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

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KIDNEY AND LIVER DISEASE . . .

Time to discard silver nitrate

Q Our second child was born last June with spina bifida and myelomeningocele of the lower lumbar area. The latter was repaired by a neurosurgeon within 24 hours after birth, and a shunt was successfully implanted when our son was one month old.

During his hospitalization, it seemed as though every test was performed on him--various X-rays, ultrasound, CAT scans, IVP (intravenous pyelography), CCP, to name a few. At that time, his kidneys and bladder were found to be functioning normally. Although leg movement was less than normal, it was present.

To date, our beautiful, alert son is a picture of health; his little legs kick with vigor and strength. The physiotherapist we see monthly notices some weakness in the baby's ankles, but he says everything looks encouraging for his normal development. Our son enjoys his weekly swimming lessons. His plumbing works like that of any other four-month-old. As far as future control is concerned, we understand no one can predict that with any accuracy, but the doctors feel it might not be complete.

Our problem is: How do we know which tests are necessary to insure our child's health? Spina bifida children are recommended to have intravenous pyelograms yearly, more frequently for young children. Can such frequent testing result in damage of healthy organisms? The doctors here say no, but I tend to distrust them, preferring to take a preventive approach. I take herbs which are known to improve bladder function, and I take other dietary supplements which reach my son through my breast milk. I intend to breastfeed him until he can take these supplements himself.

Are there any doctors in our area who share your views? You are an inspiration to countless mothers like me.--Mrs. D.M.

Risks of kidney x-rays

A I am happy that your son is doing so well after undergoing this serious form of corrective surgery.

You are right in questioning the annual kidney X-rays which involve the injection of potentially risky dyes as well as the hazards of X-ray itself, so ask your child's doctor several further questions:

1) Why must these X-rays be taken annually? Why not every six months? Why not every two years or every five years? Or why not take X-rays only after symptoms manifest themselves? Is there a rational, documented reason for taking this kind of X-ray annually, or is there something magical about a 365-day interval?

2) What dose of radiation will your child receive from this X-ray?

3) Can the doctors refer you to reading material which proves such an X-ray dose is safe?

4) What are the specific risks (including sensitivity reactions that may even lead to death) of the dyes used in this kidney X-ray?

5) What is the percentage of accuracy of the X-ray pictures?

6) Are the doctors familiar with Dr. Edward R. Pinckney's statement ("The Patient's Guide to Medical Tests," Facts on File, $7.95): "Pyelography is not considered very accurate in evaluating urinary tract infections"?

7) Are the doctors taking X-rays in order to find such an infection, or are the X-rays being taken to find kidney stones? Dr. Pinckney states that unless the pathology is obvious, it is all too easy for the radiologist viewing a pyelogram to miss seeing a kidney stone.

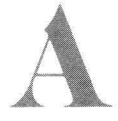
8) Might this X-ray, taken to detect kidney conditions, produce kidney conditions? Dr. Pinckney says that the dye used in intravenous pyelography has been known to lead to kidney failure.

9) When was the last time the doctor's X-ray machine was checked to make sure it is not giving off too much radiation?

Finally, continue your search for second, third and fourth opinions. You are not far from an excellent medical school in Hamilton, Ontario. Listen to what their doctors have to say. Then, compare their advice to that of a good general practitioner, such as John McCulloch, M.D., of Toronto (the doctor for my children and grandchildren).

Three of my children have reflux of the kidney, and each has had surgery to reimplant the ureters. I am very concerned about the amount of X-rays they will have to take until they reach 18 years; the youngest is only five. Each child has cystograms and IVPs taken about every six months.

In my opinion, their doctor is the best, but he's not easy to talk to. I'm afraid he would think we were questioning his judgment and might get angry if we asked about X-rays. Could I have your opinion regarding the dosage and duration of these X-rays?--C.M.



If you do not wish to speak to your doctor about all those X-rays, you might speak to the radiologist who takes and interprets them. You are paying for the radiologist's services, and there is no reason not to consult him about the amount of irradiation to which your children are exposed and the safety of exposure over such a long period.

Even though it's hard to see what's going on inside an X-ray department, there really is a physician in there who specializes in radiology. Maybe yours would appreciate coming out of the dark, meeting his patient's mother face-to-face and shedding a little light on the subject.

Our 5-year-old daughter recently was diagnosed as having a reflux action of the urine from the bladder back into the ureters. After doing a cystoscopy, the urologist told us she has an abnormality of the ureters after they enter the bladder. If I understand it right, there is not enough muscle to hold them in place and shut off the flow of urine backward.

The doctor seems to be taking a conservative course of action in watching this on the possibility that she will outgrow it. She is on a maintenance dose of Furadantin to prevent infections as well as the possibility of kidney damage.

The thing that bothers us are the X-rays which must be taken every six months to keep a check on the kidneys. I have expressed our concern to the doctor, and he assures me the dosage is very low. He says he may stretch the time in between X-rays for us. Perhaps we are overreacting, but since we have lost our only son to leukemia, we understandably are a little gun-shy about radiation.

There are two major concerns in my mind, the first being the fact that this can go on for years. My second concern is that the ovaries are in the picture. Can this cause a problem in later years? Would you please offer some alternatives to immediate surgery?--Mrs. V.H.

X-rays and Furadantin

In addition to your legitimate concern about the risk of repeated X-rays, particularly when directed at the abdomen of a young girl, I suggest you also worry about the side effects of Furadantin. You can learn about the risks of Furadantin through the prescribing information available from your druggist. You can learn about the risks of X-rays from John Gofman's classic book, "Radiation and Human Health."

Once you have become informed about the full extent of possible damage from the doctor's tests and treatment, then you will be motivated to determine exactly whether the potential risks are worth the expected benefits. This means you must secure information about your daughter's condition. In order to do this, you must have a precise diagnosis. Ask the urologist to write down for you (in addition to his verbal explanation) the exact diagnosis. Take that diagnosis to a medical library and begin to read up on it. After you have added this information to your existing knowledge about X-rays and Furadantin, see another urologist--make sure you are consulting a pediatric urologist.

If you follow these steps, you will be in a much better position to reach an informed decision. An organized approach such as this, sometimes called a "flow sheet," can be of help to anybody who needs to flesh out a doctor's sketchy remarks so that they can make wise decisions based on substantial information.

My 5-year-old granddaughter is supposed to have a malformed tube, which leads from the kidney to the bladder. The valve does not seem to close properly, and some of the urine backs up. After she developed a high fever, the doctor prescribed Macrodantin for six months. It was not possible to determine where the fever was coming from, so the doctor cystoscoped her and discovered this condition. She has not run a high fever since that time, and there is no other indication of a kidney infection; her urine is clear. I feel uneasy about her taking this medication over such a long period of time. What is your opinion?--C.R.

Macrodantin as treatment

Macrodantin, like most other powerful drugs, may produce side effects upon prolonged usage. These include damage to the peripheral nervous system, as well as certain kinds of hypersensitivity reactions of the lung tissue.

I presume your granddaughter's original high fever was accompanied by some urinary findings which justified cystoscopy. The problem is that infections in other parts of the body (even an ear infection with fever) frequently are accompanied by abnormal findings in the urine. Therefore, it is important to distinguish whether the urinary findings on your granddaughter result from infection elsewhere in the body or from the malformation her doctor describes (a malformation that often is difficult to define accurately and even more difficult to evaluate).

In the balancing act before us, on one side is the fact that the urine now is clear, the child has had no high fever since that episode, and Macrodantin has its problems--of which I've mentioned only a few. Ask the doctor to tell you what factors are on the other side of the scale. You should then be able to make an intelligent decision about the relative risks and benefits of long-term chemotherapy as well as the overall strategy for future management of your granddaughter's case.

I hope that little girl has some appreciation of how lucky she is to have such a concerned, intelligent grandmother.

New kidney stone crusher

Have you ever heard of a lithotripter? This is the new word, in Greek of course, which doctors have coined for a new device that destroys kidney stones with ultrasound waves. "Lithotripter" translated into English means "stone cracker." This machine costs $1.5 million. With a price like that, there's no way it could be called a stone cracker.

Should your doctor decide to try out this latest contraption on you, make sure he tells you all of its adverse effects--in English, please--so that you'll be able to judge whether the lithotripter is all it's cracked up to be.

Kidney transplants and cancer

The next time someone points with pride to kidney transplants as being one of the greatest breakthroughs of modern medicine, you might call his attention to evidence from the Department of Surgery at the University of Sydney (Australia) which shows that 44 per cent of Australian kidney transplant patients develop cancer less than five years after surgery.

A study of 400 transplant patients conducted by Dr. Graham Kelly and Professor Ross Sheil pointed the finger at azathioprine and other immunosuppressive drugs taken by transplant patients as the likely cause.

My wife has been losing weight for the past several months. She has gone from 140 to 115 pounds, and she claims her food is often tasteless.

After giving her a complete physical, her doctor said her liver was malfunctioning. He ordered a biopsy which confirmed his diagnosis. He further says this liver malfunction was caused by the medication he had prescribed for her heart condition--Quinidine--which she has taken for a year. He now wants to put her on Inderal and wants to recheck her blood after three or four weeks. If there is no change, he wants her to go to a clinic in a nearby town.

Please, Dr. Mendelsohn, could you give us your opinion?--W.W.

Liver disease

Quinidine, used for cardiac arrhythmias, can cause diarrhea, nausea and vomiting as well as hypersensitivity reactions which include hepatitis. Other antiarrhythmia drugs such as Inderal and Pronestyl can be substituted for Quinidine, but I think your wife's physician's plan to seek consultation is a good one.

While in Mexico recently, I contracted hepatitis. I'm uncertain as to whether I came down with this disease because of eating shellfish or as a side effect of the Clinoril I take. The doctor who is now treating me in Arizona seemed to think it was shellfish. However, my orthopedist back home had told me to watch this drug and to stop taking it if I felt any side effects while I was on my vacation.

Please send me any information you have on this drug.--Mrs. H.B.

Your orthopedist deserves credit for cautioning you to look for the side effects of this highly-touted antiarthritic. I hope he also gave you a list of the side effects (gastrointestinal, nervous system, skin, hearing, etc.) identified with this drug which, by its manufacturer's own admission, is no more effective than aspirin. And I further hope the doctor who is presently treating you is closely following your liver condition with appropriate blood tests, as recommended in Clinoril's prescribing information. If these liver function tests show a persistent significant abnormality, Clinoril should be discontinued. Before blaming everything

on the shellfish, it might be a good idea for your doctor to contact the manufacturer to determine the experience with this drug in patients with hepatitis.

Isoniazid and liver damage

Tens of thousands of children in the U.S. receive daily doses of isoniazid because they have a positive tuberculin skin test. Now, a report of liver damage in children from this kind of prophylactic treatment has appeared. Dr. P. Spyridias of the Athens University School of Medicine has found elevated blood levels of certain enzymes in a study he did on 239 children who received isoniazid. While he characterizes the effects as usually mild and transient, he concludes that these findings suggest that liver injury in such children is more prevalent than was previously suspected.

I am 73 years old. Last year, I had surgery for a tumor in the colon which turned out to be malignant. Since then, I have had two liver scans which show a damaged liver, possibly cirrhosis. I never have been a heavy drinker--just an occasional glass of wine and cocktails only when we go out for dinner. From reading whatever I can find on cirrhosis and the liver, I understand it can be caused by poor nutrition. I always have been overweight, so apparently I've been eating the wrong foods for years.

My doctor says nothing can be done for this damage to the liver. He says he'd like me to lose weight, but he also says I can eat anything I want after cutting down on fats and sweets. I can't find any diets which would prevent further liver damage. The doctor says I wouldn't want chemotherapy because it would make me sick and would do no good anyway.

I hesitate to change physicians and have to go through the tests all over again. My present doctor has all my records, but we don't seem to communicate very well. He tells me nothing about nutrition or vitamins (if needed). Could you tell me what to do? Are there any books I should be reading on the subject?--M.N.

Diet for liver cirrhosis

In looking for nutritional approaches to cirrhosis, begin with the advice in Paavo Airola's "Every Woman's Book" (Health Plus, $17.95). Airola clearly states, "Selenium (a chemical element which is present in brewer's yeast) also protects the liver and helps to regenerate it after damage."

Time to abolish silver nitrate

The silver nitrate controversy heated up recently when the British medical journal, The Lancet (December 15, 1984), came out against the routine use of this caustic agent in the eyes of newborn babies.

Pointing out that the use of eyedrops to prevent blindness from gonorrhea has been practiced for 100 years, The Lancet editorial states: "In many areas it has been abandoned because of a low incidence of gonococcal ophthalmia; furthermore, it is not always effective and may itself lead to chemical conjunctivitis." In addition, silver nitrate offers no protection against chlamydial infection, today's fastest growing venereal disease.

As mothers and fathers across the country challenge their doctors on the use of silver nitrate, doctors are telling many parents that they will instead apply antibiotics to the baby's eyes, assuring them that such antibiotics are both safe and effective. However, The Lancet cautions that the application of penicillin to the eyes generally should

be avoided because of the risk of promoting penicillin-resistant gonorrheal germs and also because of the tendency to cause sensitization to penicillin.

Your doctor may tell you that he will use tetracycline, a very popular antibiotic, rather than penicillin. But The Lancet refers to a 1984 study which concluded that the evidence on the value of tetracycline in preventing gonorrheal and chlamydial eye infections "is conflicting."

As another alternative, your doctor may offer to give your baby erythromycin antibiotic eye ointment, which is recommended by the government doctors at the Centers for Disease Control. While erythromycin is effective against both gonoccocal and chlamydial eye infections, The Lancet states that "protection from chlamydial disease may again only be partial..."

At this point, if you are sure you do not have gonorrhea, maybe you should ask your doctor why he insists on eye drops at all. According to The Lancet,"Antibiotic prophylaxis seems unjustified in areas where the incidence of gonococcal or chlamydial ophthalmia is low."

You might ask your doctor whether your neighbornood is characterized by a high incidence of these infections. Even if you do live in areas of high incidence, the widespread use of prophylactic antibiotics may lead to the development of resistant germs which, according to The Lancet, "may ultimately lessen their therapeutic value."

The editors of this journal wisely conclude that the "best approach is still unknown." According to them, the most important aspect of prevention is the diagnosis and treatment of genital tract infection in women before delivery. Therefore, during your prenatal visits, you might ask your doctor to carry out diagnostic tests if he or you harbour any suspicion that you might have these venereal conditions. If all the tests prove negative, you then can ask the doctor to provide a rationale for using those drops to prevent newborn eye infections.

If the doctor tells you that your child must submit to these prophylactic measures because "It is state law," you might point out to him that since doctors were originally responsible for passage of those laws, maybe it is high time that they revisit their state legislatures--this time for repeal of those laws.

Potpourri

More advantages of breastfeeding

Decades ago, when I would discover that a pediatric meeting on the subject of infant feeding was funded by an infant formula manufacturer, my suspicions would immediately be raised. And with good reason. Those meetings often would end up downgrading breast feeding and singing the praises of formula milk. But in more recent years, pediatricians have reached the same conclusion as La Leche League (the international organization of breastfeeding mothers) did a quarter century ago. Consequently, those industry-funded meetings have lost much of their sting.

A recent article in a special supplement of the January 1985 Pediatrics, the official publication of The American Academy of Pediatrics, made me recall the Old Testament prophet, Baalam. (Baalam, for those readers far removed from Sunday School, was called upon by the King of Moab--with promises of a handsome reward--to curse the Children of Israel. But despite his best efforts, every attempt he made to curse somehow turned into a blessing.) This supplement was funded by Mead Johnson, a signal name in the infant formula business.

This special Academy report begins on the first page by telling us that the apparent success of commercially prepared formulas has raised questions in the minds of some pediatricians about the long-held view that breastfeeding is the standard against which any artificial milk must be measured. In keeping with pediatricians' traditional attempts to intro-

duce solid foods as early as possible, exclusive breastfeeding beyond age four months is criticized later in the report because it "can mute the learning experience provided from exposure to new tastes and textures of food." This section of the supplement (funded by Nestle) threatens mothers that the infant "sustained predominantly on breast milk complemented only by a limited amount and variety of monotonous foods may be the wasted preschooler and stunted school-aged child of subsequent years."

This curse is more than counterbalanced by the sections of the report praising the protein component of human milk and its protective antibodies and deploring the fact that all major growth standards used today for children were collected on babies who were mostly formula-fed. Thus, pediatricians really don't know how breast-fed babies grow. Particularly important is Dr. Frank Oski's revealing section entitled "Is Bovine Milk a Health Hazard?" in which this Syracuse, N.Y., professor of pediatrics links the feeding of whole milk, even after age one year, to the possible later development of atherosclerosis, cataracts, infections and juvenile delinquency!

While the learned pediatricians may exhibit the ambivalence of Baalam, breast-feeding mothers may receive their unqualified blessings from the Biblical commentaries which prescribe a minimum of 24 months of nursing. Or, as the Academy report states, from "the Koran, the Mother shall give suck to her baby for two years" (Al-Baqarah, Chapter 2, part 2).

Barney Clark was mentally incompetent

In the ongoing controversy over the artificial heart, a key issue has been the question of informed consent. I learned recently (Archives of General Psychiatry, September 1984) that in the procedure used on Barney Clark (the first artificial heart recipient at the University of Utah Medical Center), hospital officials "considered Dr. Clark to be mentally incompetent. Mrs. Clark signed all of the consent forms after implantation of the artificial heart."

The surgical team members regarded Dr. Clark as being in a state of confusion, and they decided "not to honor the patient's expressed wish to die." Funny thing--with all the publicity attendant on Barney Clark's 112 days of survival with the artificial heart, this is the first time I ever heard that he expressed a wish to die.

Although Barney Clark died in April, it took five months before this information appeared in a medical journal. I wonder how long it will take for this kind of important disclosure to surface in the case of the present artificial heart recipients.

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 Women" is available in paperback from Contemporary Books ($6.95).

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Another View

by Marian Tompson
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I'm sure that, in 1964, when Doctors Irwin Arias and Lawrence Gartner published their findings on prolonged neonatal unconjugated hyperbilirubinemia associated with breastfeeding, they never dreamed it would create a "breast milk jaundice" epidemic that would sweep the country. Almost overnight, jaundice (which is common in healthy newborns) became a cause for concern if those newborns were breastfed. And even though jaundice associated with breastfeeding didn't develop until five to seven days after birth, newborns who were only a few days old were taken off the mother's breast, albeit temporarily, put in nurseries, blindfolded for phototherapy, made to endure periodic heel pricks for monitoring bilirubin levels (which were often misleading and gave a higher reading if the infant's heel were squeezed too hard), and sometimes were kept in the hospital for further observation even after the mother was discharged.

Meanwhile, the mothers suffered anxiety and separation pangs. They developed plugged ducts and breast infections. After all the turmoil and disruption of bonding coupled with concern that the mother's milk really might be harming her baby, it was not unusual for breastfeeding to never be resumed.

Twenty-one years later, we seem to be coming to a more balanced and reasonable understanding of the problem. While fear of brain damage always has been one of the concerns, and even though some experts feel that breastmilk jaundice has the potential capability of causing brain damage, no direct link has ever been documented. A significant study by Manuel De Carvelho, M.D. (American Journal Dis. Child, August 1982) revealed that when breastfed babies were fed every two hours, the normal pattern for breastfed newborns, their mean bilirubin level actually was lower than that of formula-fed babies on the usual four hour schedule! This suggests that hospital policies that reduce or limit the number of feedings in the first days of life actually may be interfering with normal mechanisms that eliminate bilirubin from newborn infants.

Recognizing that hospital policies which lead to effective lactation also reduce the incidence and severity of neonatal jaundice, Lawrence Gartner, who is now professor and chairman of the Department of Pediatrics at the University of Chicago and director of Wyler Children's Hospital, put together some recommendations for hospital policies which would minimize jaundice. These were published in the Spring 1983 issue of Breastfeeding Abstracts, published for health professionals by La Leche League International. The recommendations include: Breastfeeding immediately after birth; all delivery room routines (Apgar scoring, footprinting, etc.) carried out with the infant held by the mother; newborn and mother staying together throughout their hospital stay; breastfeeding on demand with a goal of approximately 12 feeds per day (water and glucose solutions are forbidden); discharge within 12 to 24 hours as the standard for the healthy breastfeeding mother and infant; hospital personnel who discourage breastfeeding or provide inaccurate information should be given special tutoring or transferred to another area of the hospital, and breastfeeding education programs should be provided for all medical, nursing and social service staff on an on-going basis.

With this kind of commitment, we may find that what we called "breast milk jaundice" was really NO breast milk jaundice after all!