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

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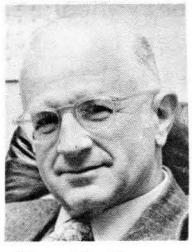
Back Problems



Dr. Robert Mendelsohn

Back problems affect large numbers of America's population--that is why they are the subject of this Newsletter. In addition, another subject is highlighted in the "Potpourri" section, a no-benefit, high-risk operation--tympanostomy--which is being performed on millions of children. The common denominator in both of these presentations is the inability of patients to learn from their own doctors the downside of Modern Medicine's approaches. This Newsletter aims to fill that information gap.

Q My 16-year-old daughter is in excellent health and stands 5 feet 7 inches tall. The problem is she does not always stand tall; she has a tendency to slouch when she sits. She slouches so much that she now is complaining about backaches. The ache is usually above the buttocks in the middle of her back, and she thinks she may be starting to develop curvature of the spine. I'm sure many teenagers have the same problem, and they all probably wonder how to cope with it. Please give her some kindly advice--to her, this is a big problem.--Concerned Mother

A I think your daughter does have a problem, and I think she should see a number of experts, including M.D's, osteopaths, chiropractors, athletic coaches, swimming instructors, yoga practitioners, and teachers of exercise and dance.

Poor posture, backaches and possible curvature of the spine demand attention if your daughter is going to maintain the excellent health you thus far have helped her to achieve.

Q When I recently went to Stanford University Hospital, I asked about plastic discs which have been used to replace damaged discs surgically removed from the spine. Much to my sorrow, I learned these discs no longer are being used, due to unfavorable results.

I have had two fusions in my cervical spine, and I now have one bad disc and another that is going bad. I also have four spurs in that area, and I suffer much pain. I had been hoping to have both these discs replaced with plastic ones, and I wonder if I have any reason to keep on hoping. Are any universities presently using plastic or other replacement

materials with good results? I'd like to have a neck with normal motion again, as well as the absence of pain.--F.R.

Surgical solutions

Why are you sad that those plastic discs have been abandoned? Don't you recognize that their "unfavorable results" produced patients who were worse off than they had been before the surgery? Otherwise, why do you suppose these discs no longer are being used?

Since you already have had plenty of operations, maybe it's time for you to stop looking for surgical miracles. My long-standing advice to anyone who is facing back surgery (which includes chymopapain injection) is to first obtain a chiropractic consultation. You also might benefit from reading Dvera Berson's excellent manual for all kinds of patients with all kinds of joint problems, "Pain-Free Arthritis," (Simon & Schuster, $6.95).

Chymopapain

For years, people have been asking me about the chymopapain injection treatment (chemonucleolysis) for spinal disc problems as an alternative to surgery. Some readers doubtless remember when seekers of this treatment had to sneak across the Canadian border to get it, but now that much of the glamor and intrigue connected to this international adventure has been dispelled by its having been made available in the United States, 1984 may be remembered as the year of disappointment for those who thought that chemistry might replace surgery. Speaking at the Congress of Neurological Surgeons' meeting, Charles Fager, M.D., chairman of the Department of Neurosurgery of Massachusetts' renowned Leahy Clinic, vowed (as reported in the Journal of the American Medical Association, January 6, 1984), "My papaya [the major constituent of chymopapain] is going to be limited to the breakfast table." Dr. Fager referred to chymopapain treatment as "a stab in the back...with its lure of a quick and easy fix."

After prescribing chymopapain about 100 times, Dr. George Sypert, professor of neurosurgery at the University of Florida Health Center at Gainesville, felt it was not as good as surgical (laminectomy) treatment of a herniated disc. While the original trials of chymopapain led to predictions of a three per cent failure rate, Dr. Sypert's failure rate was 33 per cent.

You and I probably would like to see a controlled study in which half the patients received chymopapain, while the other half had surgery. But Walter W. Whisler, M.D., Ph.D., professor and chairman of the Department of Neurosurgery at Rush-Presbyterian-St. Luke's Medical Center, Chicago, said, "The experiment everybody would like--Is it [chymopapain] better or not as good as a laminectomy?--will probably never be done."

Since the 60 to 70 per cent success rates of chymopapain reported here fall far short of the 90 per cent success rate previously reported by Lyman Smith, M.D., the Illinois orthopedic surgeon who originated the procedure, I will continue to advise people who believe they are faced with these two options to choose a third: Consult with a good physiotherapist, chiropractor, massage therapist, naturopath, naprapath, or any other member of the healing arts who can help protect them from better living through chemistry as well as better living through surgery.

There may be good reason to be skeptical of neurosurgeons who might carry out such a controlled study because, as Dr. Whisler later commented, "I like to operate much more than I like to do a chymopapain procedure." In comparing the two procedures, another neurosurgeon, Dr. Clark Watts, M.D., chairman of the Division of Neurosurgery, University of Missouri Medical Center at Columbia, asked, "What is the scare of surgery, other than the length of the scar?"

Q

Your practical advice in many areas has been a joy to read. Now I hope you will be able to shed some light on the problem of our 12-year-old son who has been diagnosed as having scoliosis. I have been told that 10 per cent of the teenage population has some degree of spinal curvature. I have found very little information on the subject, and no one seems to have any idea of what causes it.

Orthopedists have two ways of correcting this condition--braces or surgery. Yet if my son wears a brace for the next five or six years, which the orthopedist says is the only remedy, it seems to me there certainly will be damage due to lack of muscle use. Possible psychological problems might also result because of restricted activity.

Can you give me any information about possibilities other than surgery or braces?--Mrs. L. R.

A

Scoliosis

A recent survey taken in Illinois projected the incidence of scoliosis at 16 per cent of high school students. This study and others conducted during the past few years represent a remarkable change from figures of 20 years ago, which identified only two to three per cent of schoolchildren as having a curvature of the spine. Of course, each study has somewhat different criteria for diagnosis and may cover different populations, thus making comparison difficult. And if there is indeed a real increase, it would be important to examine nutritional and environmental factors (such as television viewing) that have changed during the past 20 years.

Your letter does not state the degree of curvature, and there is considerable orthopedic opinion that curves of less than 15 per cent will not require treatment.

Until recently, cumbersome braces and surgery represented the only methods conventional medicine had to offer for treating scoliosis. But much research is being conducted into new treatment techniques, including biofeedback (Rockefeller University, New York City) and implantation of electronic pacemaker-like receivers (Hospital for Sick Children, Toronto). Ask your orthopedist for more information on these newer types of treatment for scoliosis before you accept his statement that you have no choice. (Reprinted from Volume 3, Number 6.)

Q

My daughter's orthopedic surgeon says she must have surgery to correct her scoliosis; it seems her brace is not holding the curve. I feel there surely must be another answer--fusion of the spine seems so final.

I have heard there can be problems with this kind of surgery, and additional surgery sometimes is needed as the child becomes taller and reaches his/her normal height.

Please explain the pros and cons of this type of surgery. Where can I go to find help other than surgery?--R.S.

A

Ask your orthopedic specialist about his recommendation for spinal fusion. Question whether any scientifically-controlled studies have been done to back up his recommendation that your child submit to an operation that carries the risk of every other surgical procedure (infection, hemorrhage, anesthetic complications, death). In other words, has he or any other doctor ever taken a group of patients whom they believed had the indications for this kind of scoliosis surgery, operated on half of them, and treated the other half with non-surgical therapies?

If no such controlled studies have ever been done, then ask your orthopedic surgeon three questions. First, have all scoliosis patients followed their doctors' recommendations to have surgery? Obviously, the answer must be no, since there are always non-compliant patients. Next, ask what happens to those patients who reject the recommendation for

surgery. The answer must be, we don't know, since doctors do not follow patients who do not take their advice. Therefore, the final question is, how do you know that those patients who reject surgery don't end up with less disability and probably even lower death rates than those who do opt for surgery?

This is the kind of thinking process that must precede every parent's decision to follow or not to follow the doctor's recommendation for scoliosis surgery.

Our 12-year-old daughter has been diagnosed as having scoliosis. We have an appointment with an orthopedist next week, and in the meantime I'm trying to gather information on the condition. Unfortunately, I'm finding very little. The possible treatments I've read about include the wearing of a brace, surgery involving a rod inserted alongside the spine, and an electronic disc which electrically jolts the back muscles to pull the spine into proper position.

What are the possible causes of scoliosis? I've read nothing to help answer this question. Our daughter has had a history of chronic constipation which has been aided, but not eliminated, with increased fiber in her diet. Could there be any connection, or could the condition relate to my taking the birth control pill (in the higher potencies used 13 years ago) during the first month of this pregnancy?

My daughter has always been physically active. She especially enjoys gymnastics and has a back which bends backwards very easily.

What are your feelings on the treatments I've listed? Are there others? Is an exercise regime ever used to treat scoliosis? If so, she would be an excellent candidate for such treatment.--Mrs. W.F.

I agree that there is precious little medical understanding of scoliosis. I also agree that the available treatments, whether bracing or surgery or electronic biofeedback, are far from satisfactory. A number of my own patients have tried chiropractic, osteopathic treatments, supervised exercise programs, and even dance therapy with variable results.

Your question about the possible causes of scoliosis constitutes a challenge to, and perhaps even an indictment of, modern medicine. Epidemiologic studies on scoliosis are so scanty that we know next to nothing about a possible relationship of this condition to intestinal conditions, type of diet, or even the intriguing possibility you raised about the use of The Pill during early pregnancy. In support of your suggestion, scoliosis is far more common in females, and it appears to be on the increase in recent years.

My Managing Editor, Vera Chatz, recalls that 20 years ago, her children's pediatrician, the late Alfred Traisman, M.D., of Chicago, rebuked her for placing her infant in a sitting position in a rigid plastic seat. Because of these warnings, she is suspicious of the possible role umbrella strollers may play in causing muscle and bone problems in later life. Just this morning, a grandmother asked me whether her daughter was right in setting her three-month-old baby in an upright car seat. I had to admit that medical science simply doesn't know, and therefore her concern had to be considered seriously.

Perhaps people like you who are aware of the limitations of treatment will someday form an organization to study theories of causation so that we may discover how to prevent what has the appearance of becoming a national scoliosis epidemic.

As the mother of a daughter who had scoliosis almost 16 years ago, I am amazed at the lack of knowledge about this subject. Please inform the mother who recently wrote you about scoliosis that the Milwaukee brace corrects this condition. This brace is a device made of metal and leather.

Any discomfort it causes is remedied by putting moleskin between the padded leather and the skin. It is advisable to have frequent dental checkups because of the pressure of the under-chin rest. Dentists in my town use a rubber device, worn during sleeping hours, to keep the teeth aligned.

As you wrote, the causes of this ailment have not been determined. The first hypothesis--that female blond, blue-eyed girls seemed to be affected most often--was ruled out when girls of diverse genetic backgrounds sought help. A second hypothesis--that it seemed a familial disorder--seemed unlikely as the numbers increased. It does affect male youths, including black teenaged boys. Another suspected cause, other than the too-early sitting posture of infants, is that most of the victims took polio vaccine at an early age. They might have suffered a mild, and often undiagnosed, weakening of muscles on one side which caused the stronger muscles on the other side to pull the spine out of alignment at the fast spurt of growth during early adolescence.--Mrs. M.J.

A

I am glad your daughter benefited from the Milwaukee brace, a treatment familiar to American doctors over the past several decades. However, the search for more acceptable and more effective methods of managing scoliosis (such as biofeedback) continues, as I mentioned earlier. Your letter correctly points out the mistaken hypotheses regarding causation that resulted from the poorly-carried-out epidemiological studies of the past.

I am intrigued by your raising the possibility that scoliosis may be related to the polio vaccine. That would be an excellent study to pursue, particularly since we already know the linkage between another condition whose symptoms are muscle weakness and paralysis (Guillain-Barre syndrome) and the swine flu vaccine. The problem of scoliosis, like many other mysterious conditions, may finally be solved when, in addition to searching for disease causes, we also investigate the possibility that iatrogenic (doctor-produced) factors may be responsible.

Q

I've had scoliosis of the spine for 36 years--I am now 50 years old. My body is twisted into an "S" shape with the right upper back and left hip protruding. As a teenager, I was told by doctors to exercise for two years (until age 16). I was told that, if there were no change, I should be prepared for at least three surgeries. I had been afraid that, if the doctors tampered with my spine, I'd be in for trouble (I had been free of any pain whatsoever). So I did not go through with the surgery at that stage of my life.

At 18, I married a wonderful man. We have had five children, all natural births with no problems whatsoever. However, I've noticed during the past year that I get breathless (short-winded) not only when I do a little something, but even when I do nothing at all. Walking briskly is out of the question, even though I love to walk. I find myself lying down or resting every chance I get, but lately, even that doesn't seem to help. I recently had chest x-rays which showed the heart and lungs were clear, but I'm sure my organs must be displaced and must be causing this awful discomfort. I've read somewhere that this happens in scoliosis, and I fear it.

My doctor says he knows of no medication that will help me. I am in the menopause, and the doctor is telling me to take Butisol if I get nervous or have palpitations. Please help.--Mrs. R.K.

A

While breathing problems sometimes may result from scoliosis, it is extremely important to make sure that the curvature of your spine does not serve as a red herring which deflects your attention, as well as that of your doctor, from the many other causes of shortness of breath. Since your letter contains so little information (for example, are you over-

weight?), I am in no position to further explore other diagnostic possibilities which must be considered before you accept your doctor's advice to take the barbiturate, Butisol. After all, sedation of a patient is no substitute for thorough examination and accurate diagnosis.

Potpourri

Tubes in ears don't work

Loyal followers of this Newsletter are aware of my longstanding criticism of tympanostomy--an ear operation performed on millions of children per year in the United States. Now another pediatrician has spoken out--not in public--but in the August issue of the medical journal, "Pediatrics" (sent to me by Paul Fleiss, M.D., one of the finest pediatricians in Los Angeles, before I even had time to read my own copy).

Gunnar Stickler, M.D., of the Department of Pediatrics, Mayo Clinic, in a commentary entitled "The Attack on the Tympanic Membrane" points out that "fluid in the ear" concerns today's pediatricians just as large tonsils and adenoids bothered the pediatricians of yesteryear. In order to protect children from hearing loss allegedly linked to fluid in the ears, pediatricians have been recommending tympanostomy (plastic tubes placed through the ear drums) on a wholesale basis. Indeed, the million plus tympanostomies currently performed annually has just about replaced the million plus tonsillectomies performed annually in years past.

In discussing the history of tympanostomy, Dr. Stickler notes that, just like many other surgical procedures--the coronary bypass included--tympanostomy was introduced "on the basis of hypothesis alone." Now the term "hypothesis"--like its relatives--theory, assumption, guess, speculation, supposition, is worlds away from fact or proof or even experimental evidence. Dr. Stickler next makes a stunningly honest statement: "There is probably not a single surgical procedure that was tested in a prospective (planned in advance), carefully controlled study before it was introduced into the general resource of surgeons."

If you think this is surprising, look at his next sentence referring to these operations "...controlled studies done later reduced the indications for the surgical procedures drastically." In other words, when doctors finally turned to science, they discovered how many unnecessary operations (with their consequent pain, suffering, disability, and death) they had been doing.

Twelve years ago, to his credit, Dr. Stickler recommended delaying widespread use of tympanostomy--and other similar procedures--until controlled studies appeared. However, he published this recommendation in an obscure pediatric journal ("Clinical Pediatrics" 1972) which is read only by physicians, and precious few of those.

Dr. Stickler refers in his Commentary to the controlled studies on tympanostomy that have, since the early '70s, been carried out in Europe (as I do in my book "How to Raise a Healthy Child...In Spite of Your Doctor"). He confesses, "but they remain largely unnoticed." Of course they remain unnoticed so long as doctors feel they have carried out their responsibility by reporting these studies in the Journal of Laryngology and Otology, The Journal of the Royal Medical Society, and Clinical Otolaryngology (the publications that carried these controlled scientific studies) and other "learned" journals which almost no one reads, certainly not mothers and fathers whose children are about to go under the knife.

In these controlled studies, children with bilateral chronic ear infections had a tube placed in only one ear, the other serving as a control. You guessed it! The results were just about the same in both ears--"no demonstrable benefit from the placement of myringotomy (same as tympanostomy) tubes...and indeed showing some complications such as scarring and permanent perforation..."

Dr. Stickler concludes: "perhaps the time has come for us to demand prospective (planned in advance) studies of untested surgical procedures

before our patients are subjected to them."

Agreement is growing that neither tonsillectomy, adenoidectomy, or tympanostomy influence the course of otitis media. Rather, this kind of middle ear infection is a self-limiting condition which is not improved by any of the current methods of medical treatment. Dr. Sticker wisely advises one of my own favorite prescriptions--"tincture of time" because "many of us in practice today had fluid in our ears when we were children."

So far so good. But at the risk of being a stickler for detail, I call to your attention Dr. Stickler's placement of blame. Noting that more than one million children annually may be having this unnecessary surgical procedure, does he blame the referring pediatrician, the operating surgeon, the hospital peer review committee? He does not. Instead, he fingers the insurance companies: "Has the availability of third party payments fostered the spreading use of the procedures?"

So, if your child is threatened with this ear operation, and you want to ask your doctor some questions, you now have the Mayo Clinic (and not just Dr. Mendelsohn) behind you.

In addition, I have a few questions for Dr. Stickler:

1. Have you called a national press conference to inform the people? If not, are you ready to go public, now?

2. In order to save the very next child from possible death or disability, are you (and I will be happy to join you) ready to call in public for an immediate moratorium on tympanostomy, by federal government action if necessary?

A copy of this is being sent to Dr. Stickler, and I will share with you any reply he sends me.

Medical News

After a yearlong study, a 14-member task force organized by the National Institutes of Health is ready to recommend that ultrasound tests should not be given routinely because the safety of the procedure has not been proved.

The chairman of the panel, Dr. Fredric Frigoletto, professor of obstetrics and gynecology at Harvard University Medical School, reports: "We could find no evidence to justify the recommendation that every pregnancy be screened by ultrasound." He continues: "In the face of even a theoretical risk, where there is no benefit, then the theoretical risk cannot be justified."

Since you will recall my repeated warnings over the past few years about the dangers of diagnostic ultrasound, I suppose I could simply lean back and bask in the glow of self-satisfaction, having watched my predictions come true and knowing that at least some of you and some of your yet-unborn children have escaped this unproven and potentially dangerous diagnostic procedure. However, these new warnings from NIH pose new questions. Where was it ever written that ultrasound should be used routinely? Who were those doctors who recommended routine diagnostic ultrasound for pregnant women? Why aren't the experts at NIH publicizing the appropriate indications for ultrasound so that women can have this information in hand when they go to their doctors?

Dr. Mendelsohn's latest book, "How to Raise a Healthy Child in Spite of Your Doctor," has just been published by Contemporary Books ($13.95).

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Another View

by Marian Tompson
Executive Director,
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Annette's problem was a fairly common one. She had a lower back dislocation (subluxation) of the spine which had become so painful that she had to be taken to her doctor's office in a wheelchair. At each visit, Annette was given a muscle relaxant and told to go home and take it easy.

"Can you imagine taking it easy with eight children to care for!" she exclaimed. "After the third visit I decided there had to be a better solution. So rather reluctantly, I took a friend's advice and visited a chiropractor. As a registered nurse, I always thought of chiropractors as quacks, but I was getting desperate. To my amazement, I was able to walk out of the chiropractor's office free of pain after my first adjustment. After several more treatments, my back pain just went away. The chiropractor suggested I do some exercises to strengthen my back, and about twice a year I go back to him for a checkup."

In "Listen to Your Pain: The Active Person's Guide to Understanding, Identifying and Treating Pain and Injury" by Ben E. Benjamin, Ph.D., and Gale Borden, M.D. (Penguin Books, $7.95), osteopathic and chiropractic manipulations frequently are suggested as medical treatment for back problems. But the authors caution, "One to five manipulations should be all that is necessary if this treatment is going to be effective. If it takes longer than that, you would probably do just as well by resting or waiting."

Michael Lotito, a Chicago area chiropractor, agrees: "Ordinarily you should see some change within five treatments. But a lot depends on the age of the person, the severity of the injury and how long he's had it, the patient's physical condition and even his diet. The brain runs and controls every function of the body primarily through the spinal cord. The spinal cord exists between the bones of the spine and branches to every organ and muscle system of the body. When a bone moves out of place from an accident, a fall, lifting something, poor posture or sleeping habits, the bone can put pressure on the nerves. This pressure will either cause pain or lack of function to an organ or an area of the body. By realigning the bones, a chiropractor restores normal nerve function. Because chiropractic does work, it is covered by most health insurance policies and workman's compensation plans."

"As M.D. physicians begin to understand the value of chiropractic, they are more willing to refer patients to chiropractors or involve them in their patient care," continued Dr. Lotito. "Recently, I was called in by a physician to work with an elderly patient with a heart condition. Because of the severity of the condition, the physician was unable to do any kind of treatment other than medication. He discovered that the patient had back pains or spasms which were triggering angina chest pains. The pain and anxiety from the angina would send the patient's blood pressure soaring. With treatment to his spine and physical therapy, the patient's back spasms have decreased, his blood pressure is more stable, and his condition is improving."

Clearly the day is coming when going to a doctor or a chiropractor for a health problem will not be an either/or proposition, but will be one in which patients will feel comfortable discussing the possibility of chiropractic care with their physicians and vice versa. It seems to me that working together should ease the concern of doctors that chiropractors sometimes practice beyond the scope of their training. When they work together as allies--instead of competitors--we, the consumers, will be more assured of getting the kind of help we need.