

# the People's Doctor

A MEDICAL NEWSLETTER FOR CONSUMERS  
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## IN THIS ISSUE:

### Alternative Treatments for Disease



**Dr. Robert Mendelsohn**

As confidence in orthodox medicine declines, the popularity of "alternative" approaches rises. Patients are not nearly as frightened by the doctors' admonition to stay away from quacks once they learn that the major form of quackery today lies inside of Modern Medicine.

The late Morris Fishbein, M.D., was a long-time editor of the Journal of the American Medical Association. In his lectures on "Medical Quackery" to medical students (myself included) at the University of Chicago, Dr. Fishbein used to give the three criteria for quack medicines:

- 1) unproven remedies
- 2) highly expensive
- 3) widely publicized

How well that definition fits most of Modern Medicine. Take, for example, cancer chemotherapy. No form of cancer chemotherapy has ever been subjected to controlled scientific study in which half the candidates for therapy receive the treatment and the other half do not.

Oncologists feel such an experiment would be "unethical." They believe so strongly in their treatment that they would not withhold it from a single patient. However, they do not consider unethical the exposure of patients to unproven chemical treatments that can kill them.

Doctors rely on "historical" controls. They boast to patients that leukemia used to be 95 percent fatal 50 years ago and now, because of treatment, it is only 50 percent fatal. But they don't tell their patients that the concept of "historical controls" is anathema to true science. Scientists know that diseases come and go. Today we have new diseases--AIDS, herpes, toxic shock, Legionnaires' disease. Old diseases like scarlet fever and rheumatic fever have either practically disappeared or dramatically decreased in virulence without any help from doctors. The only controls that count in science are contemporaneous controls.

Every patient should ask three questions of an oncologist who threatens them with chemotherapy or radiation or surgery:

- 1) "Doctor, do all your patients follow your advice?" Of course, his answer must be "no" since no doctor enjoys a 100 percent compliance rate.
- 2) "Doctor, what happens to those patients who don't follow your advice?" His answer must be "We don't know," since doctors don't follow patients who reject their advice.
- 3) "In that case, doctor, how do you know that the patients who reject your advice don't out-survive those who accept it?" Since the doctor doesn't know the answer to this crucial question, the only conclusion is that the most dangerous cancer quackery today is that which is inside Modern Medicine.

People ask me, "Dr. Mendelsohn, what do you think of Laetrile?" I answer that I think Laetrile is marvelous because it keeps people away from doctors who will give them chemotherapy.

They ask, "Dr. Mendelsohn, what do you think of copper bracelets for arthritis?" My answer is--I love copper bracelets because they keep people away from rheumatologists who will give them Motrin, Butazolidin, Tolectin, or even kill them with Oraflex!

They ask, "Dr. Mendelsohn, what do you think of chelation?" My answer is--I cherish chelation therapy because it keeps people away from surgeons who will give them a coronary bypass or a carotid artery operation.

Doctors complain that quacks keep patients away from orthodox medicine. I cheer! Since all the treatments (orthodox and alternative) for cancer, heart disease, hypertension, stroke, and arthritis are equally unproven, why would a sane person choose treatment that may kill the patient?

Furthermore, there's little chance that the situation will change in the future. Proponents for alternatives believe just as strongly in their own remedies as orthodox doctors believe in theirs. Therefore, both groups will continue to shun controlled studies. The only proven factors in orthodox therapies are the side effects and adverse reactions. Doctors not only admit this but are proud of quoting Eli Lilly, head of the drug company which bears his name: "Any drug without toxic effects is not a drug at all."

Given the lack of science in all therapies, orthodox and alternative, present and future, what's a person to do? The obvious answer is to begin by examining all sides of the question. Hence this Newsletter.

**Q** A reader of our reader service column has asked for information about chelation therapy. She has read that it is used in Germany and in the United States. She describes it as injections of a chemical known as EDTA which, she says, dissolves the substances which stick to the walls of veins and arteries. It is said to be beneficial for people with arthritis, angina, headaches, loss of memory and heart attacks, and it is supposed to help in preventing strokes and heart attacks.

This reader is interested in knowing more about chelation. Is this a subject you can discuss in a column?--Idaho editor

**A**  
*Chelation* Your reader should get a copy of "The Scientific Basis of EDTA Chelation Therapy," by Bruce W. Halstead, M.D. (Golden Quill Publishers, Box 1278, Colton, CA 92324, 1979). Or she might read, "Chelation Therapy," by Dr. Morton Walker ('76 Press, P.O. Box 2686, Seal Beach, CA 90740). Her own doctor may not be knowledgeable about chelation therapy, since this treatment (other than in the management of lead poisoning) is not ordinarily covered in medical school. However, if her doctor is familiar with these references, or if he personally has treated vascular disease patients with chelation therapy, he may be able to provide a considered opinion.

**Q** Almost five years ago, I was diagnosed as having a skin disease called scleroderma. The doctors and many specialists whom I consulted did not have much information on this condition, and I've tried medical books and libraries to no avail. It started as a small, hard white patch on my right upper arm. It has increased rapidly in size, accompanied by numbness down my arm to the palm of my hand and some numbness in my fingers. At times, this is quite painful.

I would greatly appreciate any information or suggestions as to what I should do.--M.C.

**A** Let me presume that, as a result of your consulting many specialists and medical references, you are conversant with the conventional, usually frustrating, approaches to this serious disease (e.g., prednisone).

Your next move is to investigate the unconventional approaches, including chelation therapy (Bruce Halstead, M.D., Redlands, California) and DMSO treatment (Stanley Jacobs, M.D., Seattle, Washington). These authorities can inform you about the latest medical information on these methods, as well as their legal aspects, and they also may be able to give you the names of practitioners closer to you who may be utilizing such techniques.

**Q** I am writing to you in desperation about my brother. He is 73 years old and has been an out-patient at a local hospital for a long time. About five years ago, he became ill and started to shake, and we took him to a hospital. About a year after, he was diagnosed as having Parkinson's Disease. He takes Levodopa three times a day and diphenhydramine for sleep at night. He has an allergy for which he takes two Teltrin daily.

We took him to a "world-renowned" clinic in Montreal in May of this year. The records from Buffalo had been sent to this clinic, and after a cursory neurologic examination, the doctor verified the diagnosis. We had only one hour consultation time, and we were told that further tests would not be necessary since enough tests already had been taken.

Both the Buffalo and Montreal neurologists agreed that, because of the nature of the illness, absolutely nothing could be done to help my

brother since this kind of palsy rejects medication. Both said they were sorry that nothing could be done, and apparently he has to accept that. As for my sister and for me who care for him, they told us, "Do the best you can." The Montreal neurologist said, "Don't let it bother you. There is nothing you can do."

But how can a person watch a brother suffer the tortures of the damned and not let it bother her? Is there someone or some place where I can take him? Or is there some other medication you can recommend?--K.M.

**A**

*Alternative  
Parkinson  
treatments—  
Rolfing,  
Shiatsu,  
Alexander  
method*

Just because two doctors slam a door in your face doesn't mean there isn't another door somewhere that may be opened. However, it is doubtful whether you will receive much help from further visits to other world-renowned clinics or neurologists, practically all of whom use the chemical approach to parkinsonism.

In your brother's case, the three chemicals prescribed for him may present problems. Thus, the prescribing information for Teldrin clearly states, "Antihistamine overdosage may produce a mixture of excitatory and depressive effects on the central nervous system. Marked cerebral irritation, resulting in jerking of muscles and possible convulsions, may be followed by deep stupor."

While the above side effects are not exactly characteristic of parkinsonism, they do bear a certain resemblance to the symptoms of this condition. Furthermore, while your brother is taking the prescribed dose, one should always keep in mind that recommended dosages of all drugs merely represent a range of normalcy, and in your brother's particular case, the dose he's taking may represent an overdose. To add another complication, the diphenhydramine (Benadryl) your brother is taking for parkinsonism, may interact with both Levodopa and Teldrin.

To further indicate the role drugs can play in producing parkinsonism, Morris Fishbein, M.D., in his "Medical Encyclopedia" (Doubleday, \$14.95), states, "Excessive use of certain medicines, such as antihypertensives and tranquilizers may produce symptoms resembling the disease [parkinsonism]."

A recent newspaper cartoon showing a doctor advising a patient carried the caption, "There's nothing more that modern medicine can do for your condition. Why don't you go ahead and consult with a good quack?" And since doctors generally regard nutritional approaches and other treatment modalities as quackery, you might want to examine the evidence that manganese deficiency may lead to parkinsonism ("Diet and Nutrition: A Holistic Approach," by Rudolph Ballentine, M.D.).

I have no first-hand reports, but I would recommend you also talk to experts in various techniques such as Shiatsu massage, Rolfing, and the Alexander method to see whether they have had any success with parkinsonism.

My bottom-line advice is: Do not listen to doctors who tell you that nothing more can be done. That only means that they can do nothing more.

**Q**

A year ago, our 17-year-old daughter was discovered to have scoliosis of the spine. We have taken her to three different orthopedists who have taken x-rays. Two of them say they won't do anything for her unless her spine gets more than 50 degrees off (it is now 39 degrees off). The other doctor wants to operate on her back, saying there will be some restriction afterwards. None of the doctors mentioned either a brace or exercises.

Our daughter doesn't want an operation, and she doesn't want to have to wear a cast for years. Should we continue taking her to these doctors? Might a chiropractor help?--Mrs. E.D.

**A**

**Biofeedback**

Congratulations on shopping around for opinions on scoliosis, treatment for which can be as basic as simple exercises or as extensive as bracing or surgery.

I am surprised that none of the doctors informed your daughter about the important research conducted over the past decade on biofeedback techniques by the Rockefeller University, New York City (Barry Dworkin, Ph.D., now of Hershey, Pennsylvania) and research on implantation of electronic pacemaker-like receivers (Hospital for Sick Children, Toronto).

I am flattered you have enough confidence in me to ask me whether a chiropractor can help, since, as you must be aware, the almost total extent of education M.D.'s receive about chiropractors is a warning not to associate with them. Yet, some of my patients, relatives and friends over the years have achieved considerable relief from chiropractors.

Since recent publicity about scoliosis has made it almost a household word, it is more important than ever that we recognize the wide range of treatment options as well as the controversies surrounding each of them.

**Q**

What can be done for a dropped bladder? I've decided against having an operation. A number of my friends have had surgery three to five times, and their condition has not improved. They have to wear pads (one lady wears two pads all the time) because of dripping.

I am 74 years old and have had this problem for quite some time. My doctor says nothing serious will result from it, but there is a lot of discomfort from having this condition. Can you help me?--Mrs. C.J.

**A**

**Alternative treatments for dropped bladder**

I am not surprised that you decided against surgery after you learned about the substantial proportion of failures after operations for urinary incontinence.

See if you can find an old doctor who learned how to properly fit a pessary, or find someone who is skilled in exercise therapy (physiatrist, chiropractor, muscle therapist, naturopath, reflexologist, kinesiologist, naprapath, shiatsu massage practitioner--even a midwife or a childbirth educator) who can prescribe the kind of exercises I predict can improve your condition.

If my prediction turns out to be correct, please share your satisfaction with me--or even better, with your own doctor.

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Since I often am asked about the rather unorthodox and controversial nondrug pain control method known as acupuncture, I am pleased to pass along the following advice which appeared in the decidedly orthodox Journal of the American Medical Association (February 20, 1981). After explaining the techniques of both traditional and modern acupuncture, George A. Ulett, M.D., Ph.D., of St. Louis, Missouri, concluded:

"The evidence now available...is sufficient to place this age-old Chinese healing art, modernized to U.S. standards, on a solid scientific base. There seems little doubt but that a more physiologically determined acupuncture-type stimulation can and will play an increasingly important role in the relief of pain.

"In the hands of competent physicians, acupuncture is a method free from discomfort or side effects that can, in many cases, bring some relief from the suffering of chronic pain. When patients with such conditions ask about acupuncture, the answer can now be, with good justification, 'It may well be worth a try.'"

**Acupuncture**

In view of this ringing endorsement, I wonder why acupuncture is being taught in chiropractic colleges, but not in medical schools.

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Q

I am desperate. Almost a year ago, my arm hurt on the outside below the shoulder and above the elbow. I went to a doctor who said I had rheumatism and prescribed hot packs and Motrin. The pain went into the other arm. I went to another doctor who took blood tests that showed nothing (I don't know what he was looking for). He said I had tendinitis and prescribed butazolidin and hot packs. Next, he suggested an upper G.I. and an electrocardiogram. I could not take the medicine as it did no good and upset my stomach.

After the pain had gone into my thigh, both arms and in my one hand, a new doctor gave me prednisone. That took all the pain away, but after about one month when I went back to the doctor, he said I had a nervous heart. I had no trouble with my heart before the medication. I asked if there was anything else he could give me and he said, "No."

I read the book you recommended on tendinitis and I used ice and rest, but I still have trouble using my arms. I take aspirin. If I knew a doctor who could help me, I would go to him. Or is the only cure time, ice and rest? I am 74, usually healthy, and I don't go to doctors much.--P.H.

A

*Chiropractic*

Since you have just about exhausted the treasure trove of medical treatments for sore arms and legs, don't you think it's time to try something else? You have had three powerful drugs, some laboratory tests and some diagnoses, none of which have helped. How about continuing your policy of not going to doctors much and instead try a chiropractor? My fellow M.D.s can't criticize this advice as much as they used to, especially since the U.S. Supreme Court ruled against the AMA in the latest series of legal battles between M.D.s and chiropractors.

(For more on chiropractic, See Vol. 5, No. 6, "Chiropractic--and other healing arts.)

Q

Last winter, my wife and I spent 26 days at the Pritikin Longevity Center in California. While we were there, we each lost eight pounds, and by following the Pritikin diet and exercising regularly, we each lost an additional 15 pounds within two months after we returned home. Although we've been back home for nine months, we both still maintain our same weight, although we do cheat on our diet once in a while.

Before we left for the Center, my wife's internist said although he didn't think it would do her any good, it certainly wouldn't do her any harm. But he did say he thought it was a rip-off because of the high cost. He said he didn't think she'd ever be able to stop taking insulin. After he saw the results of her treatment, he now says it's unnecessary for her to use insulin, and he thinks all doctors in the U.S. will adopt the Pritikin diet and exercise program within the next few years.

My wife recently wrote to the Pritikin Institute, lauding them for being "A House of Miracles." I thought you'd enjoy reading some of that letter:

"Four years ago I suffered a stroke, and one year later I had a heart attack. Five weeks later (the day before I was to go home), I had another heart attack. A team of eight cardiologists and heart surgeons advised a triple bypass, but the head of the team said the chances were 500 to one against my coming through the bypass surgery alive. So I was sent home with a number of prescriptions (Inderal,

Isordil, Vasodilan, Valpin, Digoxin, Dyazine, Nitroglycerin) and was told to take about 40 pills a day. The following week, I had a third heart attack.

"Since I am a diabetic, I had been taking Orinase for about 15 years. Two years ago, I was put on insulin since the Orinase was no longer effective. Having claudication in my legs, I had been using a four-pronged cane and was able to walk about two inches at a time, barely able to walk 25 feet with the cane.

"It took almost two years for my husband to convince me to go to the Pritikin Longevity Center. After three days at the Center, I was told to stop using insulin (I had been injecting 28 units daily). I haven't used it since, and my blood sugar hovers just above normal. After 10 days at the Center, I stopped using a cane, and my walking continues to improve. My cholesterol level has dropped considerably, and my blood pressure has been normal for the past eight months (it previously had been as high as 200 systolic and 100 diastolic).

"I ride an exercycle every day from 40 to 60 minutes, and I follow the Pritikin diet as closely as possible. Rather than 40 pills a day, I now take 16, and I take no blood pressure pills.

"My husband, who accompanied me, also has seen his blood pressure drop from high to normal. He no longer takes any antihypertensives, and he continues on the diet and exercise program."--Pritikin Fans

## **A** The Pritikin method

Your letter is typical of the many reports I have heard over the years about people like Nathan Pritikin, Paavo Airola, Dale Alexander, Carleton Fredericks, Jack Goldstein, Roger Williams, Rudolph Ballentine, the late Adele Davis, and others. They have proven that plenty of people don't have to take insulin for the rest of their lives, that plenty of people can break the Inderal habit, and that plenty of people can bypass the coronary bypass.

Doctors have a variety of catch phrases to explain away these successes:

- 1) These are only anecdotal reports.
- 2) Your recovery is one-in-a-million.
- 3) You had a spontaneous remission which was unrelated to the treatment.
- 4) These quacks are out to rip you off (a hollow claim when one considers the fantastic cost of today's conventional medical treatment).

It almost seems as if the religion of modern medicine would rather you die at the hands of doctors than recover at the hands of quacks. Many doctors are prone to imply that patients who don't take the medicine they prescribe will die, therefore, I have printed your letter for all those who are unaware that there is an alternative.

I hope you continue to spread the message of your cure until you reach 120 years.

Although I am a vegetarian, I recently have begun eating a pint of low fat yogurt every morning in an effort to beef up my calcium intake. I'm 49, and my mother suffers from osteoporosis, a disease currently featured in just about every woman's magazine.

Common sense tells me that humans don't need to drink another animal's milk in order to achieve optimal nutrition. I question the recommended daily allowance (RDA) for calcium, a figure I think the dairy lobby came up with. But my problem is that nothing I read tells me how much calcium a woman really needs. I don't think it's anywhere near the recommended 800 milligrams daily, but I don't want to play around with my health. So I compromise with my ethics and eat the yogurt. I then supplement it with such things as sesame seeds, or

perhaps I eat a big salad of greens.

When people find out I don't eat dairy products, they look at me like I'm crazy. When I tell them dairy products aren't essential to human nutrition, they really think I'm out in left field. We've all been taught to consider dairy products as one of the essential food groups.

I recently discussed this matter with the only clinical nutritionist who practices in this area (a former nutritionist for the National Cancer Institute). He not only told me how foolish and suicidal it was for me to continue my ban on dairy products (given my mother's history), but he recommended I immediately begin taking a hormone as a preventative. If there are any real nutritionists practicing in this area, I'd sure like to find out about them.--M.M.

**A**

*Is milk  
necessary  
to prevent  
osteoporosis?*

Within the field of nutrition, people can find practically any answers they want to whatever they ask. Plenty of best-selling books and famous contemporary and historical figures (such as George Bernard Shaw) laud vegetarianism. Other nutritional authorities, including many modern doctors, condemn those who avoid animal products, threatening them with Vitamin B12 deficiency and other dire effects.

Books written by many registered dieticians praise the benefits of cows' milk, while other authorities, including pediatrician Frank Oski, M.D., advise against drinking milk. Some experts claim that milk intake is vital to the proper metabolism of calcium, while others point out that plenty of other foods--including collard greens and other dark green leafy vegetables--can satisfy calcium needs completely, and more safely than milk and milk products.

All these divergent views are supported by a minimum of scientific evidence and a maximum of rhetoric, since there are practically no controlled studies in which half of a population is given one diet, while the other half, equally matched, is given another.

So in the absence of controlled scientific studies, what's a person to do? Obviously, the answer is to do what you already have done by using, as you express in your letter, common sense, a questioning attitude, suspicion about vested interests, ethics, compromise, and ongoing discussions with a broad spectrum of experts.

As for a nutritionist who practices in your area, I suggest that you communicate with any nutritionist who has written a book which agrees with your practice of vegetarianism. Ask him to refer you to local experts who can counter the arguments of that NCI nutritionist who recommended cows' milk and sex hormones in the prevention of osteoporosis.

Finally, with all due respect, I recommend a change in your social life. Why are you associating so closely with people who abhor your eating habits? Isn't it time that you changed friends so that you keep people around you who closely agree with and support your lifestyle?

I certainly believe in listening to everyone's opinion, but I must confess that in the evenings and on weekends, no one gets into my home unless he or she agrees with practically everything I say and do. There seems to be no shortage of people in Chicago who agree with my eating patterns, which don't sound too different from yours. And I have a feeling there is no shortage of that kind of person in Washington either.

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# Another View

by Marian Tompson  
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Two years ago, Michael, a professor in the East, learned that he had anaplastic epidermoid carcinoma (cancer of the throat). Initially, he had some lymph nodes removed, but when it was recommended he be radiated from his eyebrows to his collarbone to destroy any remaining cancer, Michael decided it was time to pull back and consider other forms of treatment.

"I was very skeptical of the wisdom of using radiation to spray an area," Michael explained. "My concern over what it might do to my thymus gland was dismissed as trivial. To my knowledge, no-one had ever compared the cure rate of that technique to later cancers it might have caused. If I were 70 years old, it might not make a difference, but at 50 it was a risk I wasn't prepared to take."

So Michael started off with the Gerson diet. He and his wife moved to the West Coast, and Michael checked into a halfway house near the Gerson clinic in Tijuana, Mexico. At the same time, they began to read everything they could get their hands on (more than 70 books) on all kinds of cancer treatment, and they began to consult with alternative practitioners both in and out of the U.S. They soon discovered that few of the alternative practitioners kept good records, and most of them didn't have the time or inclination to do studies or follow-ups. Michael was disappointed in their reluctance to actually examine him to "see what was best for me," when his tonsils began to swell. In one situation, he came across research which confirmed the practitioners were lying to him. Michael did feel that hair analysis was helpful because it revealed a high level of mercury poisoning and a low level of selenium. Since high levels of selenium seem to have a protective effect against cancer, it became important to bring up his selenium level.

After 10 months, it became apparent that the Gerson diet was not working for Michael. The cancer had started to spread to his tonsils and lymph nodes, and he submitted to a radical neck dissection. Since the recurrence rate was projected to be between 80 and 100 percent, often within a year, he looked for someone to help prevent this from happening.

Michael found Emmanuel Revici, a New York physician who takes an alternative approach to cancer. Simply put, Dr. Revici has devised medications to restore homeostatic balance in the body. An ill body is an out-of-balance body. According to Dr. Revici, with cancer, the most critical factors out of balance are the anabolic (building and growth) process and the catabolic (tearing down) process. It has been more than a year since the surgery, and there are no signs of recurrence. This fall, Michael will return to teaching.

So what kind of advice does Michael have for others seeking the right therapy? "It is a dilemma," he admits. "Read all you can about orthodox and unorthodox approaches. And while you may be dismayed by the scarcity of studies on many alternative therapies, you also will discover that only 10 to 20 percent of orthodox medical treatment and less than 30 percent of the drugs on the market have been proven safe. Talk to people who have used different kinds of treatment. We were impressed with the number of survivors we tracked down who had been treated by Dr. Revici. But there are practical considerations too. If you should choose the Gerson treatment, for example, it might mean going to a hospital in Mexico where you are practically cut off from the outside world, and the cost of alternative treatments are not covered by insurance. Many people turn to alternative therapies only after medical doctors have said there is nothing more they can do. If a person has the money and is willing to take the risk, he should be allowed to do it."

In her book, "The Cancer Survivors and How They Did It" (Dial Press, \$17.95), Judith Glassman makes the point that, in the long run, we are best guided by our own gut feelings of what is right for us: "To choose from among the many treatments, patients must weigh the facts, statistics, testimonials, personalities, side effects, philosophies and theories and decide what therapy or combination of therapies fits their belief system."