the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD
P.O. Box 982 Evanston, Illinois 60204

VOL. 7, NO. 3

BULK RATE
U.S. POSTAGE
PAID
PERMIT NO. 9323
CHICAGO, IL

IN THIS ISSUE:

Heart Disease...New Ultrasound Risks

Dr. Robert Mendelsohn

While previous Newsletters have covered certain aspects of heart disease (coronary bypass, Inderal, antihypertensive drugs), this issue deals with arrhythmias, rheumatic heart disease, cardiac valvular defects, and heart enlargement. The truth about some of the most commonly prescribed cardiac drugs--Norpace, Isordil, Minipres, Lasix, Lanoxin, Peritrate, Quinaglute, and Tenormin--is presented, as well as little-publicized information about pacemakers and angiograms. I hope this issue provides a springboard for every reader, propelling him toward heightened awareness of the important information about the diagnosis and treatment of heart disease not generally available.

As I write this introduction on St. Valentine's Day, I wish to express my heartfelt hope that none of you will ever personally need the contents of this issue.

Heart disease and Norpace

Q In May, 1979, my doctor discovered my pulse was skipping. After taking an EKG, he put me on Norpace four times a day. I had to rest from 15 to 20 minutes after each hour of work. Even though the dosage eventually was reduced to two a day, I became so exhausted I couldn't walk three blocks--I am 69 years old.

My family finally made me go to a heart specialist. He did not take an EKG, but he did take my blood pressure which he said was fine. A blood test was also fine. He said nothing was wrong with my heart, and I should stop taking Norpace which I have done for a month now. I am beginning to feel like myself again, but I still get awfully tired. I also have lots of gas. When will these symptoms disappear?--Mrs. M.M.

A The prescribing information for Searle's Norpace (used for disturbances of rhythm of the heart), clearly lists general fatigue and muscle weakness among its adverse reactions. Bloating and gas are listed among its gastrointestinal side effects in 10 to 40 per cent of patients.

I wish I could give you a timetable for the rate of disappearance of your side effects, but just as with many other drugs, practically no information on this aspect of Norpace is available. After all, we doctors know a lot more about starting drugs than we know about stopping them.

Q I have a heart arrhythmia for which my doctor has prescribed Norpace every eight hours. Can you tell me the side effects of this medicine? My eyes are sore since I've begun taking this medicine, and I feel weak at times. I'm 70 years old.--D.L.

A You shouldn't be surprised that you have developed eye symptoms upon taking Searle's Norpace, since the prescribing information clearly lists dryness of the eyes and blurred vision among the adverse reactions. General fatigue and muscle weakness also appear on that same list. No patient on Norpace should fail to carefully read and re-read the long list of warnings, precautions and adverse reactions associated with this powerful antiarrhythmic drug.

Q Sixteen years ago, my husband had a myocardial infarction from which he recovered beautifully. Ten years ago, he underwent a successful triple bypass. For the past year, he has been taking 100 mg. Norpace three times daily for severe arrhythmia. The arrhythmia appeared after two bouts of bronchitis and some incidents of mild angina.

The Norpace has ended our wonderful marriage. We have separated because it became too painful for us to live as brother and sister, loving each other as we do. The cardiologist states that we "must live with this side effect of impotence." I am 52; my husband is 55.

Could you please discuss Norpace and tell us whether we must live out our lives like this? We are both severely depressed.--A Loving Couple

A Even though you and your husband already have separated, perhaps my answer will appear in time to be helpful.

Don't bother going to a recent edition of the Physicians' Desk Reference for information on Norpace. The prescribing details have been deleted and only a picture of the capsule remains. However, if you have access to an older edition of the PDR or to the AMA Drug Evaluations, you will discover that both impotence and depression are listed among Norpace's adverse reactions. Since your husband is suffering from both these problems, there are at least two basic questions that must be put to his doctor:

1) While Norpace is indicated for the suppression and prevention of certain kinds of cardiac arrhythmias, it has not been proven to be of value in others (e.g., atrial arrhythmias). Are you (the doctor) sure, on the basis of both your physical examination and EKG findings, that you are treating this disturbance of heart rhythm with the proper drug?

2) Since there are a number of other antiarrhythmic agents (digitalis, Quinidine, Procainamide, propranolol (Inderal), Lidocaine, etc.), have you thought of switching this patient to a different drug which might not cause the adverse reactions which have, at least for now, ruined our marriage?

From these questions, you can see that, even within the narrow limits of conventional medicine, options do exist. Your husband is suffering from iatrogenic (doctor-produced) impotence. Both of you are suffering from iatrogenic (doctor-produced) depression and marital collapse. It's easy for some doctors to prescribe a lifetime of impotence. It's not quite so easy for the patient to question that prescription, but question it he must.

Q I am interested in learning more about Norpace, a drug which my 85-year-old father is taking four times daily. He recently has been to the Weimar Institute here in California, and his general condition improved greatly after a 25-day program of diet and exercise therapy. However, he was kept on his medication because of a diagnosed leaky heart valve. We feel he may have reached a saturation point with Norpace since he complains of dizziness and is tired and dozes much of the time. When he misses as little as one pill a day, he has mild chest pressure and sometimes head pressure. Is this a symptom of the body's dependency on this drug, or is the drug keeping him alive?

Is there a better way? Surgery is out of the question because of his age. Is any medical research being done on herbal or other medicines which might have the desired effect, or can he be helped to get off this drug and onto something less debilitating?--M.M.

A Since leaky heart valves are not an indication for Norpace, you must question your father's doctor to discover why he is prescribing this drug which is specifically used for abnormal heart rhythms. Next, you must question him to determine whether the dizziness, tiredness, and general fatigue (clearly listed among the drug's adverse reactions) are a result of Norpace. Furthermore, the doctor must distinguish between the chest and head pressure your father suffers when he misses a dose and the headache and chest pains that occur in one to three per cent of patients treated with this medication. Finally, you must read up on the other adverse effects including dry mouth (40 per cent of patients), urinary hesitancy (10 to 20 per cent), urinary retention (two per cent), and a large variety of infrequent reactions including constipation, blurred vision, bloating, gas, weight gain, loss of appetite, diarrhea, vomiting, rash, nervousness, impotence, depression, insomnia, hypoglycemia, acute psychosis, jaundice, and drop in white blood cells. Quite a list for a drug with such an innocuous-sounding name which suggests a normal heart pace.

Since that 25-day program of diet and exercise therapy was so successful, wouldn't common sense dictate that a permanent program of the same would be even more successful?

Q My wife is 54 years old, and she developed an irregular heartbeat and high blood pressure three years ago. She had an angiogram taken by a cardiologist who assured me that with her arteries and the condition of her heart, she could live to be 200.

The irregular beat persisted on and off, until it became almost constant. The doctor put my wife on Norpace, a medication which has completely taken care of the irregular beat.

You warn against the side effects of Norpace, but how can someone control a heartbeat without taking it? And what does one do about high blood pressure, other than taking drugs? She takes Hydrodiuril twice a day.--A.C.

A *Controlling cardiac arrhythmia*

Irregular heartbeats are so commonly found that it is up to your wife's doctor to prove that her arrhythmia is due to disease. Isadore Rosenfeld, M.D., in his book "The Complete Medical Exam" (Simon & Schuster, 1978) points out that jumpy pulses, skipped beats, extra beats, sudden changes in rate, and early beats may be perfectly harmless, even though very frightening. Incriminating factors may include--in addition to the respiratory cycle--fatigue, emotional stress, cigarette smoking, alcohol, too much strong coffee, tea, carbonated cola beverages, spicy foods,

excessively hot or very cold foods, and last but certainly not least, foods to which you are allergic. Certain drugs may also cause cardiac arrhythmias, including digitalis, Elavil, Hydropres, Marax, Proloid, reserpine, Ritalin, Serapes, Tenuate, Tofranil, and Triavil.

While your wife's present drug--Hydrodiuril--does not have this adverse effect listed, you might check to see whether any previously-prescribed medication falls into this category.

There are lots of ways to treat high blood pressure which do not involve powerful drugs, and specific instructions regarding diet, exercise, yoga, and biofeedback can be found in many medical textbooks or in one of my all-time favorites, Prevention Magazine's "The Encyclopedia of Common Diseases" (Rodale Press).

You and your wife must make sure that the Norpace and Hydrodiuril do not interfere with that cardiologist's wonderful prediction of a 200-year life expectancy.

Please help me get some answers which I have been unable to receive from my own doctors.

I had surgery for a vaginal prolapse. Two days later, when the nurse tried to get me on my feet, I became dizzy and passed out. The only thing I remember about the next two days is electric shock treatments. I later was told I went into arrhythmia, and it took nine shock treatments and four hours for recovery.

So I'm asking my doctors questions such as:

1) Wouldn't the EKG taken before surgery indicate that arrhythmia might occur?

2) Should the EKG have shown any abnormal circulatory electrode count?

3) If the EKG had indicated any problem whatsoever, shouldn't general anesthesia (and thus the surgery itself) have been ruled out? After all, the surgery was elective in the first place, so there would have been no risk if it weren't performed.

I am not taking Procainamide and Inderal, and no-one can tell me why the arrhythmia occurred. I took a treadmill test two months ago, and since I did not do very well on it, the cardiologist suggested an angiogram. I agreed, and the angiogram showed only a slightly enlarged heart.

I am 63 years old, five feet four inches tall and weigh 150 pounds. My blood pressure ranges from 125 to 160. My yearly checkups always showed satisfactory EKG's. I have had an irregular heartbeat for years, always being told that this was no problem. But the fact is that I almost died, and no-one can tell me what really happened, why it happened, or whether it might have been avoided.

Please don't blame the doctors or hospital personnel, as I think they did their very best. But I'm still bewildered.--F.R.

You have written to me because your own doctors have not satisfactorily responded to your highly intelligent and well-articulated questions, and I can assure you that you are not alone. Even physicians with post-surgical heart complications have trouble getting the truth out of their fellow doctors. For example, Harold Lear, M.D., was not told by his physicians that he had suffered a heart attack with severe fall in blood pressure in the recovery room. Lear's widow, New York Times Magazine editor Martha Weinman Lear, tells this story, together with the entire

account of her husband's illness and treatment, in "Heartsounds" (Simon & Schuster, $12.95).

It is sad but true that the real answers often are elicited by writers and/or lawyers months or years after patients have suffered nagging doubts. Maybe your own doctors will prove to be exceptions who either will give you full information about your complex case or will refer you to other doctors who can.

Q I am 63 years old, and I have had angina since 1965. My family doctor has prescribed Isordil. He says I need a coronary bypass, and he talks about the $14,000 this surgery would cost as if that were nothing at all. But I will never be able to raise that kind of money out of my $448 monthly Social Security check and my additional income of $300 per month. When I moved to Florida last September, my Blue Cross was transferred to the Florida plan, but this insurance will not cover any kind of heart trouble.

I know there must be places where I can get help, but I don't know where to begin. Can you help me? If I spend my little bit of income, I'll have to go on welfare.--A.W.

The high cost of angina treatment

A I have several pieces of advice:

1) Go to your local Social Security office and complain about your Blue Cross. If they do not help, go to your local organization of retired citizens. If they do not help (and since you are not a rich man), go to your Legal Aid Society or to the Florida equivalent of a Chicago precinct captain or alderman.

2) While you are running around trying to get Blue Cross to pay for your heart operation, you might begin to gather information showing the questionability of coronary bypass surgery. Contradicting the early enthusiastic claims, there is now considerable evidence demonstrating that there is no improvement in either length or quality of life after this highly-touted operation.

3) On your way to the various agencies, lawyers, politicians, and social work types, pause briefly at the public library in order to do a little reading on Isordil. You will discover that the adverse reactions to this drug include flushing, often severe and persistent headache, dizziness, weakness, fall in blood pressure upon standing up, nausea, vomiting, restlessness, pallor, perspiration, and collapse. These symptoms can occur on the usual therapeutic dose. Alcohol may enhance this effect. Drug rash and extensive peeling of the skin (exfoliative dermatitis) may also occur. Are these adverse reactions worth the benefits of a drug which the FDA classifies as only "probably effective" for anginal attacks when taken under the tongue or chewed, and only "possibly effective" when swallowed?

4) While waiting your turn in those various offices, you should have a little time in which to read up on the nutritional approaches to heart disease, beginning with books by Nathan Pritikin and Dale Alexander.

5) After following items 2), 3), and 4), you may decide that item 1) is a big waste of time.

Q I am a disabled veteran who has rheumatic heart disease. The doctor at the VA hospital prescribed Minipres. When I first took the pills, I became weak and had dizzy spells. I had to look for a bed to lie down on. When I began feeling stronger again, I realized the medicine was helping me--I'm feeling fine now.

I think my biggest mistake was that I originally took the medicine on an empty stomach. Now I eat first and then take my medicine. Please advise your millions of readers with high blood pressure to eat first and then take their medicine.--L.B.

A

Rheumatic heart disease and Minipres

You needn't be surprised that Pfizer's Minipres caused your weakness and dizzy spells. The prescribing information clearly states that dizziness occurs in 10.3 per cent and weakness in 6.5 per cent of all Minipres users. In most instances, these side effects disappear with continued therapy. Nor need you be surprised that you had to look for a place to lie down, since Minipres carries a boldface warning that it may cause syncope (Greek for fainting) with sudden loss of consciousness. These episodes usually occur within 30 to 90 minutes after the initial dose of the drug, and treatment consists of placing the patient in the recumbent position. This adverse effect also, in most cases, does not recur after the initial period of therapy.

As you can see, your side effects might have disappeared anyway, or perhaps they were related to your timing the medication to mealtimes. Since the prescribing information for this powerful (despite the misleading name) antihypertensive does not mention whether this drug should be taken before, during, after, or between meals, you might ask your doctor to contact the manufacturer for any information he might have. This is important because sometimes food interferes with the absorption, and consequent effectiveness, of certain drugs.

While looking up the answer to your question, I came across some of the more unusual side effects of Minipres which I felt should be shared with you and my other readers. These include edema (water retention); shortness of breath; hair loss; urinary incontinence; impotence; priapism (persistent erection of the penis, especially when due to disease and not sexual desire); reddening of the whites of the eyes; epistaxis (nosebleeds); diaphoresis (sweating); and cataracts.

For those of you who are taking Minipres, "press" your doctor to give you more than just a "mini" bit of information about it. For those of you who are not taking this drug, at least you've learned a few Greek words.

Pacemaker breakdowns

Do you or any of your relatives have cardiac pacemakers? Approximately 150,000 pacemakers will be implanted in Americans this year. Testifying before a special Senate committee, noted cardiologist Brendan Phibbs, M.D., said that in some hospitals, up to 80 per cent of the implants were unnecessary. Pacemaker manufacturers and salesmen offer doctors who put those implants in patients entertainment on boats and in hunting lodges where the physicians come "for training." The pacemaker monitoring devices, which are worth several thousand dollars per unit, are provided to doctors without charge.

This state of affairs leads me to the suggestion that, if your doctor should recommend a pacemaker for you, you should ask him if he can't pass on his remarkable discount to you, couldn't he at least arrange for you to convalesce on that yacht or in the hunting lodge?

Potpourri

Q

I currently am about three months pregnant. On my first visit to the doctor, I explained that my menstrual cycles are long (approximately 38 days), but he still figured my due date in terms of the conventional 28-day cycle.

The doctor now tells me that the size of the fetus is somewhat small (since he assumes the date of conception is about two weeks after my last period), and he wants me to have an ultrasound test after I'm four months pregnant. I assume I ovulated about 10 days late, since

my cycle is 10 days longer. When I told him how far along I thought I was, he agreed that was the size the fetus was, but he still wanted to have the ultrasound.

Here are my questions: How important is it to find the exact due date within a 10-day span? What, if any, risks are involved? Do doctors really know the long-term effects of bombarding a fetus with sound waves? Haven't the Japanese stopped using ultrasound routinely because of the risks associated with it? I would appreciate any light you can shed on this subject.--K.W.

New ultrasound risks

A

I hope your doctor has been reading his medical journals, since the lead article in the April 23/30, 1982 Journal of the American Medical Association was headlined, "Question of risk still hovers over routine prenatal use of ultrasound." The article describes a recent study at the University of Manitoba, Winnipeg, in which the investigators found "a small but significant rise in the number of children [who had been exposed to diagnostic ultrasound] who were underweight at birth." Most of the panelists at the symposium quoted in this article "expressed concern about the possibility of delayed or subtle manifestations" of diagnostic ultrasound.

Ultrasound produces two biological effects--heat and a process called "cavitation" in which bubbles are created that expand and contract in response to sound waves. The first time I saw this cavitation process in action, a chiropractor turned on the therapeutic ultrasound machine in his office and placed a few drops of water on the part of the machine that was applied to the patient. I wish every reader of this Newsletter could have been with me to watch that water suddenly boil and bubble.

Speaking at that Winnipeg symposium, an investigator of the FDA's Bureau of Radiological Health said that ultrasound can produce shock waves in liquid (and I remind you that the infant inside the uterus is surrounded by liquid). In animal fetuses exposed to ultrasound, investigators from the University of Rochester School of Medicine reported that the cavitation process can produce damage in insect eggs and in plant and mammalian cells.

Doreen Liebeskind, M.D., assistant professor of radiology at Albert Einstein College of Medicine, suggested that long-term human studies of children exposed to ultrasound should look for behavioral changes, nerve reflex changes, I.Q. deficits, and shortening of attention spans. Although Dr. Liebeskind observed changes in cell appearance, motility, and DNA synthesis that were passed on in succeeding cell generation, neither she nor Arthur D. Blum, M.D., professor of pediatrics at Columbia University, felt they would be seeing cancer until a large number of exposed children had been followed for 15 to 20 years.

I hope your physician follows Dr. Liebeskind's recommendation that physicians should discuss the benefits and risks of ultrasound with their patients. The Winnipeg panelists recommended that physicians should not assume that diagnostic ultrasound is innocuous, even though obstetricians are under considerable pressure from manufacturers to buy and use the instruments. Furthermore, the American College of Obstetrics and Gynecology has emphasized that physicians who operate ultrasound equipment must be properly trained.

If your doctor tries to reassure you by telling you that ultrasound is not x-ray, you might answer him that just because it isn't x-ray does not mean that this form of energy wave is safe.

Another View

by Marian Tompson
Executive Director,
Alternative Birth Crisis Coalition

My first reaction was one of disbelief--"Whatever are they going to come up with next?" There, right on the front page of the Chicago Sun-Times was a report by researchers from Baylor University in Houston, Texas which suggested that drinking beer offered the same level of protection against heart disease as jogging. They weren't talking about just an occasional glass of beer but rather about three 12-ounce bottles of beer every day! It turns out that the key factor in the study is the level of high-density lipoprotein cholesterol and the fact that some studies have indicated that this cholesterol protects against heart disease. In the Baylor study, HDL cholesterol levels increased significantly in 13 inactive men who drank three 12-ounce beers a day for three weeks. The same drinking pattern did not affect HDL levels in 16 marathon runners and 15 joggers. The data suggests, say Dr. G. Harley Hartung and his colleagues, that "non-exercisers can maintain levels (of HDL cholesterol) similar to those of individuals who jog regularly by ingesting three beers a day."

And then I began questioning: "Does this mean that if you don't jog, you should drink beer, or that if you don't like beer, you should start jogging? Won't three beers a day put on extra weight, and doesn't obesity increase your chances of heart disease? If just one beer relaxes me, how much more relaxed can I afford to get and still function? Do I want to rearrange my life according to the latest scientific findings when there is no guarantee that these findings won't be invalidated by future studies?

Obviously there has to be a more workable approach to staying healthy. Since "feeling good" is as much a state of the mind as it is of the body, a more positive approach might be to integrate them through daily doses of activities that make us feel good.

In her book "Wishcraft" (Viking 1979), Barbara Sher describes an exercise in which you list 20 things you like to do. They can be as simple as eating an ice cream cone or soaking in the tub, but you must list 20. Then in vertical columns alongside that list you check off whether or not it costs money, whether it is planned or spontaneous, whether it can be done alone or with someone else, how long since it was last done, and any other category that appeals to you. As you fill out the chart, you get a quick evaluation of the kind of life you'd like to live and the kind of life you actually are living.

You might find, as I did, that most of the things you like to do really are free and that you actually do them quite frequently. (No wonder I'm so happy!) Or you might realize that it's been altogether too long since you've done many of the things you really enjoy. True, some of your pleasures might depend on the cooperation of others, but I've been particularly blessed in this department doing a lot of "baby cuddling" with the births of three grandchildren--Austin, Sarah and Martin--in less than a year.

Certainly, scientific research has its place, but it isn't always applicable to our lives. So while I have no data to back up this statement, I'd like to venture the premise that doing the things that make us happiest--whether it's getting together with friends, laughing with the family or walking along the beach--not only enhances our sense of well-being but actually helps us to be well.

"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).

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

Published monthly. Subscription rate: $24.00 annually.
Robert S. Mendelsohn, MD, Editor
Vera Chatz, Associate Editor