

# the People's Doctor

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

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## IN THIS ISSUE:

### Alcoholism



**Dr. Robert Mendelsohn**

Alcoholism, the modern term for drunkenness, is a condition of theories. Is it a sin, a moral failing, a toxic reaction (intoxication), a disease, an addiction, an allergy, a psychologic/psychiatric state, a result of genetic/hereditary/cultural/historical/racial/socio-political background, etc., etc.?

Just as conflicting evidence can be marshalled for and against all the above theories of causation--singly and in combination--so, unsurprisingly, prescriptions for prevention and treatment remain unproven and inconclusive. Although optimistic individual case reports abound, in general intervention has been spectacularly unsuccessful, whether by clergy, by physicians, by drug therapy, by even my favorite organization A.A. and other self-help groups, by organizations of victims, by psychologists/psychiatrists, by hospitals' chemical dependency units, by political action, by local laws and national Constitutional amendments, etc., etc.

Are we doomed in every generation to repeat the Biblical saga of Noah's post-deluge experience with the fruit of the vine and the resulting sexual misbehavior of his offspring? If the answer to that eternal question is yes, then at the very least, we must be careful to not, by our attempts at intervention, make matters worse.

As a physician, my concern is that, by turning the state of drunkenness into the disease of alcoholism, we have indeed made things worse. By depending on Modern Medicine and its physicians/priests for relief, we have exacerbated the problem. The epidemic of prescription drugs carrying warnings against "operating heavy machinery" gives a new and important dimension to the designation of D.U.I. The torrent of doctor-prescribed alcohol-containing elixirs presents a major hazard unrevealed to the patient.

Are things any better since drunks became alcoholics, since the Carrie Nations metamorphosed into the white-coated medical savants? Since the WCTU was displaced by MADD?

The intent of this Newsletter is to uncover the dangers of modern medicine's approach to "alcoholism." Perhaps by engendering an attitude of skepticism toward the medical model, we can all return to square one and begin thinking anew about this intensely vexing aspect of the human condition.

Q

Can a person fight alcoholism on her own? I am overweight, smoke at least a pack of cigarettes a day and drink about a pint of liquor at night. I am also a very nervous person. For very good reasons, I cannot go to Alcoholics Anonymous or for professional help.

Where do I start? Can I give up all three (smoking, drinking and eating) at one time and still stay sane? I have tried, and all the nerves in my chest and arms jump so badly that I feel like screaming. Maybe if I knew this would last for only a short length of time and that it wouldn't drive me to a heart attack, I might be able to do it, with your help.

I am a woman in my mid-40s, and aside from my nervousness, I'm in good health. I have been drinking like this for at least five years. I know I must already have done harm to my insides from these bad habits.

I am writing this letter at 3:30 in the morning. Excuse the handwriting, but if I take time to recopy this, I know I won't mail it. I have written before and ripped it up. But I need advice and help, and you are the only person I can turn to. What can I do to control my nerves and stop these habits?--Massachusetts Reader

**A**

*Giving  
up  
alcohol*

Your letter makes me feel inadequate, for we doctors have not been terribly successful in treating alcoholism. I accept your statement that you cannot go to A.A., which I have long regarded as the best available alternative. I also accept your statement that you cannot go for professional help.

Many would claim that it is impossible to conquer alcoholism, obesity and smoking on one's own, yet human experience is replete with histories of people who have successfully exercised self help. Rather than recounting such triumphs, I will share with you some of the wisdom my readers have shared with me. Read on.

**Q**

I am a physician who became a chronic alcoholic. I kept saying, "I cannot go to Alcoholics Anonymous." I would refer my patients there, but I would not go myself.

Twenty years ago, I gave up trying to "hand up the jug" on my own. I had tried other areas of help without success--the church, its choir, and four psychiatrists whom I hired, conned and fired. I went to A.A. as a last desperate resort. It worked! I have not taken a drink since.

At that first meeting, I was told (1) I had a chronic illness, and (2) I never had to "swear off" again. All I had to do was keep coming back to meetings and not take the first drink. This gave me the ability to take care of my illness one day at a time.

The best advice I can give your Massachusetts Reader is to tell her to contact someone she knows who is in A.A., or walk across the threshold alone. It could turn out to be the most comfort she can imagine. Then, after several months of sobriety, she can begin to tackle her other problems of smoking and overweight.--A.M.

**A**

It was good of you to share with me your success in following the ancient adage, "Physician, heal thyself." I learned long ago that one of the ingredients of a superior physician is a personal history of coping with an illness. Your patients are indeed fortunate to have you as their doctor.

**Q**

Why not tell your "Massachusetts Reader" who wants a self-help program to fight alcoholism, overweight and smoking that, although she says she cannot GO to Alcoholics Anonymous for very good reasons, A.A. can come to her! Many alcoholics have recovered via a correspondence program. If this reader does not want to contact her local chapter, she can write to Alcoholics Anonymous World Service, Inc., Box 459, Grand Central Station, New York, N.Y. 10017.

**Q**

I am a recovered alcoholic who would like to say this to the Massachusetts reader who begged for help to fight alcoholism, smoking and overweight:

You must put aside whatever reasons you have for not going to Alcoholics Anonymous for help, because A.A. is the only hope of recovery for millions of alcoholics. Alcoholism is progressive. Your pint a day in time will become a quart a day--that's what happened to me. Alcoholics

Anonymous is composed of alcoholics from every walk of life whose only purpose is to stay sober and help other alcoholics achieve sobriety. Your two alternatives are recovery or an unpleasant death. Your only reasonable hope of recovery is through Alcoholics Anonymous.

No, you cannot hope to give up drinking, smoking and overeating all at once. You must achieve one year of sobriety in A.A., then you can join Weight Watchers. After another year, you'll be ready to stop smoking. Intense impatience is characteristic of the alcoholic personality--we want to be straightened out right now, forgetting how long it took us to get this way.

Through A.A., you will rediscover the joy of living, but you must live one day at a time without remorse for the past or fear for the future. Hang in there! The fact that you have recognized your problem and asked for help means you have taken the first giant step toward recovery.--D.J.

**Q** The only way Massachusetts Reader can win her battle against drinking, smoking and overeating is to surrender her life to Jesus Christ and ask Him to forgive her and come into her life. Any Baptist, Nazarene or Pentecostal minister can help her be saved and delivered.--E.M.

**A** The outpouring of responses to Massachusetts Reader is in basic agreement with the opinion that alcoholism (except for some of its complications) is not amenable to medical treatment. The major approaches recommended by you and other readers included the people-to-people, self-help group approach of Alcoholics Anonymous and the adherence or return to basic standards of religious conduct.

While I would guess that this sage advice is included in every physician's counseling of alcoholic patients, I wonder whether the modern tendency to label alcoholism as a "medical disease" may be misleading. Perhaps the best advice to alcoholics is first to try A.A. or your clergyman, reserving your doctor for medical complications that might develop.

**Q** My arthritis-ridden wife and I carefully read what you have to say, and we often have commented that you were on solid ground in your objections to medications recklessly prescribed by some doctors. We have seen the effects of the careless and truly ignorant prescription of dangerous drugs for my wife.

But now we are concerned by your own prescribing of one of the most dangerous, widely used and misunderstood drugs--alcohol, well known to be the nation's No. 1 addiction. Yet you have prescribed it in the form of "a couple of glasses of wine." You well know that alcohol is a depressant, not a tranquilizer. You well know that a glass of wine, or a couple of beers, is the first step to alcoholism. Alcohol is so deceptive and so mild that no drug on the market can match its deceptiveness. I have practiced law for more than 50 years, and I have seen alcohol's use destroy many of my lawyer friends in both mind and body. More young people in their troubled teen years are deceived by wine and beer than by any other drugs. These are the gates to destruction.

Come on, Doc. Get hep to yourself. Tell it like it is all the time. Truly demonstrate your integrity.--Z.M.

**A** I have yet to hear anyone, doctors included, argue in favor of alcoholism. Yet plenty of doctors argue in favor of tranquilizing drugs. In a letter to the editor in the Orlando, Fla., Sentinel Star, the president of the Orange County Mental Health Association also criticized my recommendation of dinner with friends and wine as an alternative to tranquilizers, stating: "There are now available effective and relatively safe medications for many psychiatric disorders." Therein lies the problem: Unlike alcoholic beverages, which require no prescription, tranquilizers, anti-depressants and other mood-altering drugs must be sanctioned by the pen

*Alcohol  
as a  
tranquilizer*

of the physician before reaching the patient. Understandably, the doctor thoroughly condemns alcoholism, but tends to be more accepting of chemicals in pill form. And, from the patient's point of view, if a doctor prescribes a drug, how can it be bad?

While I certainly do not condone alcoholism, I must point out that the often-false sense of security into which the physician lulls the patient who takes strong prescribed chemicals demands special emphasis. Therefore, I will continue to inform patients of the risks of doctor-prescribed chemical fixes in the hope that, before long, the national attitude toward alcoholism and mood-altering drugs will be "A pox on both your houses."

-----

*Drugs and food can  
interact adversely  
with alcohol*

Has your doctor warned you about those three-martini lunches as he hands you a prescription? As stated in the FDA Drug Bulletin (June 1979), "Of the hundred most frequently prescribed drugs, more than half contain at least one ingredient known to interact adversely with alcohol." It is estimated that this combination accounts for 2500 deaths a year and 47,000 annual emergency room visits. Furthermore, the dangerous effects of combining drugs and liquor occur whether patients are occasional or moderate drinkers as well as chronic alcoholics.

Has your doctor prescribed Dilantin to control convulsions? If so, you should know that, in the presence of heavy drinking, a larger than normal dose is required to maintain the therapeutic effect. If you have a history of alcoholism, even though you are now an abstainer, you may need different doses than those required by non-drinkers if you are taking isoniazid (for tuberculosis), tolbutamide (for diabetes) or Dilantin.

If your doctor has recommended aspirin or other salicylates, I hope he has informed you that combining these with liquor causes increased inflammation of the lining of the stomach and subsequent blood loss. This combination can also predispose patients to delayed blood clotting and hemorrhage.

If your doctor has prescribed antihypertensives such as reserpine, Aldomet, Apresoline, or Ismelin, has he informed you that alcohol may have an additive hypotensive effect leading to faintness and loss of consciousness? The same is true for nitroglycerin. In addition, the cardiac drug Inderal may mask the rapid heartbeat and profuse sweating which could accompany alcohol-caused hypoglycemia. Alcohol also interferes with the usual metabolism of Coumadin and other anticoagulant drugs, leading to the danger of hemorrhage.

Has your doctor prescribed Elavil, Sinequan, Tofranil, or similar antidepressants? If so, I hope he has warned you that this class of drugs increases the sedative effects of alcohol and can lead to severe nervous system depression, convulsions, and coma. Indeed, their use together has been authoritatively characterized as "a lethal combination."

If your doctor has prescribed another class of antidepressants such as Parnate or Nardil, I hope he has warned you that Chianti wine and beer, according to the FDA bulletin, "present very well-known hazardous effects." To whom are these "hazardous effects" (hypertensive crises) well-known? Hopefully to the doctors, but far less likely to the patients who are taking the drugs. Furthermore, the use of these particular antidepressants slows the metabolism of alcohol, thus causing intoxication to be greater than expected.

During the hay fever season, your doctor may prescribe antihistamines. I hope he informs you that their chief side effect--drowsiness--is increased markedly by alcohol.

Antimicrobials which interact with alcohol include chloromycetin, Fulvicin, and Flagyl.

The drug you take may not be on this list. Therefore, the safest advice I can offer you is to ask your doctor, as he hands you the prescription, "Doctor, is even a one-martini lunch o.k.?"

**Q** My 55-year-old husband recently suffered the first grand mal seizure of his life. After undergoing all the usual tests to determine a cause, the doctor came to the conclusion that it was an alcoholic seizure since my husband has been a heavy drinker all his life. The doctor prescribed a daily dose of three capsules of Dilantin, and he suggested my husband quit drinking or else drastically limit his intake of alcohol.

After the initial shock and fear wore off, my husband resumed drinking, but not to the extent he had been inbibing before. However, the combination of alcohol and Dilantin still worries me. Am I justified in feeling this way, and what are the results of mixing these two drugs?--C.W.

**A**  
*Combining  
prescription drugs  
and alcohol*

You have a right to be concerned! As your doctor knows, and as your husband has yet to find out, alcohol potentiates (strengthens) the action of Dilantin. You must immediately march your husband and yourself to the doctor's office and explain that your husband is still drinking. Then, the doctor must explain how he can prescribe this powerful drug to someone he knows to be an alcoholic.

**Q** My husband has been afflicted with epilepsy since he was seven years old. His doctor has him taking one Dilantin, three Dilantin and phenobarbital combined, and four Tegretol daily. My husband still suffers an occasional seizure. He tells me his doctor has told him it's all right if he socially has a couple of drinks of an alcoholic beverage, provided he keeps the drinking to a minimum. In view of all the medication my husband takes, it's hard for me to believe this is true. What is your opinion on combining these drugs with alcohol?--W.W.

**A** Alcohol strengthens the action of phenobarbital, and the combination is potentially lethal. And alcohol may inhibit the anti-convulsant action of Dilantin. Tegretol may strengthen the sedative effect of alcohol. The combination of alcohol and a tricyclic antidepressant (to which Tegretol is chemically related) has been fatal. That is what the medical books say. I wonder whether there has been some distortion in the third-hand information that has traveled from your husband's doctor to your husband to you.

**Q** I often wonder why, when education and technology enter the picture, common sense seems forgotten. My mother had only a lower-grade education, but I remember her saying, "Common sense tells you that when cigarettes stain your fingers, they must also be harming your lungs." When my children were young, I noticed that my friends who smoked had children with serious respiratory infections. When I was carrying my last child, I mentioned this to my doctor, and he said, "It hasn't been proven." That was 21 years ago, and since then it seems to have become fact.

Now I am wondering about something else. We see continual warnings to pregnant mothers that alcohol, even in small doses, can harm the fetus. Isn't alcohol absorbed directly into the bloodstream? Logic tells me that female eggs as well as male sperm could already be defective at the time of conception due to alcohol or other drugs. (It seems women always take so much of the blame for alcohol-related birth defects.)

Also, they say children of alcoholics often become alcoholics; couldn't they be born with an addiction to alcohol due to their parents' use of it?--Mrs. W.M.

**A** Every reader familiar with the Old Testament will recall that Mrs. Manoah, the mother of the great hero Samson, vowed to abstain from "wine or strong drink" (Judges 13:4) during her pregnancy. And even though the Bible is not explicit about a cause-and-effect relationship between her abstinence and Samson's strength, the story does make one think.

Similarly, your own hypotheses (including sperm damage from alcohol)

seem valid to me. However, I hasten to warn of the dangers of exclusively implicating alcohol during pregnancy at the risk of neglecting other factors, e.g., doctor-prescribed drugs and x-rays responsible for fetal damage.

Q

Because my husband has a drinking problem, he went to a clinic where they gave him Antabuse. He said they told him that if he drank, he would experience severe discomfort. That was all he was told.

I would like to know what to expect. His friends tell him one or two drinks can't hurt. Just what is in Antabuse and what should I expect if someone talks him into taking a drink? Would it take more than one drink to make him ill? When I asked my husband to get answers to these questions, he said: "It can't hurt me, or they wouldn't give it to me." I told him I'd go to the clinic myself, and he told me he doesn't want me going there asking questions. But I'm worried because I don't know what to expect.--M.W.

A

*Dangers  
of  
Antabuse*

Your husband's doctor could have prevented those arguments you and your husband are having if he had been as honest with his patient as the drug company is with doctors. Ayerst, manufacturer of Antabuse, makes the prescribing information available to doctors:

The section labeled "Warnings" states, "The patient must be fully informed of the Antabuse-alcohol reaction. He must be strongly cautioned against surreptitious drinking while taking the drug, and he must be fully aware of possible consequences. He should be warned to avoid alcohol in disguised form, i.e., in sauces, vinegars, cough mixtures, and even after-shave lotions and backrubs. He also should be warned that reactions may occur with alcohol up to 14 days after ingesting Antabuse."

Even small amounts of alcohol in patients on Antabuse may produce "flushing, throbbing in head and neck, throbbing headache, respiratory difficulty, nausea, copious vomiting, sweating, thirst, chest pain, palpitation, dyspnea (shortness of breath), hyperventilation, tachycardia (fast pulse), hypotension, syncope (fainting), marked uneasiness, weakness, vertigo, blurred vision, and confusion."

The prescribing information further states: "In severe reactions, there may be respiratory depression, cardiovascular collapse, arrhythmias, myocardial infarction, acute congestive heart failure, unconsciousness, convulsions, and death." Right under the section labeled "Warnings," Ayerst includes this sentence in a black-bordered box: "The physician should instruct relatives accordingly."

Maybe after your husband reads my answer to you, he may change his attitude (shared by plenty of people in this country) that "It can't hurt me or they wouldn't give it to me." Maybe then, both he and you will get to the nearest library and read the entire four columns of information on Antabuse which appear in the Physicians Desk Reference.

You might ask the clinic doctors who gave Antabuse to your husband why they didn't follow the manufacturer's warning to properly instruct the patient's relatives. After all, isn't a wife the closest of all relatives? Ask the doctors if they aren't worried about legal liability if your husband were to suffer one of the more severe reactions without your having been warned in advance.

The behavior of the clinic staff has led you and your husband to needlessly exchange harsh words. Maybe it's time for the two of you to stop arguing with each other and instead join in a united front to exchange some words with those clinic doctors.

Q

Please print some warnings about Antabuse. I learned something about its terrible effects in the worst possible way--when I was notified that my son was critically ill with Antabuse-induced hepatitis. His liver was being destroyed; there is no known treatment for this type of hepatitis; and there was no hope for even a liver transplant.

Antabuse is given out as freely as aspirin in alcohol treatment

centers, and few, if any, warnings are issued. Although my son's reaction is supposed to be rare, I suspect a reliable study has never been done to determine how rare it is. There probably aren't enough victims left alive to protest.

In the six documented cases I found, five of the patients died. They suffered great physical and mental agony before lapsing into a coma. Once they went into a coma, even complete blood transferrals failed to help.

Tragically, the conditions caused by Antabuse are the same as those which can result from alcoholism, thus protecting the manufacturers and dispensers of this potentially lethal drug. When a known alcoholic dies from liver failure, his death is not likely to be questioned. Dead derelicts are forgotten, and grief-stricken families of victims are not likely to make their pain a matter of public knowledge by seeking out the truth or by going to court.

It is highly unlikely that any record of my son's connection with Antabuse exists outside his doctor's personal files. Hospital files would be misleading because the doctor claimed that my son had suffered extensive liver damage for years before he was given Antabuse. However, military medical records show that he was in perfect health just a few months earlier.

I spoke with an attorney who was sympathetic, but who warned that it is nearly impossible to successfully fight against a big pharmaceutical firm. Even if the firm is guilty, the case can drag on for years, eventually bankrupting the plaintiff.

Please look into this matter and warn people about Antabuse.--B.M.

**A**

As you have learned, Ayerst Laboratories' Antabuse, used in the treatment of alcoholism, can be just as lethal as alcohol.

Since you are particularly interested in the liver, you should know that the prescribing information says that this drug should be used with extreme caution in patients who have cirrhosis of the liver and that certain laboratory studies should be conducted before and during its use in order to detect any liver malfunctioning.

The prescribing information refers to cases of hepatitis (both fulminant and cholestatic) associated with the use of Antabuse. Thus, there is plenty of evidence showing that Antabuse, a drug used to get people off alcohol--which causes liver disease--can itself cause liver disease.

You should not be greatly surprised at this therapeutic paradox. Indeed, this situation is not uncommon in medicine. For example, Methadone can be just as addictive to drug addicts as the narcotics it is intended to replace. Valium, used to treat anxiety, can itself cause anxiety. Beta blockers, intended to reduce cardiovascular disease (hypertension) can cause another form of cardiovascular disease (high blood fat levels).

While I am not surprised that Antabuse can damage the liver, I am quite surprised at your attorney's reaction. In recent years, damaged patients have been very successful in their legal actions against pharmaceutical firms. Just look at the IUD cases, the DPT cases, the Bendectin cases, etc.

Plenty of drugs have had to be removed from the market, and plenty of damaged patients have received justifiable compensation without bankrupting the plaintiff. Of course, the cases may take years to resolve because, as everyone knows, the wheels of justice grind slowly, but they grind finely.

Therefore, I suggest you might discuss your case with a lawyer who has a background in this field. At the same time, I recommend to all of you, if your alcoholic friends and relatives may face Antabuse therapy, tell them to read the entire four columns of prescribing information on this drug to determine whether the disease is worse than the cure--or vice versa.

# Another View

by Marian Tompson



Janice Keller Phelps, M.D., has impressive credentials. She has been staff physician at an alcohol treatment hospital and has served as medical director at the Center for Addictive Services in Seattle, Washington. She is one of the few private practice physicians in this country who specializes in addiction therapy. During the past nine years, Dr. Phelps has treated more than 5,000 addicts. A recovering alcoholic herself, she has co-authored (with Alan Nourse, M.D.) "The Hidden Addiction and How to Get Free" (Little, Brown & Co., \$9.95).

Dr. Phelps firmly believes alcoholism is an addiction, and alcoholics drink because they have to, not just because they want to. She explains that addictive people are born that way. Based on her own observations and clinical experience, she is convinced that addiction arises from physiological or metabolic flaws built into the addict's biochemistry, this flaw being passed down genetically from generation to generation and resulting, among other things, in a deep-seated disturbance in carbohydrate metabolism. People who harbor this flaw are vulnerable to addiction to a variety of chemical substances including sugar, alcohol, nicotine, caffeine, prescription drugs, narcotics, speed, and marijuana. Children of alcoholics, who often make a point of staying away from liquor, may unknowingly become addicted to such substances as sugar or tranquilizers.

Dr. Phelps defines addiction as the compulsive and out-of-control use of any chemical substance, which can produce recognizable and identifiable unpleasant withdrawal symptoms when use of the substance is stopped. Such addiction is driven by an inborn physiological hunger and is frequently related to depression. Depression most often causes a relapse in the recovering alcoholic, since alcohol can bring temporary relief.

Dr. Phelps also noticed a strong connection between the use of alcohol and other addicting drugs and a craving for sugar. She calls it a "carbohydrate connection," something gone awry with the way sugars are handled in the body being behind all forms of addiction. She points out that one can't treat alcoholism successfully by treating the social and psychological problems; the basic problem is the addiction itself. The other problems often are solved almost miraculously when the alcoholism is treated. There is only one problem that matters in alcoholism, and that is drinking alcohol.

In her book, Dr. Phelps describes a number of approaches to treating alcoholism, directed both to self-help and to physicians who are treating the disease. Nutrition is the foundation of her recovery program, a program aimed at moving the body back into biochemical balance. The program is rounded out by exercise and support from family, friends, and groups such as Alcoholics Anonymous. Initially, Dr. Phelps uses large doses of Vitamin C, which she describes as the most valuable substance used in detoxification and in helping with withdrawal. Does she use Antabuse, I asked? "Rarely," she answered, "Usually it's part of court-ordered treatment. Judges seem to think that Antabuse cures anything."

Dr. Phelps writes: "Altho you never find alcohol listed on tables of major causes of death, there is good reason to believe that it outstrips all other causes of death put together as the number one major cause or contributory cause of death throughout the world...Alcohol probably follows sugar as the two most widespread addictions in existence, and because of the long-term physical damage it does to body tissues, alcoholism has a truly murderous potential."

Speaking as one who is living it, Dr. Phelps can say, "The rewards of recovery increase indefinitely: the longer one is 'clean' and sober, the greater the returns...You learn that your destination is less important than the quality of the journey and the goals you set along the way."

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