

the People's Doctor

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

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IN THIS ISSUE:

Heart Disease: Mitral valve prolapse



Dr. Robert Mendelsohn

I never would have believed it if someone had predicted five years ago that I would devote almost an entire issue of my Newsletter to a condition referred to either as "mitral valve prolapse" or "Barlow's syndrome." When I went to medical school, this condition wasn't even known. And only those doctors who graduated from medical school during the past few years are conversant with this valvular abnormality of the heart. That bible of medicine, "The Merck Manual," carries no mention of mitral valve prolapse as late as its 13th Edition (1977), but the most recent--14th Edition (1982)--covers it in considerable detail.

However, I don't need the Merck Manual, or any of the other medical texts, to tell me how popular this diagnosis has become. All I have to do is read your letters. While this condition affects a minority of the population, it joins a host of other conditions (such as Reyes' syndrome, Legionnaires' disease, toxic shock syndrome) which are characterized by sudden appearance on the medical scene, confusion surrounding their treatment, and ambiguity of prognosis. Therefore, I believe mitral valve prolapse has generic significance for every reader.

Q I have recently been diagnosed as having mitral valve prolapse. For years, I have been telling doctors and friends about my palpitations and skipped heartbeats, and they have been calling me a chronic complainer. Deep down, I knew my nerves weren't the cause, and it's nice to finally know what's behind those scary heartbeats.

However, I haven't been able to get a clear explanation of exactly when this happened (during childbirth or later), what can be done about it, or how dangerous this condition is. Can it become worse? Can it get better? Is mitral valve stenosis the same thing?

While I may not have been nervous before, I'm sure nervous now because of my lack of knowledge. Please give me some more information.--N.O.

A As important as it was to find out that your condition wasn't all in your head, you obviously are not out of the woods, as evidenced by the good questions you raise and by your nervousness about this increasingly common finding.

Mitral valve prolapse diagnosis raises questions

If you ask your doctor for medical references, you will learn that most cases of mitral valve prolapse (change in shape of this heart valve) are innocuous, but some are not. While most cases require no treatment, some may. Although the mitral valve is involved in both, prolapse (displacement) is not the same as stenosis (narrowing). Although mitral

valve prolapse seems more common in young women, I know of no studies which establish whether it is related to pregnancy.

In addition to the questions you have raised, there are some others which have been troubling me: Why is mitral valve prolapse (Barlow's syndrome) so common today, when just a decade or two ago, no-one had ever heard of it? Whenever a new disease appears, one must always investigate the possibility that it is a doctor-produced disease. So, since it is found frequently in young females, has anyone carried out a statistical analysis of Barlow's syndrome's relationship to contraceptive pills? to DES? Since skeletal abnormalities, such as funnel chest are not uncommonly associated with Barlow's syndrome, one must also think about such drugs as Bendectin which are taken during early pregnancy. In their chapter on Mitral Valve Prolapse Syndrome ("Harrison's Principles of Internal Medicine, Ninth Edition," McGraw Hill), Michael Crawford, M.D., and Robert O'Rourke, M.D., suggest the possibility that "the mitral valve prolapse syndrome is a connective tissue disorder, the result of fetal exposure to toxic agents during the early part of pregnancy."

I realize that, in response to your questions, I have but added new questions. But I believe that's the only way for both of us to ultimately get the right answers. If your doctor can't answer all these questions, perhaps he can help you contact other patients with mitral valve prolapse so that you can pursue these investigations as a group.

Q

During a recent examination, our 42-year-old daughter was found to have a heart defect--the mitral valve doesn't quite close. Her doctor put her on Inderal of which she takes 10 mg. four times a day. I'm concerned about her taking this medication since my doctor has told me that Inderal is one of the most dangerous drugs on the market because of its bad side effects.

Could you furnish me with more information on Inderal? And what is your opinion about my daughter's heart disorder? She is in good health, never having had a serious illness. She has five children, including a set of twins. Her weight has always been normal.

My daughter's doctor said that there is a simple operation to correct this defect. My doctor recommended that I write to you about this problem.--Mrs. R.S.

A

*Treating
Barlow's
Syndrome
(mitral valve
prolapse)*

I wonder if your daughter's doctor thinks she has an abnormality of the mitral valve called "Barlow's syndrome" for which Inderal (generic name propranolol) sometimes is used to relieve clinical symptoms which may be caused by this condition. Please note that this powerful drug should be used only to relieve symptoms; it is not intended for patients who, like your daughter, have no symptoms at all.

Many cases of Barlow's syndrome are discovered only in the course of a routine exam. The resulting unnecessary alarm plus overtreatment are evidence of the dangers of routine stethoscopic examinations for adults, just as the discovery of functional, innocent, meaningless heart murmurs in healthy children can result in similar doctor-produced disease.

Your doctor is quite right about the dangers of Inderal (now widely used for hypertension and migraine headaches). The prescribing information lists two full columns of contraindications, warnings, precautions, and adverse reactions. Just a few of the adverse reactions are: congestive heart failure, sudden drop in blood pressure, mental depression,

catatonic states, hallucinations, memory loss, bone marrow destruction, and hair loss.

If your daughter's doctor really used the word "simple" in referring to any operation for a heart condition, it is high time for your daughter to consult another doctor. Why doesn't she try yours?

Q I am a 21-year-old female who began having heart palpitations about five months ago. When they became more frequent, I became worried and consulted a heart specialist who took two EKG's and said they looked fine. She then ran a few tests at the hospital (one of them was ultrasound). After examining the test results, she said my condition was caused by a paper-thin valve I have which is "like two swinging doors" which open and close improperly. She said the problem could be controlled by medication, and she prescribed Inderal 10 mg.

I took the Inderal without success, and I began to have more things wrong with me than I started out with. My heart would race so much that I was out of breath. The doctor then prescribed Inderal 20 mg, but this again did no good. I took another EKG ("Everything is fine"), and I was put on Lanoxin at which time I said I was three months pregnant. The doctor said, fine, but my heart will act up more now that I'm pregnant.

I took the Lanoxin without success, and I'm now taking Quinidex. I still don't feel well; at times my heart races and skips.

Do you know whether Quinidex could affect my baby? I'm very concerned about this. I hold down a job and have a four-year-old child. At times I get so tired that all I want to do is lie down. Thank goodness for my very helpful and understanding husband!

Please help me. I'm very worried. I want to live a long, healthy and happy life with my family.--I.L.

A While Lanoxin and Quinidex have no listed information on their usage in pregnancy, Inderal does. The prescribing information reads, "The safe use of Inderal in human pregnancy has not been established...embryotoxic effects have been seen in animal studies at doses about 10 times the maximum recommended human dose."

Since your heart still is racing and skipping, are you aware that one of the signs of overdosage with Quinidex is extra beats and fast heart rate (ventricular tachycardia)? I hope you will read up on the complete list of adverse reactions of the three drugs which have been prescribed for you.

Since you are pregnant, no drugs should be taken unless your heart condition is life-threatening. Therefore, it is extremely important for you to ask your doctor the exact name of your condition. Has she diagnosed you as having Barlow's syndrome (a condition of the mitral valve), a diagnosis very popular today among heart specialists? If not, just what is your exact diagnosis? Armed with this information, check up on your doctor by reading about your disease in order to determine whether you really need such powerful medication or whether you are needlessly subjecting your unborn baby and yourself to possible risks. You and your husband might also consider the possibility that your original heart palpitations may have something to do with having a four-year-old child and holding down a job. Have you told your own doctor about the kind of busy life you are leading? I hope this information helps you and your husband develop a strategy for dealing with your doctor which will insure the long, healthy and happy family life both you and I wish for.

Q For the past six months, I have been taking Geigy's Lopressor, which a cardiologist prescribed to regulate my heartbeat. His diagnosis was mitral valve prolapse, dynamic heart, and anxiety.

All my life (60 years), I have been told I have a heart murmur, and I suffered with rapid heartbeat and anxiety. But about a year ago, I began getting occasional irregular, scary heartbeats. This has improved.

Is there an alternative to taking this medication, which I'm sure must have a long list of side effects? Could my present lack of strength and energy and lack of interest possibly be caused by this drug?--M.S.

A You complain of lack of strength and energy? The prescribing information on Geigy's Lopressor clearly lists tiredness and shortness of breath among its potential adverse effects. You complain of lack of interest? The prescribing information also lists depression and emotional lability.

A far more important question you should be asking is why you are taking Lopressor at all. The only indication listed for this drug is hypertension, and your letter does not mention that symptom. Furthermore, the effective treatment for mitral valve prolapse, according to Peter Cohn, M.D., director, Clinical Cardiology Service, and associate professor of Medicine at Harvard Medical School, is Inderal (propranolol).

Digging even deeper, you might ask your doctor why he is continuing to give you this powerful drug since your irregular heartbeat has improved and since drugs should be used in this condition only to relieve symptoms?

It's time for you and your cardiologist to have a heart-to-heart talk.

Q I am 36 years old and have been having rapid, fluttery, and skipped heartbeats for years. I've been to many doctors--to cardiologists as well as internists. Electrocardiograms have proved normal. The doctors have said my nervous system is very sensitive, and I only have a functional disorder.

I was given Valium, which I couldn't see taking for the rest of my life. It was hard to believe that what I was feeling was nothing (it's a very scary kind of feeling). Recently, I developed pain under my left breast. The pain goes around to my back, and when I lie on my left side, my heart beats fast and flutters.

I again went to a cardiologist. He gave me a stress test and an electrocardiogram, and he said I have mitral valve prolapse. This diagnosis frightened me to death since I know no-one who has this, and I have never heard of it. I now am so anxious about my condition that the only time it leaves my mind is when I am drinking. I now drink an awful lot of liquor every night so that I won't worry about my heart. The doctor says there is nothing I can do for my condition other than take medication (Inderal).

Can you give me some information about mitral valve prolapse? Have I always had this, or did it just happen? (The doctor says it sounds like a click.) Can it get worse? I can't live with this much longer. Can surgery help? Please help me.--U.S.

A During the past several years, mitral valve prolapse (Barlow's syndrome) has become a very fashionable diagnosis. I dearly wish that as soon as a doctor made this diagnosis, he would refer patients to the textbooks describing the considerable controversy among physicians about this condition which is said to occur among 10 to 15 per cent of the population. For example, did you know that the average lifespan of individuals with Barlow's syndrome differs very little from that of those who do not have

this condition and that there is no relationship between this syndrome and coronary or valvular disease? However, as your letter indicates, a patient might run the risk of being frightened to death by the doctor's diagnosis. Because of fright, a patient might, like you, turn to drink. And if you were to end up dying prematurely, do you think your doctor would point the finger at alcoholism which resulted from fear of the condition he diagnosed? Or would he automatically sign the death certificate, "Prolapsed mitral valve"?

At this particular point, you stand in far greater danger from your alcohol intake, your terror, and your prescription drugs than from your Barlow's syndrome. Your next move is right back to your doctor's office to ask him for the books on his shelf which will tell you the truth.

Q I recently was diagnosed as having mitral valve prolapse and high blood pressure and was prescribed a new drug named Tenormin (atenolol). I assume it's new because I can't find any information on it. I had to go to several drug stores to get my prescription filled, and several of the druggists said they had never heard of it. I am very reluctant to take something about which I know nothing--even the 1983 Physicians' Desk Reference says nothing about the new drug. I know it's manufactured by the Stuart Drug Company because that name appears on the pills, but that's all I know.

Even though this drug is new, I want to take it as long as it is safe and effective and makes me feel better. On the other hand, I'd really like some information about it.--Mrs. G.

A I am tempted to answer you with three little words: ASK YOUR DOCTOR. For the first time, to my memory, doctors are prescribing many recently FDA-approved drugs for which practically no information is available to the consumer. Therefore, it becomes more important than ever that the patient not leave the doctor's office without information about all the known dangers of these relatively untried medications.

I regret to tell you that this new antihypertensive beta blocker, whose ad occupies the first three pages of a recent Journal of the American Medical Association, carries dozens of contraindications, warnings, precautions, and adverse reactions. For patients already in cardiac failure, it may precipitate more severe failure. In patients without cardiac failure, it may lead to cardiac failure by continued depression of the heart muscle. If you have coronary artery disease and stop the medicine too fast, you can get a heart attack. If you have bronchial asthma, you shouldn't take it. You had better stop taking it (but not too fast) 48 hours before anesthesia and major surgery. But if you continue Tenormin before surgery, make sure your anesthetist knows which kind of anesthetic agents he should avoid using. Be careful using Tenormin if you have diabetes or a thyroid condition or kidney trouble. Be careful about taking it together with other drugs such as reserpine. Use caution if you are pregnant or if you are nursing a baby.

Three per cent of patients on Tenormin developed slowing of the heart rate; four per cent, dizziness; two per cent, vertigo; three per cent, fatigue; two per cent, diarrhea, and four per cent, nausea.

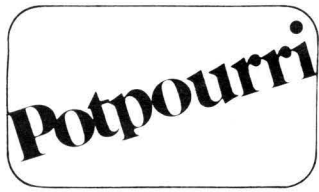
Even though Tenormin is a new beta blocker, it has the same potential adverse effects as the other beta blockers (such as Inderal). These effects include life-threatening bleeding disorders, fever, mental de-

pression, visual disturbances, hallucinations, memory loss, confusion, colitis, hair loss, and Peyronie's disease.

Armed with the above information, you can now confront your doctor with the following questions:

1) Just how bad is my mitral valve prolapse? Is it (as most are) the innocuous type, or do you have evidence that it could lead to trouble in my case? If so, what is that evidence?

2) Is my blood pressure high enough to justify such a powerful new medicine? Or do you think that, before you give me the latest in drugs, maybe we should try other methods of managing high blood pressure that have proven successful over decades?



A good doctor

People frequently ask me to refer them to a good doctor, and I often have thought of compiling a list of doctors I respect. That list certainly would include Irvine H. Page, M.D., of Hyannis Port, Mass.

Some quotes from 79-year-old Dr. Page appeared in the Journal of the American Health Association, October 17, 1980:

"Every doctor should have a heart attack and a stroke before he becomes a cardiologist. I know a lot more about these diseases since I've been a patient than I ever knew before.

"People don't like skeptics. Oh, they pretend they're a necessary nuisance. But they mistrust your reserving judgment.

"Medical schools don't teach good medical manners to students and personnel. It's no wonder that they treat patients as though they're sides of beef. Every hospital needs an ombudsman, someone older, perhaps an emeritus, someone to exercise common sense, humanity, warmth."

Socking it to Dr. Spock

Every so often, people ask me, "Doctor Mendelsohn, do you agree with Dr. Spock?" Of course, my loyal readers know I do not.

Dr. Spock regards the pediatrician as the fountainhead of wisdom about children. He ends each chapter of his book by advising parents that, if they have further questions, they should consult their doctor. I, on the other hand, advise parents not to trust their doctor's advice, but rather to always check up on their doctor. When it comes to raising children, I believe that one grandmother is worth two pediatricians--myself and Dr. Spock included.

This basic difference in our viewpoints was brought home to me once again when Dr. Spock's column in the January 1983 Redbook was called to my attention. Dr. Spock answers a mother's question about when she should wean her four-month-old baby from the breast and whether she should wean him directly to cows' milk or to an infant formula. The good doctor devotes almost an entire column to the historical development of infant formula: milk--straight or mixed with water, evaporated milk, additional syrups and sugars, varying amounts of butterfat, added vitamins, added iron, lactic acid, and the present commercially-prepared formula. He mentions breastfeeding in a somewhat cursory fashion--"Of course, the most healthful milk for human babies is breast milk," conceding that the ingredients in some formulas do not fall within the strict limits based on breast milk and that commercially prepared formula is "as close to breast milk in its proportions as is practical." He believes that the doctor is the one to decide on feeding methods because "It's the attending doctor or public health nurse who knows the baby's appetite and digestion."

I would strongly challenge Dr. Spock's answer by asking him some questions:

Why not begin your answer by advising this mother against weaning her little infant from the breast? Why not tell her that breast milk is not the "most" healthful milk for human babies, but rather that it is the "only" healthful milk for human babies? Why didn't you cite for this mother the scientific evidence which shows that the disease and death rate is greater, in every socioeconomic class, for bottlefed babies than it is for breastfed babies? Why didn't you tell this mother that formula milk is deficient in the very enzyme (taurine) which is necessary for optimum development of the human brain? Why didn't you suggest to this mother that, rather than feeding her baby the milk of animals or of plants (soybean formulas), she consider hiring a wetnurse, if she can find one? (But even human milk from another human being does not match the tailored specificity of milk from the baby's natural mother.) And finally, Dr. Spock, what makes you think that the doctor or nurse "knows the baby's appetite and digestion"? How often has the doctor/nurse ever watched this particular baby eat and digest?

So there it is, the wide divergence between the Spockian and the Mendelsohnian view of child raising. Reading Dr. Spock's advice on infant feeding strengthens my opinion that there are only two kinds of mothers who cannot breastfeed--those who have had bilateral mastectomies and those who listen faithfully and exclusively to pediatricians.

*Department
of a rose is
no longer a
rose is no
longer a rose*

The American Psychiatric Association, which recently announced that there was no longer any such state as "neurotic," is continuing its game of The Name's No Longer the Same. From now on, it will no longer designate children as "hyperactive" or minimally brain-damaged (MBD). Instead, according to the Association's Diagnostic and Statistical Manual of Mental Disorders, this syndrome now will be called the "Attention Deficit Disorder" ("ADD" for short and catchy).

I don't know what all this name-changing means. I can only guess that perhaps it's just easier to change names of diagnoses than it is to search for the cause.



A new book by British investigative journalist Martin Weitz is enormously important. For openers, "Health Shock: How to Avoid Ineffective and Hazardous Medical Treatment" by Martin Weitz (Prentice-Hall, \$7.95) begins its section on birth by comparing hospital deliveries to sliced white bread. "We know that it does you no good, that it has been shown to be harmful, dehumanizing, and unnatural, but it remains the most commonly used because it is convenient, it suits modern living very well, it can be tailored around the "needs" of modern society, and, most of all, it benefits the industry, but not the consumer."

This well-written book provides a wealth of documentation for the hazards of modern medicine. For example, a section in the book cites 2500 women who underwent amniocentesis between 1973 and 1976 (Brit. Journal of Obstetrics and Gynecology, 1978). These women had double the number of miscarriages, more than three times as many cases of hemorrhage, and more than seven times the number of infant deaths shortly after birth as women who did not undergo this procedure. Major orthopedic abnormalities were six times more common in the tested women when compared to similar, but untested, women.

In the section on dentistry, Weitz cites a 1977 study from the medical journal Lancet in which four investigations disclosed that people who go to the dentist regularly have fewer healthy teeth than those who do not! One study shows that more than half the cavities found by dentists had remineralized without treatment!

Regarding prophylactic antibiotics for patients who are to undergo surgery, the book refers to a 1967 study from the American Journal of Surgery which showed that inflammation of the colon was far more frequent among patients who were given antibiotics than in those who received no drugs at all. Another study, this time in Lancet (1975) found there were three times more cases of wound infection among those surgical patients who had been given penicillin or tetracycline compared to those who had not been given any antibiotics at all. In other words, antibiotics which are given to prevent infection increase the risk of the development of certain types of infection.

Regarding high blood pressure, Weitz cites an editorial in the British Medical Journal (1979) which pointed out that there never has been any proof that reducing blood pressure with the aid of drugs either prolongs life or lowers the incidence of heart disease or stroke. A 1980 Norwegian study concluded, "At present, there is no clear evidence that antihypertensive therapy is effective in preventing coronary heart disease." Furthermore, Inderal, one of the most commonly-prescribed antihypertensives, increases the blood level of triglycerides. This finding means that Inderal actually may accelerate hardening of the arteries. Aldomet, another popular antihypertensive, has been shown (British Medical Journal, 1975) to produce impotence in 53 per cent of men who use it.

On the subject of prescriptions for iron deficiency, a study by a professor at Johns Hopkins University School of Public Health regarding the use of iron supplements in pregnancy concluded, "Most notable was the apparent lack of benefit from iron, the least-questioned of all supplements." This study, which reviewed 17 previous investigations, showed that iron therapy benefited neither mothers nor their babies. Furthermore, Weitz states, there is evidence that it can cause birth defects.

For more on such matters as Premarin (derived from the words PREG-nant MAREs' urINE), routine bathing of infants with hexachlorophene (it can increase disease caused by staph), DPT vaccine damage, and dozens of other drugs, operations, and tests, get yourself a copy of this highly informative book.

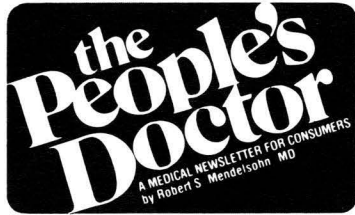
"MalePractice: How Doctors Manipulate Women," Dr. Mendelsohn's latest book, is now available in paperback from Contemporary Books (\$6.95).

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

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Another View

by Marian Tompson
Executive Director,
Alternative Birth Crisis Coalition



Ten years ago the National Heart, Lung and Blood Institute undertook a study involving 12,866 men, ages 35 to 57, who were considered high-risk candidates for heart disease. Half the men were assigned to a special intervention program in which they received treatment for hypertension as well as counseling to reduce cigarette use and cholesterol intake. The other 50 per cent were not supervised and relied on their usual sources for health care. The results, as reported in Time (August 27, 1982), were surprising. Among the men who had EKG and hypertension abnormalities, 57 per cent more deaths occurred in the supervised group. Since the supervised patients received drug therapy for hypertension, the "disturbing possibility" was raised that the extra drug treatment contributed to the deaths.

I would like to offer an additional theory as to why there were more deaths in the supervised group. It stems from my long-term uneasiness with monitoring programs as well as my suspicion that, by focusing our attention on a disease, we actually can increase our chances of getting the very illness we are trying to avoid.

In a kind of self-fulfilling prophecy, the negative imagery and apprehension evoked by frequent examinations, tests, and watchfulness might well generate the kind of fear that causes a vulnerability to illness, while at the same time offering our bodies a detailed disease plan to follow. I wonder, for example, how many women actually start their day with a self-examination for breast cancer. If they do, what is the effect of the accompanying anxiety on their well-being and their lives? By concentrating on staving off death, do we miss much of the joy of living?

For that matter, does the constant media exposure given to commercials for headache and cold remedies and sinus and arthritis relief help promote those very conditions, while at the same time generating a market for the products?

While I am not aware of any data supporting this theory, it seems to me it must have some validity because the reverse side of the coin--the beneficial effect of positive thinking--already has been validated. Norman Cousins' victory through laughter over a life-threatening illness is one example. A study by Dr. David McClelland, a Harvard psychologist, indicates that when we think of something funny or think of a warm, loving gesture by another person, we produce higher levels of IgA, a substance that helps protect our bodies against cold and flu viruses. According to Dr. McClelland, dwelling on loving and being loved actually increases our resistance to disease and is good for our health in a concrete way. In his experiment, Dr. McClelland discovered that showing funny or inspirational films increased IgA in the viewers' saliva. That effect was maintained or prolonged after the movies when the viewers concentrated on love in their own lives. Conversely, when the 100 volunteers were shown a film that contained a lot of cruelty, some people's IgA levels went down.

It seems that the challenge in getting well and staying well lies in getting in touch with and understanding our bodies without jeopardizing our health. In the meantime we might try taking a cue from Tinker Bell and "Think lovely thoughts...!"