an abstractor, and it survived as such for some 50 years, eventually acquiring a doctorate from an American indexer in 1910.

Another example of fiction becoming accepted fact, despite a correction, appeared first in a 1975 letter in the NEJM which reported the deaths of two marathon runners. The letter described the cardiac findings at autopsy. In 1976, in the "Correspondence" column of that same journal, these same statements were retracted because no autopsy examination had been performed on the first patient, and in the second, there was no written record of an autopsy. Nevertheless, in 1982, the original misleading statements were cited in two journals to support a claim that 50 per cent of deaths in marathon runners were due to coronary disease.

The authors of this BMJ study obviously recommend that authors, editors and reviewers should be more careful in the future. However, in view of the long history of these errors and the absence of meaningful penalties for those who commit and permit them, I see no reason for future optimism. Therefore, I recommend that readers not only treat references and citations with a high degree of suspicion, but also that they remember that such errors occur with remarkable frequency in the highly-touted "peer review" journals.

Medical News

In case you haven't been privy to the latest facts about malpractice suits and malpractice insurance, AMA News (December 6 and 23, 1985) tells us that almost three-quarters of all obstetricians/gynecologists reported that they had malpractice claims filed against them in 1985, compared with two-thirds in 1982. Nearly half of ob/gyns had two or more claims filed against them. Of physicians who were faced with lawsuits, three-quarters settled the cases, and one-quarter contested the cases in court. The average settlement for physicians who chose not to contest the claim was $178,500.

Physicians in New England and Florida paid the highest settlement fees. Of physicians who contested the claims made against them in court, those in New York were most likely to lose. Gynecologic patient injury was the basis for the largest single percentage (28.9 per cent) of all malpractice claims. Brain damage or injury to the infant accounted for another 20 per cent.

In Florida, the proposed increases in malpractice will result in neurosurgeons, obstetricians and orthopedic surgeons in Dade and Broward Counties paying up to $142,782 annually for $1.5 million in coverage.

Lawyers tend to regard malpractice suits (and hence malpractice insurance rates) as primarily due to physician malpractice itself. Doctors tend to attribute high malpractice rates to "frivolous lawsuits" and "our litigious society."

In addition, I would like to think that my own modest efforts--for example, encouraging patients to obtain and study their hospital records whenever the outcome was something other than they expected--have played some small role in creating a climate in which patients no longer are afraid to challenge their doctors.

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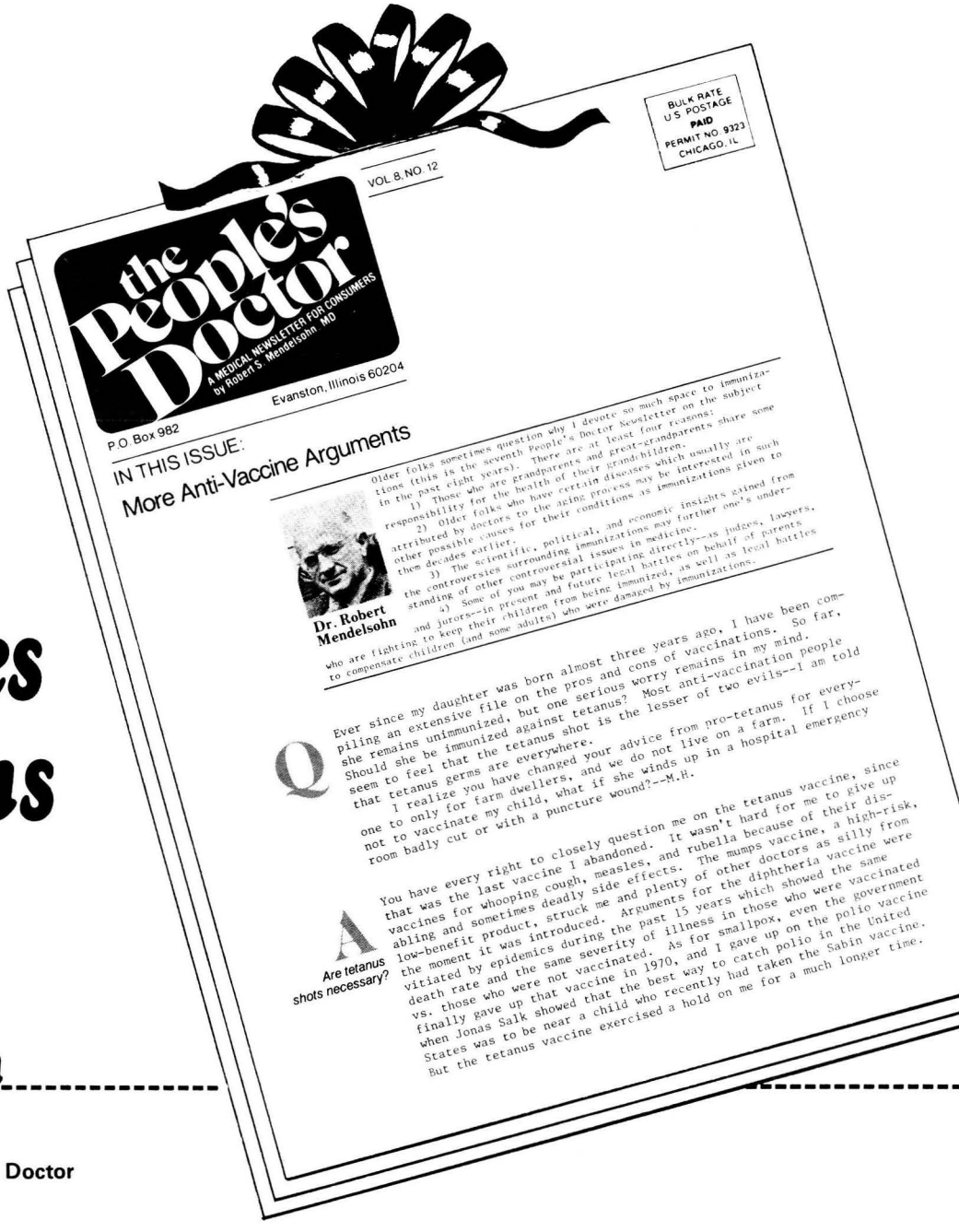

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Another View

by Marian Tompson

If you're anything like me, you're ready to hear something positive--or at least hopeful--about AIDS. Acknowledging its potential for wiping us out and being doubtful that a successful vaccine will ever be developed, I find it extremely important that we listen carefully to those AIDS sufferers who are surviving.

In an article entitled "AIDS: Our First Planetary Illness (The Tarrytown Letter, December 1985/January 1986), Valerie Andrews writes about William Calderon, a San Francisco hairstylist who seems to have beaten his diagnosis of a certain death and who has been living a normal life for the past two years. Though he had taken interferon, an experimental drug, Calderon believes that his immune system responded to a combination of medication, EST training, an anti-cancer diet, the love of friends, and a "dose of foolishness."

Asked what he would recommend to other AIDS sufferers, Calderon says that, for any cure, you need the support of other people who love you and believe you can get well. "I could not do it alone," he comments. "There were days when I was too tired. Then Henry, my partner, would make sure I'd meditate, eat more or take vitamins. Lead your life as normally as you can. Make the extra effort to dress, to work, to live each day and not give in to the disease. You can't get well unless you forgive everyone. You don't have to love them, but actively put in good thoughts for them." Calderon reminds us that the fear of the disease is worse then the disease itself because fear produces hopelessness which seems to make an illness worsen. Calderon suggests EST or some similar mind-training course so that a patient can develop the conviction that it's possible to change his life and to look objectively at other people's "programming."

"Learn what Carl Simonton (author of "Getting Well Again") says about changing negative attitudes and using visualization techniques," recommends Calderon. Calderon took massive doses of Vitamin C (16 to 24 grams per day), B12, calcium, Vitamin E, and concentrated vegetable capsules. He followed the diet recommended in "The Lifelong Anti-Cancer Diet" by Carmel Herman Reingold (Signet Books, 1982). And finally he recommends, "Lots of rest, love, humor, and love."

Dr. Jean Shinoda Bolen, the psychiatrist and Jungian analyst who followed this AIDS patient's progress describes Calderon's story as dramatic. "He had Kaposi's lesions all over his body and was very close to death," she recalls. "Now when you meet him, you see a bright, cheery, boyish man." Bolen has since heard of other patients who also are surviving. While she cannot predict how long Calderon's recovery might hold, she says it does show "AIDS may not be a death sentence for everyone. While people are waiting for answers to come in, there's something they can do."

Dr. Bolen believes gay men have been hardest hit by AIDS because "They are the canaries in the coal mine for all of us." All of society's problems are amplified in them. They face a high degree of rejection by their families and the culture at large and are struggling for self-esteem and self-worth. Then there's the submergence in a Dionysian culture offering sexuality without love. "This is an assault on the personality," says Dr. Bolen. "People can't just be bodies for other people without really harming some soul element. This abuse of erotic love for instinct, the multiple partners and the double life these individuals lead are all major sources of stress.

"These people have been told they're sick because they had the wrong kind of sex. Yet some, like Calderon, are moving beyond the notion of guilt and punishment to face death and their own vulnerability. As a result, they are going through a major spiritual crisis. In a sense, many AIDS patients are doing the kind of inner work that we all must do, if we want to save the Earth and its immune system."

(You can read the entire article about William Calderon by sending $3.00 to The Tarrytown Letter, c/o Tarrytown House Executive Conference Center, East Sunnyside Lane, P.O. Box 222, Tarrytown, NY 10591-0222.)

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Robert S. Mendelsohn, MD, Editor
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