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Hernias . . . Warning about NMR . . . Polio Vaccine

When doctors hear the word "hernia," they often respond automatically with the word "surgery." In this issue of my Newsletter, I recommend shunning surgery for two kinds of hernias (umbilical and hiatal). In the case of inguinal hernias, I recommend looking into trusses (which carry no death rate) before considering surgery.

If you do elect to be operated upon, look for a doctor who is willing to consider local anesthesia and a brief hospitalization (perhaps entering the hospital on the morning of surgery and leaving on the same afternoon). Ask surgeons whom you interview how their recurrence rate compares with that of Toronto's world-renowned Shouldice Hospital.

My interest in hernias dates back to the early 1950's when, together with child psychiatrist Eugene Falstein, M.D., I carried out a research project entitled, "Fantasies in Children prior to Herniorrhaphy" (published in American Journal of Orthopsychiatry, 1957). In that study, we interviewed several children and young adolescents who were scheduled for inguinal hernia operations to determine what they thought was going to happen to them. In some cases, the children thought that some form of mutilation—even perhaps castration—was going to be done to their genital organs! Our recommendation at the time was that special care should be taken to reassure children about the exact nature of the operation. As evidenced by one of the letters in this Newsletter, this kind of concern is not limited to children.

My motive in warning you about the possible danger of Nuclear Magnetic Resonance (also called Nuclear Magnetic Imaging and Magnetic Resonance Imaging) to the developing fetus goes beyond the possibility of congenital defects. One of the rules in medicine is, "Mutagenicity is related to carcinogenicity." In other words, the ability of a drug or medical procedure to cause congenital defects bears a relationship to its ability to cause cancer. Therefore, if NMR should not be used on pregnant women, perhaps one might question whether it should be used on anyone.

My 2-year-old son has a navel rupture which the doctor says should be operated on. I know your views on unnecessary surgery, and I wonder if you feel that surgery is warranted in this case.--M.U.

My advice to you is—wait. An umbilical hernia, a pouching out of the skin, is a quite common condition in blacks, other non-whites, and premature babies. The condition usually disappears spontaneously by the time the child reaches first grade. Even though they may appear to enlarge during the first year or so of life, umbilical hernias, like tonsils, tend to shrink. Avoid the risks of anesthesia, surgery and hospitalization (the psychologic stress on children aged two to five is considerable).
Instead, "treat" the child with photography. That is, take a picture of him every three months or so and compare it with the last one you took. If all goes as it usually does with this condition, your final photo will be one that shows no distortion around the navel.

Recently I had a stomach x-ray and was told that I have a hiatus hernia. Will I need an operation, or can this be controlled by medication? I don't want to go through an operation because I have diabetes, and I'm not a young man. The idea of an operation really scares me.--J.B.

The hiatal hernia is such a common condition that many people live a long, full life without even knowing they have it. Medication is seldom necessary, and surgery is even more infrequently required.

You might be interested in the following hiatal hernia regimen recommended by "The Encyclopedia of Common Diseases," prepared by the staff of Prevention magazine:

1) Lose weight.
2) Avoid acid-producing foods.
3) Eat less at each meal.
4) Put more food fiber and roughage in your diet.
5) Leave a good deal of time between the time you eat and the time you lie down.
6) When you lie down, try to keep the upper part of your body higher than the lower part.
7) Don't wear anything tight around your waist.

And don't worry—you'll probably be around for a good long time.

Because I have been taking the tranquilizer Etrafon for 10 years, I was very interested in your recent column about a woman who had taken Valium for nine years.

I don't know much about Etrafon, and I'd like to have you tell me its side effects. I'd also like to know what a hiatus hernia is. I'm a 73-year-old woman who has had stomach problems for many years—burning pain in the upper part of my stomach which goes to the upper part of my back. This occurs after I eat my last meal of the day, especially if I lie down. The pain is really bad. Can you help me?—M.B.

Plenty of people have what is diagnosed as "hiatus hernia," which simply means that part of the stomach and/or esophagus may slide up and down. Because most hiatus hernias are unaccompanied by symptoms, most people never even know they have this condition. However, not infrequently, a doctor who is faced with a patient who complains of abdominal symptoms may take an x-ray which shows a hiatus hernia. Does this necessarily mean it's the hernia which is causing the patient's symptoms? At this point, great care must be taken to avoid the kneejerk response of too quickly linking an x-ray finding to a collection of symptoms.

In your particular case, for 10 years you have been taking Schering's Etrafon, a combination drug used for patients with anxiety, agitation and depression. Etrafon is really two drugs—perphenazine (found in Triavil and Trilafon) and amitriptyline (found in Amitril, Elavil, Limbitrol, and Triavil). If you carefully read the several columns of adverse reactions to Etrafon in the prescribing information, you will discover a large variety of gastrointestinal side effects including dry mouth, inflammation of the mouth, salivation, nausea, vomiting, loss of appetite, constipation, heartburn, peculiar taste, diarrhea, and stomach distress.
You and your doctor now must determine whether your stomach symptoms of all these years come from your hiatus hernia or from your medication. Only then can a rational management plan be worked out.

Because I had been experiencing pain in my stomach, discomfort from gas, cramping and other problems that made me think I was having a gall bladder attack, my doctor gave me both an upper and lower G.I. series of x-rays. When he got the results back, he told me I have a hiatus hernia and said I should take Tagamet. Will that help my condition? I am 78 years old and take Hydrodiuril for high blood pressure.—Mrs. V.M.

Since your doctor has placed you on Tagamet, you had better ask some questions. First, hiatus hernia (a usually congenital protrusion of the stomach above the diaphragm determined by x-ray) is present in more than 40 percent of the population; most patients have no symptoms. Then why has he connected your pain with that x-ray finding, especially when there is a much more likely explanation? Gastric irritation, abdominal cramps, and muscle spasms are listed among the side effects of Hydrodiuril. How does he know that these are not the cause of your distress? Since the prime purpose of Tagamet is to relieve the pain caused by peptic ulcers, is it possible that he is giving you a new drug to counteract the side effects of your old drug?

I recently developed a hiatal hernia for which my doctor prescribed Tagamet. This is a very costly drug, and it doesn't help that much. What causes these ruptures, and how can one produce less acid? (I also take an antacid.)—Mrs. M.L.

First, let's talk about Tagamet. This Smith Kline & French drug, the current number one prescribed drug in the U.S., is listed as having the following indications: 1) duodenal ulcer, 2) gastric ulcer, and 3) pathological hypersecretory conditions (i.e., Zollinger-Ellison syndrome, systemic mastocytosis, multiple endocrine adenomas). I presume your doctor would have told you had he diagnosed these latter fancy-named, but unusual, conditions. For example, the Zollinger-Ellison syndrome consists of gastric hypersecretion, fulminating nontypical peptic ulceration, and overgrowth of the islet cells of the pancreas.

Unless your hiatal hernia is associated with one of these listed indications, your physician must explain why he is prescribing Tagamet which, as you point out, is not only costly but has significant adverse reactions as well.

Having discussed your treatment, let us now move on to your diagnosis. Hiatal hernias, once thought to be unusual, are now considered common. Once thought to be almost always pathological, they now are recognized as frequently normal. Once considered to require medication, they now are known to be able to be managed without drugs. Therefore, the important question for your doctor to answer is not whether you have a hiatal hernia, but rather just what exactly that means in your particular case.

I am 30 years old and have had an active hiatal hernia for the past four years. It seems to be getting worse and worse; sometimes it takes weeks before I can eat solid food without being in pain. I am chronically nauseated, have horrible headaches, and can't sleep because it hurts to be in a horizontal position.

From what I've heard, surgery is pointless. The only other thing I've heard from doctors is to eat Cream of Wheat and pop Tagamet or Zantac
four times a day (which my instinct told me to forget even before I read your books). Although one M.D. and one chiropractor showed me how to pull my stomach back down, that doesn't seem to work. In fact, I suspect it aggravates things.

My grandmother, mother, and three of my sisters suffered from this same problem, but their symptoms weren't as bad. I live in New York City, but I don't know where to find someone who really knows what they're talking about in regard to this subject.--S.G.

You probably rejected surgery, Tagamet, and Zantac for your hiatal hernia symptoms because you know that people do not die from hiatal hernias, but they can die from surgery and drugs.

I am not surprised that some of your relatives have the same thing because hiatal hernias occur in a substantial portion of our population.

You made a mistake in seeking dietary advice from a physician since, in general, physicians have not been trained in the field of nutrition. In New York, look for experts in nutrition (one of my favorites is author Gary Null). Also, just because one chiropractor gave you only temporary relief does not mean you should stop consulting with people who know about the value of proper posture and supervised exercise. A combination of the right food and the right kind of muscle exercises has helped many people with their hiatal hernia symptoms. There is no reason why you should not join this group.

In 1973, when I was 54 years old, I had gallbladder and hiatus hernia surgery. I have had problems ever since, the worst of these being diarrhea. I have been forced to quit my job, and my social life is a disaster. I hesitate to go too far from home because I never know when cramps and diarrhea will hit me.

I've tried to control my problem with diet—I have been on high fiber diets, low residue diets, etc., etc., but nothing helps. I have been to three major hospitals, but no one can tell me anything other than that I have a spastic colon. Because my family doctor thought I might be allergic to dairy products, he prescribed Lactrase. That didn't help either.

During the past year, I have been hospitalized and have undergone numerous tests. As a result, the following drugs were prescribed: Combid, Dalmane, Imodium, Dentyl, Pathibamate, Librax, Tagamet, Triavil, Urised, Lomotil, and paregoric. I have tried each in its turn, and when each did no good, I stopped taking it. When things get so bad I feel I can't go on, I take Lomotil or Librax for temporary relief.

As a result of the hernia operation, I am unable to vomit. I seldom belch, never have heartburn, and food never comes up in my throat. From the time food hits my stomach, I begin to have an enormous amount of gas, followed by cramps, and finally diarrhea.

Can you suggest any way I can find relief? I was always such an active person before, and now I just can't cope with this situation.--P.B.

It's time for you to find a healer, with M.D. degree or without, who knows therapeutic strategies other than drugs and surgery. You might, for example, try a homeopathic physician, or perhaps a nutritional expert such as Nathan Pritikin, or perhaps an expert at macrobiotics, or perhaps someone who is experienced in helping patients conduct fasts.

Just because the diets you have been on haven't worked, don't stop looking for expert nutritional consultants. Such an expert probably will want to review your hospital records with you as well as your postoperative course. Thus, he will be able to determine exactly what happened at surgery and whether you subsequently developed any bacterio-
logic changes (e.g., yeast) in your intestine as a result of your medications. Follow my advice to any patient whose surgical outcome was not as expected—obtain your hospital records.

Meanwhile, if you feel inordinately depressed or confused, keep in mind that both Librax and Lomotil, which you say you take occasionally, list those mental states among their adverse reactions.

What do you have to say about hernia operations? This surgery left me with a painful, badly swollen testicle for about a week. When the swelling left, the testicle was about the size of a peanut. What was destroyed inside the testicle? A few of my friends have had the same experience with this kind of operation. One friend asked another doctor who told him it was a surgical goof-up. What should I do?—E.H.

Hernia operations, one of the staples of modern surgery, are performed in community hospitals by general practitioners as well as in hospitals where skilled surgeons specialize exclusively in this operation (e.g. Shouldice Hospital, Toronto, often referred to as "hernia hotel").

The complication rate, as well as the percentage of recurrences, varies tremendously from one doctor to another and from one hospital to another. As with any other operation that leaves a patient with suspicion, your next move is to consult another doctor. Or a lawyer.

Some time ago, I had an inguinal hernia repaired. This resulted in a shortening of the male organ.

I would very much like to know if this is a common result of the particular operation.—A.M.

I am about to give you the shortest answer I have ever given in my Newsletter: NO.

In keeping with my policy of serving as an early warning system, I now bring to your attention the "downside" of one of the newest technologies in medicine—NMR (Nuclear Magnetic Resonance). This latest multimillion dollar imaging technique in the radiologist's arsenal, which involves the use of radio waves and a strong electromagnetic field, is being touted as the tool that either will supplement or replace x-rays (ionizing radiation) and ultrasound (non-ionizing radiation).

Many of you have not heard about NMR. In fact, I have not received a single question from a reader about this new technique that can produce pictures of cross-sections of a patient's entire body or of a single organ, analogous to the CAT scan. But while CAT scanners can provide physical information, NMR provides chemical information, in effect "a deep tissue biopsy," without surgery. Nevertheless, an article in Science News (October 15, 1983), mentioning the use of NMR in the evaluation of prenatal growth, convinced me to pull out the file I had been collecting on this subject.

According to Science News, NMR has been used in England in order to visualize 12- to 20-week-old fetuses of women who were scheduled for abortion. Head measurements and observations of the placenta were comparable to results obtained by ultrasound, and according to the investigators at Aberdeen University, Scotland, "The fetal detail displayed by NMR is greater than that seen by ultrasound."

The Scottish investigators claim NMR "should produce a new method of tissue analysis and improve our knowledge of fetal development and growth."
The reason I dropped whatever I was doing and ran to my file was that I remembered a letter I had written a year previously to the FONAR Corporation, a manufacturer of NMR machines. In the letter, I asked: "Have the effects of FONAR been tested on pregnant animals and their fetuses?" On July 12, 1982, the corporation responded, "Due to the lack of studies in this area by us or others (that we are aware of), FONAR is recommending that pregnant women and infants be excluded from using this device. This is based on a conservative approach on our part until more experience is gained on the effects of magnetic fields (both static and changing) on developing nervous systems." In other words, the company is telling doctors not to use the machine on pregnant women.

Science News tells doctors exactly the same thing: "Although NMR imaging has been in clinical use for more than two years, there is not yet enough data on its safety to advocate use in pregnancy." Contrast those warnings with the response of the doctors. Dr. Francis W. Smith and his colleagues of the University of Aberdeen said, "Nevertheless, we believe that it (NMR) will prove to be safe." And these doctors predicted that the superiority of NMR over both x-rays and ultrasound "will give it wide application in obstetric practice."

One expert is not so sanguine. As reported in New Scientists (March 15, 1979), Thomas Budinger, of the Electrical Engineering and Computer Sciences Department of the University of California, pointed out three aspects of NMR body imaging that could affect health—the heating due to the radio frequency power, the static magnetic field, and the electric current.

Dr. Budinger reported that the effect of the second hazard, static magnetic fields, appeared initially in the 1960's when Russian scientists examined data from 1,600 workers whose hands were exposed to these fields. Some of these workers suffered from headaches, fatigue, swelling of the hands, and peeling of the skin.

The effect of chronic exposure to magnetic fields has been reported by R. D. Saunders of the National Radiological Protection Board, United Kingdom, in his publication, "Biological Hazards of NMR." Female mice subjected to chronic exposure to magnetic fields showed changes in their blood, particularly in the white cell count. Saunders recommends that people with evidence of epilepsy or cardiac disease, people with metallic or carbon-fiber implants, such as cardiac pacemakers and metallic prostheses which may be excessively heated, and pregnant women should not be exposed to NMR clinical imaging. He also recommends that medical checks on volunteers should be carried out immediately before and after exposure and again after an interval of six months.

Not to be outdone by British MD's rushing to use this new and therefore unknown tool on the fetus, doctors in the United States, among them Jack S. Cohen of the National Institutes of Health, suggest that NMR "will prove useful in diagnosing intrauterine growth retardation."

If your doctor suggests NMR as a diagnostic tool during your pregnancy, ask him if you should take his advice or the advice of the manufacturer.

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Polio cases all vaccine-associated

Of the twenty-one cases of paralytic polio which occurred in this country in 1982 and 1983 (MMWR Report, Centers for Disease Control, November 16, 1984), all were vaccine-associated. In other words, the only way one can get polio in this country today appears to be to receive the vaccine or to stand close to someone who recently had the vaccine.

Eight of the reported cases occurred among vaccine recipients. Seven of these recipients were two to four months old and had received only the first dose of the vaccine. Six cases occurred among household contacts with vaccine recipients. Five were parents of first-dose recip-
ients, and one was a four-and-a-half month old unimmunized sibling. Two of the stricken parents had not been immunized against polio; the remaining three all had been partially immunized. Three cases occurred among non-household contacts of vaccine recipients. Two of these were children; one had contact with a playmate who had received his third vaccine dose, and the other had contact with a babysitter's child who had received her second vaccine dose. One 31-year-old unimmunized man had contact with a nephew who had received his first vaccine dose.

The CDC points out that the nature of paralytic polio in this country now has changed to include a substantial proportion of vaccine-associated cases. Indeed, 1982 and 1983 were the first years in which all reported cases of paralytic polio were vaccine-associated.

"Because the number of susceptible vaccine recipients or contacts of recipients is not known," reads the report, "the true risk of vaccine-associated poliomyelitis is impossible to determine precisely." In other words, no one knows exactly what the risk is.

Therefore, if your doctor wants to give your baby or your child the polio vaccine, ask him to look up your records and those of other family members to determine whether you were fully vaccinated against polio.

If the records reveal that some family members were incompletely vaccinated, or were not vaccinated at all, of if no records are available, the doctor then may recommend that those relatives receive the polio vaccine. If so, you can point out to the doctor that the oral polio vaccine has not been used in people over 18 years of age because, since its introduction decades ago, some recipients--almost all over 18 years old--developed polio after vaccination.

Indeed, the American Academy of Pediatrics recommends that administration of live (Sabin) polio vaccine should be avoided for all adults "except under special circumstances." The AAP advises that individuals 18 years and older should receive only the Salk (inactivated) polio vaccine "if any polio protection is necessary."

If the doctor recommends that the unvaccinated family members receive the Salk vaccine, make sure he is not using those lots which recently have been recalled for lack of effectiveness. Also, ask him if he doesn't feel that your child's oral polio vaccine should be withheld until you and all other susceptible family members have received those Salk shots.

In addition to the questions you must ask your doctor, you probably should carefully check out each babysitter to determine whether her child (children) have recently received the polio vaccine.

In case these precautions begin to overwhelm you, remember that natural paralytic polio seems to have disappeared in this country (either because of the vaccine or all by itself). Therefore, the only source of paralytic polio in the U.S. today is the polio vaccine.

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"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).
Puzzles I've been pondering:

Fran's hernia surgery last year was a medical miracle according to her surgeon. Not only was the hernia successfully repaired but it was of a size that merited a writeup in a medical journal. But Fran has been ailing and depressed ever since her operation. Now she is back in the hospital where they want to put her on hormone therapy to regulate her heartbeat, do a nasal pharyngeal intubation to help her breathing and give her a permanent tracheotomy.

Fran is no longer depressed—she is angry: "Why didn't the doctor explain to me the acute implications of weight gain during my office visits?" she asks. "I never got answers to all the questions I asked him. Now he whisks into my room, talks about my weight and is out again. I have no way of judging which of the things they want to do to me are really necessary and which aren't. I'm wondering if they're using me to gain fresh knowledge." Listening to Fran I wondered how much of the healing effect of her surgery has been undone by the frustration, anger and bewilderment she has experienced in her encounters with her healers.

In "Backus Strikes Back" (Stein and Day, $14.95), Jim (Mr. Magoo) Backus tells the heartbreaking and humorous story of his struggles with an illness that was misdiagnosed and treated as Parkinson's disease. Early in the book, he describes a visit to his internist, Rick, to confirm the diagnosis. "The whole thing had the unreality of a badly staged play," Backus writes. "I couldn't get comfortable for some reason, and I was exhausted. I guess it was the trip through the indoor-parking facilities of Rick's building. That was always unnerving. Up the badly-marked ramps, through the tunnel of the winds, over the cantilevered catwalk, and finally into the medical complex itself—a beehive of orthodontists, urologists, cardiologists, radiologists, orthopedists and of course, the proctologists who were, naturally, housed on the bottom floor. I remember Rick's old office, where you could hear kids playing in the street and, so help me, occasionally an organ grinder."

Reading Backus' account, I couldn't help but wonder about the effect that the place of healing has on the healing process. I remembered a time when I accompanied one of my daughters on her appointment with a doctor. This doctor lived deep in the country in a tiny 18th century house. Having arrived early, we spent time strolling around outside, enjoying greenery and the quiet. Then we went in to sit before the fireplace in the cozy living room of his house. You felt better, just being there, even before you saw the doctor.

Our family doctor's office, on the other hand, always has been in town. That location was important to us when the children were small and there wasn't always a car available. We could walk to appointments. The waiting room usually was crowded, and the wait was sometimes long. But we didn't mind, because we knew that once we were in the doctor's office, it was as if no-one else were waiting; he gave us all the time we needed.

I can sympathize with Fran's anger. She doesn't have a family doctor to relate to, and none of the specialists attending her seems to care enough to take the time to put her mind at ease. But in pointing our fingers at such doctors, I wonder how we measure up in our own contacts with the people who touch our lives. For just as our immune systems are strengthened when we are with people who are loving and caring, it would seem that encounters with uncaring, insensitive people would have a corresponding debilitating effect. When we recognize our connectedness to each other, the "healers" suddenly includes us all!
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Session I

Session II
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Session III

Session IV

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