



VOL. 9, NO. 11

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

P.O. Box 982

Evanston, Illinois 60204

IN THIS ISSUE: **YEAST INFECTIONS . . .**
Vegetarianism

Q

I am 23 years old and have had a yeast infection--vaginitis--for about two years now.

I have been treated with creams, suppositories, etc., and I'm fine as long as I'm on medication. Once I stop taking medication, the infection recurs. I changed doctors about a year ago, and I have a great deal of faith in my present doctor. He has suggested that I cut down on sugar, which I have done with no beneficial results.

Do you have any suggestions for me and for women like me who are plagued by this awful, annoying problem? I take birth control pills, but am on no other medication.--Desperate

A

*Yeast infections
and the Pill*

Clearly listed, although in tiny print, in the adverse reactions section of the prescribing information for the Pill is vaginal candidiasis (the Latin name for the yeast organism). Need I say more?

Q

You recently linked birth control pills to vaginal infections. I have never taken the Pill, yet I suffer from the same problem. How can this be?--Atlanta Reader

A

Not all yeast infections are caused by the Pill, but some of them are. Just read the next two letters.

Q

I was very interested in what you wrote about the woman who suffered from yeast infections for two years. I also suffered from the same condition for more than a year, went to three different doctors, and used (I am convinced) every cream and suppository which doctors can prescribe. The infection would abate until I stopped taking the medication, and then it would recur. Finally I read a magazine article in which a woman doctor said one should stop taking all medications, including the Pill, if a yeast infection persisted despite treatment. I asked the doctor currently treating me if birth control pills could possibly be the cause of my problem, and he replied emphatically, "Of course not." In spite of this, I stopped taking the Pill for a month and used the cream which had been prescribed. And, of course, my infection disappeared.

Thank you for telling all women about something which I discovered only by chance.--S.G.

Q Let me tell you my experience with yeast infections and birth control pills. I have been off and on the Pill for eight years, and I had found the only time I was untroubled by yeast infections was when I had stopped taking the Pill. I discussed this with both my regular doctor and my obstetrician, and both acted as though I were crazy when I said the Pill was the cause. In fact they told me it was not the Pill. But I knew from experience that, when I was off the Pill, I had no infections. You have made me feel so much better to know that I wasn't imagining things. Thank you.--H.R.

Q HELP! You are my last hope!
I have a yeast infection on my lips. I have been to seven different specialists including two dermatologists, a gynecologist, and a dentist who has made me new dentures to widen my mouth. The new dentures helped clear up the infection inside my cheeks and the cracks in the corners of my mouth, but I still have a tingling on my upper lip which is very painful at times. I have been on Nystatin and Mycolog ointment, but nothing has helped.

At age 57, I am in fairly good health, although I am being treated for high blood pressure which now is under control. I take Enduronyl, K-Lor and Nystatin. I am 30 pounds overweight and trying to get my weight down. My sugar is 154.

I have had this infection for almost a year, and I'm very discouraged. Last week, my dentist asked a specialist in dentures for another opinion. The specialist felt the new dentures weren't large enough, and I should have another set made, although that wouldn't guarantee the infection would go away.

I've been told the last resort is plastic surgery, but I feel that's a bit drastic. Can you help?--Mrs. C.W.

A
Treating yeast infections
Lots of people have yeast in various parts of their body, but in very few of them does this organism cause trouble. When it does, there are two basic approaches. You have already been subjected to the first, which I term "search and destroy." Thus, cultures have been taken, and you have been treated with powerful medicines that are supposed to destroy the yeast. You now are being threatened with the ultimate weapon--an operation. I certainly agree with you that, when it comes to surgery, plastic is drastic.

The second approach is a little more difficult. You--with or without your doctor--must investigate the reasons why your body has changed sufficiently to allow a normal germ to produce so much disease. Your letter gives at least one clue when you admit to being overweight and to having an elevated blood sugar. While some drugs such as antibiotics, cortisone, and birth control pills may set the stage for overgrowth of yeast, the blood pressure drugs you mention have not been so implicated. But Abbott's Enduronyl does list hyperglycemia among its adverse reactions. Has your doctor considered the possibility that the antihypertensive he prescribed may be responsible for your elevated blood sugar, which in turn may be responsible for your yeast infection? Now that doesn't seem so farfetched to me.

Q When I was 11 years old, I had to have my spleen removed due to a car accident. I am now 30, and I've had a constant yeast infection for at least eight years. After I treat this condition, it returns the following month. I have been to three doctors, and all they can do is prescribe Monistat-7 cream, among other medications. The treatment doesn't seem to be accomplishing anything other than helping to make the manufacturers of these drugs rich!

In regard to other medication, I take Ovral-28.

I recently read that doctors now are trying to save ruptured spleens,

because after the removal of a spleen, a person has a two hundred-fold greater risk of infection. Is there any connection between my missing spleen and the constant infections? Can anything be done?

I'm so tired of treating the symptoms of my problem, and not the cause. This is not helping my marriage any, and I get so depressed that I have felt suicidal at times. Please help.--Desperate

A Just as your doctors for the past 19 years haven't told you that splenectomy carries the risk of increased susceptibility to infection, your present doctors apparently aren't telling you that Wyeth's oral contraceptive Ovral-28 carries among its frequent adverse reactions vaginal candidiasis (yeast infection). Since you mention depression verging on suicidal feelings, I presume those same doctors have not told you that Ovral carries a warning to "discontinue oral contraception if serious depression develops."

How about using this information as a springboard for further discussions with your doctor?

Q I would appreciate some nutritional aids to help in fighting Candida albicans. Do you know of any?--E.R.

A Almost 40 years ago in my bacteriology (now called microbiology) classes, I never dreamed that this particular kind of yeast, found almost everywhere (in the human body and in the environment) would become a household word. But now, thanks to the birth control pill, doctor-prescribed antibiotics, antibiotics in our food supply and steroid hormones (cortisone, prednisone, etc.) this once usually innocuous organism threatens--through massive overgrowth--the health of men, women, and children.

My solution to the Candida albicans problem consists of government control over the prescribing of antibiotics and steroid hormones (just as the government now regulates doctors' prescribing of controlled substances), removal of antibiotics from cattlefeed, etc., and stronger warnings on oral contraceptive pill packages. In other words, since Candida albicans infection now has become a public health problem, it demands public health solutions.

Some doctors are trying private solutions for this public health problem. They are using powerful anti-fungal drugs (Nystatin, Ketoconazole, etc.) and draconian diet measures--no bread, fruits, mushrooms, etc. They are carrying out these treatments in the absence of any controlled studies proving their effectiveness. In other words, there is no scientific basis for the present treatment of Candida albicans infections.

By indiscriminately prescribing yeast-free diets for large segments of our population with Candida albicans overgrowth, these doctors have given yeast in general a bad name. Yet, there are dozens, perhaps hundreds, of yeasts other than Candida albicans. For example, Switzerland's Bio-Strath Corporation has asked me to consult on their product which contains Candida utilis, widely used in Europe, but relatively unknown in the United States. In both experimental and human controlled studies conducted in prestigious European medical centers, Bio-Strath has been shown to improve physical and intellectual functioning. Some studies demonstrate that animals treated with Bio-Strath exhibited better survival ability when exposed to X-rays than did control groups, i.e., the death rate was lower in animals who got Bio-Strath.

In view of these scientific studies which support this quarter-century-old yeast supplement, some questions should be raised:

1) Shouldn't patients with Candida albicans infections be told to avoid only those foods and food supplements which specifically contain Candida albicans?

2) Is it possible that, analogous to certain bacteria, "good" Candida

strains other than albicans (e.g., utilis) may replace "bad" Candida strains such as albicans, thus benefiting patients who have yeast infections?

You can see that there is precious little science behind the presently-prescribed treatments for Candida infections. Therefore, the obvious answer lies in prevention--remembering that a major source of trouble emanates from the doctor's prescription pad.

Q My 16-year-old daughter has become a vegetarian. Although I'm not against this, neither she nor I has much knowledge about the subject. I've looked in our local library, but I can't find any information there on how to get the proper nutrients from a vegetarian diet.

Where can I purchase a book that will inform us about how to achieve a balanced diet and how to get all the necessary vitamins and minerals from a vegetarian and grain diet?--F.D.

A
Vegetarianism I am disappointed in your local library, but I'm not surprised. Increasing numbers of people these days are finding this kind of nutritional information more available in the book racks of health food stores. There are plenty of books giving just what you and your daughter are looking for, and I will single out Gary Null's "The New Vegetarian" (William Morrow & Co., 105 Madison Ave., New York, N.Y. 10016). I regard Gary Null as an authoritative source in the field of nutrition.

Q Do you think food supplements are a valuable addition to a whole food vegetarian diet? Are there certain circumstances in which you think supplements are especially useful? What types of supplements do you feel are best?--S.H.

A While neither my wife, children, nor grandchildren use supplements, even the most conventional M.D.'s recommend supplements for some people (those on the birth control pill, antibiotics, etc.). If a doctor tells you that supplements are not necessary in your case, remember that he has learned very little about the subject during his medical education. Check his advice against that of nutritionists, whose theoretical knowledge, experimental evidence, and experiential advice often is most impressive.

Next, check the advice of those nutritionists against your own personal and family background. If you were breastfed as a baby, as an adult you have considerable protection against infectious and degenerative disease. Orientals, blacks and other non-whites should pay attention to lactase deficiency, while Jews should consider the historical advantage to them of kosher food. Each individual case requires an individual assessment.

A study has revealed that the bone density of vegetarians in their 70s is greater than that of meat-eaters in their 50s. When older women who ate meat were compared to similar women who were vegetarians, it was found that, even though both diets contained similar amounts of calcium, the meat-eaters lost 35 percent of their bone mass between the ages of 50 and 80, and the vegetarians lost only 18 percent.

Do you feel reassured when the doctor takes your blood pressure and tells you everything is OK? You shouldn't.

Do you feel anxious when the doctor takes your blood pressure and tells you you have hypertension? Once again, you shouldn't.

The standard measure of taking blood pressure has been proven worthless in recent studies at the University of California in Irvine where

Blood pressure readings redefined researchers used the same high technology monitoring device developed for medical studies on space shuttle astronauts. This technique, rather than simply giving a blood pressure reading during the few seconds that the cuff is on your arm, measures blood pressure over a 24-hour period.

As reported in the American Heart Journal, Dr. Michael A. Weber, Director of the UC Hypertension Center, and his colleagues showed that nine of 29 men who had been under treatment for high blood pressure had normal blood pressure most of the time, "exhibiting high blood pressure less than 25 percent of the 24-hour period." Conversely, among 29 men with normal blood pressure, nine of them exhibited high readings about 25 percent of the time. Dr. Weber told Chicago Tribune science writer Jon Van, "Today the measurement of blood pressure as it's conventionally carried out is unreliable."

This important finding means that you have some questions to ask the doctor. If he finds your blood pressure is high, and he reaches for the prescription pad, ask him if he really has sufficient evidence to justify your taking those drugs which are so laden with adverse effects.

If he finds your blood pressure is normal, ask him if he has sufficient grounds on which to reassure you. Ask if it is necessary to go to Irvine, California, or to become an astronaut in order to obtain a reliable blood pressure reading.

Or get right down to the bottom line and ask why he doesn't just throw away that anachronistic blood pressure cuff and wait to take your blood pressure until the new state-of-the-art technology is widely available.

Q

What is your opinion of the new vaccine against Haemophilus influenza meningitis that my pediatrician wants to give my little baby?--Mrs. P.V.

A

New vaccine to combat day care infections

Known familiarly to doctors as Hib (the "b" is for "type b"), this vaccine is the latest in the continuing train of immunizations pouring out of the nation's drug companies.

Since it is a new vaccine, little is known about its risks, but you still have a responsibility to decide whether your child fits the profile of the child for which this vaccine is indicated.

Haemophilus influenza meningitis occurs mostly in Eskimo and American Indian children, blacks, poor people and in patients with sickle cell disease, Hodgkin's disease and antibody deficiency syndromes. This form of meningitis is also more common in children who attend day care centers. Dr. Stephen L. Coeni of the Centers for Disease Control reports, "For children 18 months and older, 66 to 70 percent of all Hib disease cases in the U.S. may be attributable to exposure in daycare centers." The peak attack rate is between six and 12 months of age; 75 percent of cases occur before the age of two years.

Despite the fact that the disease manifests itself so early in life, the vaccine is not supposed to be administered to children under the age of two. Furthermore, the immunity is shortlasting in children as compared to adults, "suggesting that a booster dose may be needed to maintain immunity throughout the period of risk," according to the American Academy of Pediatrics Bulletin. That's also strange--since the Bulletin states, "No guidelines have been established regarding recommendations for boosters." Indeed, routine re-vaccination is not recommended.

The germ, Haemophilus influenza, also may cause upper respiratory infections, ear infections and sinusitis. But the vaccine is not effective against those strains of haemophilus associated with these conditions. Finally, the American Academy of Pediatrics warns the pediatricians that "care must be taken to avoid confusing this vaccine with influenza A and B vaccine (fluogen)."

Parents will be under lots of pressure to allow the use of this vaccine--considered to be a "first-generation" vaccine recommended by both the AAP and the Centers for Disease Control--on their little children. The AAP tells us that new tests are being conducted to bring us an improved version of this vaccine and "if these vaccines prove effective, they will undoubtedly replace the present material."

Doesn't that kind of statement suggest that the prudent parent might want to wait for the "second generation" vaccine--or perhaps the 20th generation vaccine?

*Cast wary eye
on new
medical machine*

I have before me one of the slickest brochures I have ever seen. It describes the Abbott VISION System, a new machine for automated blood analysis which a doctor can use in his own office. With VISION, a doctor now can analyze your blood for a whole bunch of tests (and more to be available soon) which previously had to be done either in a hospital or an outside laboratory.

The brochure's inside front cover is headlined, "Turn whole blood analysis into profits." Abbott Laboratories tells us physicians, "Consider your margin of profit on blood tests you send out. If you're like most physicians in private practice, you're probably billing your patients for a nominal handling fee. Yet you're tying up valuable staff in the preparation, storage, paperwork and follow-up required to track lab work. Are you being fair to your practice?"

The paragraph continues, "It (VISION) can become a profit center for your practice. And you can establish your own schedule of fees to cover your own staff time and overhead and add them to your own profit." And the paragraph concludes: "Also, under recent medicare legislation, if you do not perform or supervise tests, you do not qualify for reimbursement. With the new VISION analyzer, your office can meet the requirements for test reimbursement." (In other words, now the doctor, rather than the laboratory or hospital, can qualify for reimbursement.)

As first glance, who can argue with a machine (list price \$18,500) which saves patients time and effort and makes money for doctors? You can't argue with this ideal-sounding system unless you know what doctors know. And doctors know that, because of the irreducible error in laboratory testing, the tongue-in-cheek medical definition of a normal patient is, "One who has been insufficiently tested". The more tests a doctor orders, the more likely he is to turn up a test abnormality. Not necessarily an abnormality in the patient, mind you, but rather a laboratory deviation.

I predict Abbott has a big winner in the VISION blood analyzer, and the machine soon will be sitting in many doctors' offices. A doctor presumably orders laboratory tests based only on the patient's needs. But, while he is examining you, he may be haunted by the VISION in the next room. He even may have before him the "Profit Worksheet" on the rear inside cover of Abbott's brochure, captioned "It pays to have VISION." This worksheet hypothesizes the profits from a doctor's practice in which 20 tests are performed daily. If the doctor sees a patient late in the day, perhaps he already will have met that quota with his previous patients. But what if you're his first or second patient? Will his concern about recouping his investment in any way influence his judgment in ordering tests for you?

The message to patients is clear: If you see the VISION blood analyzer in your doctor's office--or even if you don't see it--ask him for a clear explanation of every blood test he orders. Take out your pad of paper and write down the name of the test. Then ask the doctor, "What are the limits of error of this test? What will you and I learn if the test results fall outside the laboratory established limits?" And since you now are up against the dandiest little machine a doctor could ever have in his office, pose the Final Question: "Is this test really necessary?"



New technique
may replace D&C

For decades, the D and C has been among the most popular of surgical procedures. Therefore, every woman who faces this operation (in which the cervical opening is widened, an instrument is introduced, and some of the uterine contents are scraped out) should know that Detroit's Milton H. Goldrath, M.D., and about 10 other gynecologists in the U.S. claim that their new procedure is superior to the traditional D and C. (As reported in The Detroit News, November 26, 1984.) Dr. Goldrath claims that his new procedure known as "hysteroscopy (looking into the uterus) and suction curettage (scraping with a suction device)" takes less time, can be done in the doctor's office instead of the hospital, is much less expensive, and results in much less discomfort to the patient than the D and C.

In keeping with my rule that one never learns all the dangers of an existing medical procedure until a new one comes along to take its place, Dr. Goldrath informs us that in doing the conventional D and C, the gynecologist is "blindly" scraping the uterus to obtain the tissue sample because he can't look inside. In addition, a woman who has a D and C faces all the risks of general anesthesia. Probably most important, Dr. Goldrath's technique of looking through an instrument directly into the uterus is much more accurate than the D and C and makes it possible for the gynecologist to see abnormalities in earlier stages.

Dr. William Michaels, another Detroit-area gynecologist who uses this method, states: "The routine use of this procedure will depend on the adequate education of physicians in its use." Since there is no better source of physician education than through the physician's own patients, if your gynecologist does not know about this procedure, tell him that Robert Neuwirth, professor of obstetrics and gynecology at Columbia University, has written a medical textbook on the use of the hysteroscope.

In case your gynecologist tells you that he has never done this procedure, let him know that Dr. Goldrath says this method "does require learning a new skill, but the gynecologist can readily become adept." Of course, this raises the important question of whether you are willing to let your gynecologist learn his new skill on you!

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).

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

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

1985 - 1986 SPEAKING ITINERARY — ROBERT S. MENDELSON, M.D.

NOV. 15	EVANSTON, IL: FRIDAY NIGHT LIVE (The Sexual Ethics of the Religion of Modern Medicine) Contact: Rabbi Klein 312-869-8060	MAR. 23	SAN FRANCISCO: WHOLE LIFE EXPO Contact: Anne Goldman 415-459-0279
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JAN. 11, 1986	PHOENIX: NNFA Contact: Ron Sanders 1-800-528-4499	APR. 22	MOORHEAD, MINNESOTA: "Humans and Animals: Ethical Perspectives" Moorhead State University Contact: Robert S. Badal 218-236-2762
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Another View

by Marian Thompson



William Crook, M.D., author of "The Yeast Connection" (Professional Books, 20 Redbud, P.O.Box 2394, Jackson, Tenn. 38301, \$18), admits, "There's lots of hostility and skepticism going on about yeast infections." An understatement to be sure, as you discover when you read Joseph Hixson's "expose" of health practitioners (Vogue, September 1985). Linking Crook with "quacks" and other "purveyors of medical misinformation," Hixson describes him as a Tennessee pediatrician who charges into "this lush valley of proliferating organisms" with a book that presents the "typically oversimplified view of disease not shared by many conscientious physicians." Typically, for this kind of an article, Hixson quotes two professors who have some disagreement with Crook, but he does not include statements from those authorities who agree with Crook or from physicians who have found antifungal therapy useful in relieving many kinds of chronic conditions.

Controversy aside, yeast infections are a problem for a lot of people. A report in the Medical Tribune claims that twenty million cases of yeast infection are diagnosed every year in the U.S. And while men are not exempt from this problem, women are particularly vulnerable--half the women between 30 and 45 are estimated to have some kind of yeast-connected disorder. Dr. Crook believes this enormous number stems from the overuse of antibiotic therapy during the 1950s when these women were children, followed by the 1960s when there was widespread use of the Pill (which also promotes yeast growth). Pregnancy also stimulates the growth of the yeast germ. A Minnesota obstetrician told Dr. Crook that most of the women in her practice who have premenstrual syndrome have a yeast problem.

While the symptoms vary, common threads run through the case histories of candida sufferers. These include repeated courses of antibiotics; adverse reactions to the birth control pill; menstrual irregularities in women; fatigue, depression; headache and a craving for sugar.

Dr. Crook is the first to admit that there still is a lot to be learned about the disease and its treatment. Yet reports are beginning to come in which lend weight to his observations. In the May/June, 1985, issue of Infections in Medicine, S. Witkin, Ph.D., a research professor at Cornell University Medical School, wrote of his laboratory findings which showed that yeast infections of mucuous membranes may cause defects in the immune system and endocrine (hormonal) system. Moreover, Witkin found that these defects were reversed in some patients after antifungal therapy was given.

Candida albicans, the yeast germ that causes vaginitis, is only one of many families of yeast. Having a problem with one kind of yeast doesn't necessarily mean you'll have trouble with others. Eating yeast-containing foods does not make Candida organisms grow and multiply, but it's been Dr. Crook's experience that people with yeast problems often are allergic to yeast. So he initially puts patients on a yeast-free diet along with an antifungal medication, later testing them with a mushroom or with yeast bread to see whether there is a reaction. According to Dr. Crook, sugar--which seems to feed the yeast germ--is a greater offender than yeast.

And realizing that hostility feeds on misinformation, Dr. Crook has offered to send any physician who writes him before March 1, 1986, copies of the latest scientific papers on yeast infections as well as a complimentary copy of his book.

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, Managing Editor

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