HealthSmarts
How To Spot The Quacks
Avoid The Nonsense
And Get The Facts
That Affect Your Health

John H. Renner, M.D.

Edited By
Lewis Vaughn

Foreword By
William T. Jarvis, Ph.D.
Professor of Preventive Medicine
Loma Linda University School of Medicine
President, National Council
Against Health Fraud, Inc.
Loma Linda, California

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Dedication

This book is dedicated to the many fine physicians of the American Academy of Family Physicians, and to my many colleagues in patient education across the country, who have encouraged me to keep on telling patients and physicians how to communicate with each other.

John H. Renner, M.D.
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Foreword

In 1983 the Special Committee on Aging of the United States Senate determined that “quackery and medical related frauds” and number-one of the ten “most harmful frauds directed against the elderly.” The following year the Subcommittee on Health and Long-term Care of the Select Committee on Aging of the House of Representatives completed its own study. At its hearing, chaired by the late Congressman Claude Pepper, its report estimated that quackery was taking $10 billion annually from the elderly and $25 billion from the nation at large. Although the elderly were estimated to be about three times more prone to being victimized by quackery than the general population, no age group is immune from exploitation. These Congressional reports mobilized governmental and private agencies into action. In 1985 the United States Food and Drug Administration, Federal Trade Commission and United States Postal Inspector’s Office sponsored a National Health Fraud Conference. Dr. John Renner participated in the conference and was chosen to organize another even larger National Health Fraud Conference in 1988 that was supported by a large number of leading community health organizations.

Quackery is an enigma. Quackery does not always involve fraud per se (i.e., intentional deception for gain). Although there are plenty of crooks and con artists engaged in quackery, the most dangerous quacks are the true believers, who will not only mislead you, but will take their own poison or remove their own loved-ones from lifesaving health care. To label someone a “quack” is defamatory, but criminologists note that there is considerably less social stigma directed toward perpetrators than the victims of quackery. Quacks are imagined by the public to be comic opera folk heroes who are so blatant and preposterous that people unable to spot them are probably fools impossible to protect from their folly. In reality, quacks may be practically indistinguishable from legitimate health pro-
viders, and they are often a great deal more appealing. Consumers who believe themselves to be clever enough to outwit quacks go against the sage advice of "never try to beat a man at his own game."

What is quackery? The term is derived from *quacksalver* which means to "boast" (i.e., quack) about the values of one's "salves" (i.e., soothing remedies). The Pepper Committee defined a *quack* as: "anyone who promotes medical schemes or remedies known to be false, or which are unproven, for a profit." The operational word is *promotes* which in the dictionary is described as: "to contribute to the growth and prosperity of; to present for public acceptance through advertising and publicity" (*Webster's New Collegiate Dictionary*). The mere use of an unproven remedy (e.g., placebos and experimental therapies) by a practitioners in a responsible way is not quackery. Neither is friendly (albeit erroneous) neighborly advice on health given without anticipation of gain. It is only when products, services or health practices are marketed through advertising (paid commercials) and publicity (e.g., talk shows, publications, audio and visual cassettes) that the label of quackery is applicable.

Quackery is distinguishable by at least three primary characteristics: (1) claims that sound too good to be true; (2) the use of testimonials as proof; (3) the disparagement of regular sources of food, water, health care, information, and consumer protection. The latter is essential to justify the so-called "alternatives" which are not acceptable to regular providers.

Ask your physician about a legitimate medical procedure and he/she can usually provide a complete explanation, but inquire about an "alternative remedy"—other than a legitimate alternative such as tylenol instead of aspirin—and you are apt to get a negative response, but not much information. When this happens, patients cannot be blamed for assuming that the doctor is prejudiced against the remedy either out of ignorance or self-interest. That is precisely what the quacks will claim. On the other hand, doctors really cannot be blamed for not keeping up with every quack's nostrum, especially when the information is "secret" or obscure. As a scholar
who has been studying quackery for nearly 25 years, I can tell you that it is a full-time job keeping up with the imaginative creations of quackery.

Dr. John Renner knows quackery. Organized quackery (yes, Virginia, there is such a thing as organized quackery!) has dubbed Dr. Renner “one of the four horsemen” of the antiquackery movement. After reading this book, you will know why they gave him this accolade. Dr. Renner actively combats quackery because he has come to realize the important role that misinformation and misbelief play in health behavior, and how powerfully these ultimately affect the well-being of patients.

This book dispells the myths and misinformation which are the fodder upon which quackery feeds. A wise man once said: “it isn’t what we don’t know that hurts us as much as it is what we think we know that isn’t true.” That is where quackery most often strikes, at those misconceptions and misbeliefs that are part of our modern folklore. Quacks know how to appeal to our deepest hopes and fears. Whether we desire to be more successful in love, ward off the inevitable effects of aging, be relieved of pain, lose weight, defeat disease and debility, cope with stress, or attain super performance, there is something offered to help us achieve our dream—for a price. Remember, the mugger says, “your money or your life,” while the quack says, “your money and your life!” Armed with sound information this book provides, you will be better prepared to protect both your money and your health from the siren calls of quackery.

William J. Jarvis, Ph.D
Professor of Preventive Medicine,
Loma Linda University School of Medicine
President, National Council Against Health Fraud, Inc.
Loma Linda, California
March 21, 1990
As a family physician and health educator, I developed this book in order to arm consumers with the knowledge required to recognize potentially harmful therapies and products. This book is dedicated to preventing spiritual, mental, physical, and financial bankruptcy. Every health consumer should understand five categories of health care products—proven, experimental, untested, folklore and quackery—before using medical drugs, therapies, services, treatments or devices.

“Proven” products have been scientifically tested through double-blind studies of clinical trials, or they have been deemed “proven” by experts who agree that the product, used in a specific manner for a specific illness, is generally safe and effective.

The U.S. Food and Drug Administration regulates labeling of all such products, including foods, food supplements, drugs, cosmetics, medical devices, diagnostic procedures and radiation-emitting devices.

If something is sold over the counter to treat, cure, or mitigate a disease, its label must list the diseases for which it has been tested. For prescription items, this information is on the legal literature with the product. While food supplements can make no medical claims about being effective in treating disease, they must be “safe” to be sold as food.

The FDA monitors and reevaluates proven products to make sure they remain safe and effective. An example is nitroglycerin, a heart medication, which has been proven generally safe and effective if taken as directed by a physician. Patients are charged for these products.

“Experimental” products are undergoing controlled FDA clinical or laboratory studies to determine whether they are safe and effective for treating a disease or condition. For example, sumatriptan is now in the clinical testing stage as a drug that might prove
effective in treating migraine headaches. Researchers usually do not charge patients for these products, and must meet ethics committee requirements. In addition, patients must sign informed consent forms.

"Untested" products have never been subjected to rigid clinical testing under FDA protocols, and therefore, no judgment may be made about their safety or effectiveness. In this category are hundreds of herbals and chemicals that have never been examined by scientific methods. Untested products are not generally marketed. And if they are, they may be subject to investigation.

"Folklore" products usually have been passed down through a family for generations. Some folklore remedies have medicinal value beyond the "placebo" effect. Eating chicken soup or drinking honey and lemon tea for a cold are examples of folklore. Generally, such traditional remedies are given without charge.

"Quackery" products have no proven effectiveness and might cause physical harm. Some organizations refer to these products as unproven or questionable. Some products have been disproved, such as laetrile for cancer. But most of these products have never been through clinical or scientific studies but are sold with all kinds of hype and promise. Thousands of quack products are sold, from hydrogen peroxide for so-called cancer cures to oral T-cells touted as boosting the immune system for cancer and AIDS. Although quacks may use pseudoscientific studies to sell products, they most often rely on testimonials. Quackery costs money, time, and sometimes health.

This book that is in your hands is a compilation of articles written for the Kansas City Star. It is an attempt to help you, the consumer, spot the quacks, avoid the nonsense, and get the facts that affect your health. With the many options regarding our health today, knowledge is our best ammunition in defending ourselves against the pitfalls of quackery!

John H. Renner, M.D.
Acknowledgement

Books do not write themselves. Creating this first book has been a relatively painless process for me, for it reflects the input of many people.

Most of this book has come from articles that were originally published in the Kansas City Star. I have had research and writing assistance from Anita Kwest and Barbara Widmar.

Many of the articles that became book chapters were discussed with a former associate and long-time friend, Linda Koller-Strub. Her organization of my office has made this effort possible. She also inspired many of the articles.

My wife, Diana, has helped proofread, punctuate, and edit this book. She also provided many valuable comments on many of its chapters.

Bruce Currie, an associate in the patient education field, gave me many helpful comments on the articles along the way.

Some of the articles were improved by various unknown people at the Kansas City Star who, on occasion, “de-toxified” some of my more strident comments. I don’t think their computer could print certain words I used when referring to the purveyors of quackery and misinformation.

My thanks also to Josephine E. E. Thweatt, for her administrative help and secretarial support, and to Judy Graves, who provided graphic arts and layout assistance.

Finally, I want to thank Lewis Vaughn, my editor. He not only pulled all the material into its final format, he also taught me a great deal about writing and editing. It has been a pleasure working with him.

In fact, this has been such an enjoyable experience that I hope to do this again soon.
Introduction

In today's "freedom of choice" era consumers may choose whatever medical treatment they think is best for them, even if the treatment is worthless. Still, it does not give anyone the right to sell you a worthless treatment. It is estimated that over 25 billion dollars a year is spent on worthless remedies and treatments. In his book, HEALTHSMARTS, John H. Renner, M.D., takes you on an informational trip through the world of health quackery. Throughout this journey you will soon discover that, after all, knowledge is the best protection against health fraud.

Are you spending your money on quackery?

—Have you ever been promised a weight loss of more than two pounds a week? More than likely you were told that a particular diet would melt away your fat, increase your metabolism, or simply let you eat all you want.

—In pursuit of youth and beauty, many anti-aging remedies hit the market promising younger looking skin, or no more wrinkles, when actually some of the regimens have done nothing but cause headaches, intestinal disorders, and even kidney damage.

—More popular are many of the diagnostic testing and "non-tests." If you believe the vitamin and mineral content of your hair can reveal the state of your health, you are only letting yourself get clipped.

—Would you ever consider treating a heart attack by rubbing underneath the little toe of the left foot? Reflexologists believe that pressing or massaging certain areas on the hands or feet can help relieve pain and cure disease.

—There is a smorgasbord of questionable therapies and treatments still available. Hydrogen peroxide taken orally or intravenously are among some of the foolish therapies used to treat conditions such as AIDS, diabetes, shingles, and cancer. Chelation therapy is another therapy given intravenously touted as an alterna-
tive to coronary bypass surgery and treatment for hardening of the arteries. This therapy is known to have caused kidney failure and is of no proven worth.

Throughout this book Dr. Renner informs us that there are many diseases quacks exploit such as AIDS, cancer, candidiasis, hypoglycemia, and Chronic Fatigue Syndrome. There are many devices promoted to cure your ills. He alerts us to the ways we can beat the frauds by suggesting getting second opinions, joining support groups, learning how to be a better complainer, and most of all, simply increasing our consumer health awareness. . . After all, knowledge is always the best protection against the pitfalls of health fraud and quackery along our journey for better health!

Lewis Vaughn
PART I

The Basics:
Your First-Line Defense
Against Misinformation
Sizing Up the Power of Quackery

Are you overweight, out-of-shape, arthritically crippled, chronically ill, underdeveloped, bald or just plain old?

If so, you don't have to look far for a magic cure. Promoters of quackery offer a host of devices, drugs, and schemes guaranteed to solve your problem.

Americans are grabbing for the cure-alls. Despite common sense and education about health and nutrition fraud, elderly Americans spend an estimated $10 billion each year on quackery. That figure was reported last spring by a House subcommittee concluding a four-year investigation of fraudulent and unproved medical treatments. It probably doesn't include victims who keep quiet about losses because they don't want to admit that they have been duped.

Quackery is big business for good reason: It is immensely profitable and carries little risk . . . for its practitioners.

No matter how outlandish the claims that a quack makes and no matter how harmful his product may be, it is rare for any level of government to launch a vigorous investigation and prosecution under criminal statutes, according to the subcommittee's report.

Federal efforts to combat quackery were found to be minimal, and state and local enforcement efforts were reported to be not much more substantial. On the federal level, anti-quackery efforts have declined over the last 20 years and particularly during the last four years, according to the report.
Among federal agencies, the Food and Drug Administration has the broadest authority to control quackery, but it spends less than one-thousandth of 1 percent of its budget for that purpose.

The picture is also bleak on the state level. There are no criminal sanctions against promoting quack remedies in two-thirds of the states.

Some do not see a need for change because they view quackery as basically harmless and perhaps even amusing.

Paying $250 for a weight-loss contraption that "melts pounds away" may seem laughable. However, about 400,000 Americans believed the claims and spent that on their own Relax-a-cisor, a device touted to rid them of weight by using mild shocks to provoke muscle spasms.

Later, a judge found the device to be hazardous and potentially harmful, capable of causing miscarriage and aggravating several conditions including epilepsy, ulcers, and varicose veins.

It may seem incredible, too, but others believed an ad that promised an at-home, self-administered cancer cure. Respondents who paid $25 for the Woods Cancer Cure received a syringe and three sheets of information. One recommendation was to remove cancerous atoms from the body by applying a vacuum near the skin. Users were told to place a small amount of fresh beef inside the vacuum so that it could work through the magnetic attraction of flesh and blood. After a complaint from postal authorities, the promoter admitted fraud.

Several years ago, the Postal-Service received complaints about a pill advertised to make people smarter for just $20. Investigators discovered that the product was essentially a multivitamin, which had been found in numerous studies to have no effect on intelligence. Perhaps those who shelled out $20 for the pill were at least made smarter about falling for hoaxes.

It is the fortunate person who loses only money to quackery. There are two more serious consequences. An individual who succumbs to the claims of a huckster often delays seeking proper treatment for his illness or quits medically prescribed therapy that prob-
ably requires effort and patience. The result may be irreversible damage which could have been avoided.

And, of course, some quack remedies are inherently dangerous. No one knows how many persons pay with their lives.

If you don't want to be among those who are hoodwinked each year by quackery, keep these points in mind:

• Don't count on others to protect you. It's up to you to be alert about health and nutrition information.

• You may not be able to recognize the modern-day quack as easily as the snake-oil salesman of the past. Some of today's hustlers go to considerable effort to develop their "scientific" appeal. They speak in terms of your freedom to choose "alternative therapies" not accepted by the "overly conservative" medical community.

• Be aware of your own vulnerabilities. You may be highly knowledgeable in your professional field, but if you are overweight and not well informed about your problem, you may be tempted by a quick and easy weight-loss plan that sounds reasonable.

• Learn what resources you can rely on to help you evaluate what you hear and read. As a consumer, you are bombarded with information about health and nutrition. You need to be able to determine what makes sense and what should cause you to be skeptical.
Some Tips on Quack-Detecting

When we see medicine men or faith healers on the old westerns, we often sit back and wonder how anyone could have been so gullible. But if we take a closer look, we find that when it comes to identifying quacks, many people aren't any smarter today than our ancestors.

The quacks of yesterday used basically the same tactics as quacks today. They preyed on an individual’s emotions, often offering what appeared to be a painless quick fix to a chronic problem.

At the turn of the century, most medical quackery could be found in the form of medicine wagons and medicine shows. Bringing with them singers, dancers and other entertainment, the medicine men of the time were sure to draw a crowd. Once a group had gathered, they would pitch magical cures, which often consisted of patent medicines and medical devices.

Although pitchmen probably were responsible for the most prominent form of quackery at the time, few of them ever gained individual notoriety. There are, however, some quacks who do stand out in history. Following are a few examples.

In the 1800s a New Hampshire farmer, Samuel Thomson, gained prominence as “the sweating and steaming doctor.” Thomson’s theory was that “a diminished power of heat and water caused an imbalance of body elements.” His treatment, which was to be repeated over several days, involved inducing vomiting, taking steam and cold baths and enemas.

In the Midwest, Dr. J.R. Brinkley set up shop in the small town of Milford, Kan., in the early 1900s. When he first arrived, Brinkley won the respect of the townspeople by helping them obtain such needed services as a power plant, water works, sidewalks and a hospital. He then began to practice his own brand of medicine.
Brinkley performed his first operation in Milford in 1918. His patient was an impotent farmer, who was said to have sired his own son a year after Brinkley performed his famous Brinkley Compound Operation.

This operation, which he also later performed in Chicago and California, involved transplanting the testicle of a Toggenburg billy goat (believed by rural residents to be one of the lustiest mammals around) above the testicle of a man. For older men he promised “rejuvenation” and for younger men “greater virility.” The cost for Brinkley’s operation ranged from $750 to $1500, according to Dr. Robert P. Hudson of the Department of the History and Philosophy of Medicine at the University of Kansas.

In addition to the quacks who treated physical ailments, some even ventured into the field of mental illness. One of the most famous, perhaps, was John St. John Long, a 19th century Englishman. St. John Long, who was known for treating and “curing patients of imaginary tuberculosis,” also put up his shingle offering his services as a psychiatrist for a short time. He allegedly was particularly successful in “treating unhappy female patients.”

Although most quacks tend to come and go, others can be around for years. Harry Hoxsey promoted two types of cancer medication for more than 30 years. Although denounced by authorities many times, Hoxsey somehow always came back. He even opened and operated the Hoxsey Cancer Clinic (later renamed the Taylor Clinic) in Dallas.

To add credence to their abilities, some quacks, such as Edgar Cayce, attributed their powers to God. Cayce, who made his diagnoses while in a trance, claimed that his healing powers came from God. To treat patients he used spinal manipulation as well as potions such as Red Bug Juice and Oil of Smoke in his cures.

Just like their predecessors, today’s quacks find that their best targets are individuals with chronic health problems. Medical areas where quacks are prevalent today include arthritis, fitness, weight loss, and cancer.
To protect yourself from quacks, the U.S. Department of Health and Human Services advises that you consider the following common characteristics often associated with quackery:

- Does the individual offer a quick and painless cure?
- Is the product advertised as a “special,” “secret,” “ancient” or “foreign” formula, available only through the mail and only from one supplier?
- Are testimonials or case histories from satisfied users the only proof that the product works?
- Is a single product promoted as effective for a wide variety of ailments?
- Does it claim it is a scientific “breakthrough” or “miracle cure” that has been held back or overlooked by the medical community?

Don’t be taken in by a quack. If you are suspicious of a product or treatment, you owe it to yourself to find out everything you can about it. The U.S. Department of Health and Human Services recommends that you check with one or more of the following before buying any product that you’re uncertain of:

- Your doctor, pharmacist, or other health professional.
- The Better Business Bureau.
- Your local consumer office.
- Your state attorney general.
- The nearest office of the Food and Drug Administration.
- Your postmaster or the Postal Inspection Service.
How Con Artists Con

Con artists have always operated in the health field. It is an area where people are particularly vulnerable. It is human nature to seek simple, easy, "magical" answers to life's complex problems, especially health problems. How easy it would be to take just one special pill and be cured of cancer or arthritis. How wonderful it would be if that same pill cured not only cancer and arthritis but many, many more diseases. This is exactly what the purveyors of quack treatments and remedies want you to believe—that they have the magical answer to your particular health problem.

Robert A. Steiner says there are no magical answers, only those willing to sell them to you. He has learned a lot about how con artists operate by seeking out and exposing all kinds of con games from psychic surgery and other medical frauds to pyramid schemes, and phony banking or investment schemes. He is a former magician, a member of the National Association of Bunco Investigators, and a member of the board of directors of the National Council Against Health Fraud who put his first-hand experience exposing con artists into a book entitled, Don't Get Taken: Bunco and Bunkum Exposed; How to Protect Yourself.

Steiner points out that while many frauds are clearly health-related—unnecessary health insurance policies, phony clinics and treatments, medical gadgets that do not work—any fraud can cause damage to one's health. Consider these examples:

- The bereaved widower who pays a psychic who pretends that she brings word from her customer's late wife, from beyond the grave.
- The widow who takes delivery of a C.O.D. package, allegedly from her late husband. The con artist delivering the package read the obituary column to obtain the name and
address of the bereaved widow. The package contains worthless cut-up newspaper.

- The elderly man who withdraws money from his bank to help the "bank examiner" catch a "dishonest teller" or as "good faith" money to prove he is honest before the two people he just met will share the money they just found.

Not only will these individuals lose varying amounts of money, they may also experience anxiety, guilt, depression, and stress. Their emotional health will have suffered. Some people will lose much more:

- A man in Montana who called himself a nature healer convinced the parents of a 16-year-old diabetic girl that her daily insulin shots were unnecessary. By tapping the chest, he said, he could stimulate their daughter's own insulin-making capacity. Three days later, the girl was dead. Her parents were billed $6,350 for the treatment.

"We must turn around this lackadaisical attitude that the general public and some parts of law enforcement have toward con artists and misrepresenters," Steiner says. That attitude includes the beliefs that those who sell bunco (fraud) and bunkum (nonsense) are really harmless, and that anyone who gets conned is stupid, gullible, or greedy and got exactly what they deserved. Steiner points out that these people are criminals; there is nothing harmless about the con artist who will continue to leech money off a dying person by selling them a medical treatment he or she knows is ineffective. As for the belief that anyone who gets conned is stupid, gullible, or greedy Steiner says:

"Loneliness, stress, illness, grief, fear, anger, anxiety, physical pain, depression, despair, being away from home, having recently fallen in love, having recently fallen out of love, the death of a loved one, the call of civic duty, civic pride, desire to
help your fellow human beings, compassion, sympathy, and many other states of mind and events can dull your judgment and make you more susceptible to a con game."

4
Looking Out for
the Sneakiest Ads of All

Some newspaper advertisements are printed in such a way that they look like authentic news stories. Although they contain bold headlines and are written in a style that mimics the news items on the page, the actual “sales pitch” for the product often appears in small print at the bottom of the page.

Similarly, some radio and television talk shows are little more than 30- or 60-minute commercials for a product or therapy. The hosts sometimes deliver the advertisement for a product so that it sounds like news or a regular talk program.

Examples of such advertisements:

• Products that claim to cure baldness or promote hair growth, say they are “fast-working, inexpensive and painless” and usually feature a money-back guarantee.

• Bee pollen products, including pills, liquids and “food bars” that claim to provide “super energy,” “make you look and feel younger,” or prevent aging.

• Weight-loss products or “cellulite”-removal products that claim to have been “discovered in Europe” through some “revolutionary scientific process” and are available only through the advertisers.
TV programs that resemble panel talk shows can be seen on major networks as well as independent stations and cable. A movie star or personality will interview guests, usually doctors, about the product or products. They may also interview the product's "inventor."

The panelists will discuss the product, how revolutionary it is, how it was discovered or invented, how it works and often why it is generally not available in the United States. The host may give viewers the opportunity to purchase this product by calling a toll-free number at the bottom of the screen. The product also may be sold during pseudo-commercial "breaks".

These programs may include interviews with users of the product who give testimonials about what it has done for them.

Some of these are very sophisticated programs developed by advertising agencies paid by the product's promoters. A Newsweek article quoted one advertising agency executive as saying that his firm had produced nine program-length ads. "We have a cosmetics shows; we have a hair-loss show; we have a show on how to win at blackjack; we're just finishing up a show on impotency."

According to the ad executive, shows such as this cost $15,000 to $35,000 to produce and can be shown for several months before the customer response dies down.

Other advertisements are amateurish. A few have even quoted people who are deceased and are attributed medical doctor degrees after death—even though they never had an M.D. degree during life. Some advertisers of bee pollen products cite its use by Great Britain's royal family or former President Ronald Reagan as a testimonial to the product's worth. One company named one of its bee pollen product bars in honor of Reagan.

Although these advertisements and television programs contain much hype and hoopla about the particular product, they offer no scientific facts or studies to back up the product's claims.

The facts behind the examples given are these:
• No over-the-counter hair restorer product can claim hair growth. Only one product, a prescription medication manufactured by a major pharmaceutical firm, has been proved in clinical trials to promote hair growth. However, it cannot be used by everyone and it must be used on a continuous basis to maintain its effectiveness.

• No bee pollen product can claim health or medical benefits, enhance youth or avoid the affects of aging. Even if a world-famous iridologist who has written 50 books gives testimony to its benefits, there is no clinical proof that bee pollen is of any medical benefit to human beings. The “fountain of youth,” if it exists, is not to be found in bee pollen.

• Cellulite products will not remove so-called cellulite from the body. According to an article in the Food and Drug Administration’s FDA Consumer, the term “cellulite” was coined in European salons and spas to describe the fat deposits some women have on their thighs and buttocks.

Supposedly, cellulite is a combination of fat, water and toxic wastes the body cannot eliminate on its own. Thus some purveyors claim the need for the special creams or lotions that are available only through their firms. However, it is the position of those at the FDA that fat is fat and the only way to get rid of it is through sensible diet and exercise.

Many of these advertisements and TV or radio programs offer the product with a money-back guarantee. However, state attorney general offices have numerous cases on file from people who have been unable to get their money back when they become dissatisfied with the product or service.

Here are some suggested guidelines from the Food and Drug Administration that may help you spot deceptive advertising:

• Watch out for copy that claims FDA approval. The law does not permit the mention of the FDA or the U.S. Food and
Drug Administration in any way that suggests marketing approval for any non-prescription drug or medical device.

- Look for key words. If the ad copy uses words such as “miracle,” “miraculous,” “cure” or “breakthrough,” be particularly skeptical about the product.

5 Avoiding Phone Foolery

If you watched television or answered the telephone last week, chances are you were exposed to some form of telemarketing. Technological advancements in TV and phone systems have made telemarketing a big business, and health products are emerging as the biggest of the big in telemarketing.

One definition of telemarketing involves anyone who uses the telephone to conduct business and uses or lists an 800 or toll-free number as the principal business number. Telemarketing involves not only receiving solicitation calls but the ability to seek products or services through toll-free numbers.

Although many sincere, legitimate companies responsibly market worthwhile health items through 800 numbers, some use the system to sell health care related products that are questionable or downright fraudulent.

Toll-free numbers appear on television advertisements daily promoting health insurance for elderly people; smoking cessation programs; alcohol and drug treatment centers; weight-loss programs; diet aids; vitamin and megavitamin supplements; health-related audio-visual tapes and books; contour chairs for back problems, adjustable beds for various medical conditions and other health devices; exercise equipment; hearing aids; air purifi-
cation systems; pep or energy boosting pills; sleeping aids; cata-
rect eyeglasses; back pain relievers; dentures and other dental
aids; bust developers; and offers of treatments for arthritis, can-
cer, baldness, sexual impotency and a host of other diseases and
conditions.

Television shows feature individuals talking about their diet
program, book or cure for some malady, followed by an 800
number on the screen for ordering the product. Sports figures,
celebrities, movie stars and other dignitaries tout products or push
their own fitness program, diet regimen or health and beauty
book.

When you answer your phone, a solicitor may try to sell dis-
count offers for dental, vision or health checkups; medical insur-
ance plans; exercise or fitness center memberships; self-testing
kits; or light bulbs and other items to benefit “disabled” persons.

Many of these products have no benefit. Some are harmful.
Others may appear to work, but the product creates only a tempo-
rary, cosmetic effect that does not solve the medical problem. You
may end up paying much more for such products than you would
for similar or more effective products available in your own area.
Some products ordered never arrive.

Some firms have honed their sales techniques to manipulate
deep-set psychological feelings of fear, guilt, needs or desires. For
example, they will phone and solicit donations to help starving
children. If the person called declines to give, they are made to feel
guilty.

Most people are reasonably careful about what they purchase
by telephone or through television advertisements. However,
elderly people are particularly vulnerable to telemarketing fraud,
especially when it involves health products. They are the victims of
60 percent of all fraud by mail, telephone and door-to-door sales in
the country.

The U.S. Senate Special Committee on Aging lists these mea-
sures to help protect yourself against telemarketing fraud:
• Whenever in doubt, check with officials (police, consumer offices, the Better Business Bureau and other agencies) before entering into any major transaction.

• Shop around before purchasing services or products. Get references, compare prices and check performance.

• Whenever possible, deal with local, well-established firms.

• Never conduct health business over the phone unless you initiate the contact.

*Consumer Reports* magazine also offers these tips:

• Do not order health products from companies that require the use of toll-free 800 numbers and charge cards. This may be an attempt to avoid using the postal service and thus circumvent federal postal statutes and regulations.

• Beware of high-pressure tactics. Forget “can’t miss” deals, “last time” offers, “once in a lifetime” opportunities and “limited supply” sales. Take your time and make an unpressured decision.

With some common sense and careful consideration, you can make informed choices about the telemarketing offers you receive and keep yourself from becoming another statistic in the rapidly growing telemarketing health fraud industry.
Defense Against Diploma Fraud

Several years ago, Sassafras Herbert received recognition as a "professional member" of the American Association of Nutrition and Dietary Consultants. She received her degree without attending classes, writing a term paper, or having any experience in the nutrition field.

Sassafras Herbert was a poodle. Her owner, Dr. Victor Herbert, chief of the Hematology and Nutrition Lab at Bronx Veterans Administration Medical Center in New York, simply sent in her name, address, and the required $50 fee.

When dogs receive bogus diplomas or degrees to dispense nutritional advice, it may be amusing; when people receive the same bogus degrees for the same purposes, it is not so funny. The results can be far from amusing.

In 1985, the House of Representatives Subcommittee on Health and Long-Term Care, of the Select Committee on Aging, concluded that "diploma fraud constitutes a serious threat to the health and well-being of Americans." In 1985, 10,000 doctors—one in every 50—were practicing with medical credentials that were questionable or fraudulent, by the committee's estimates.

Such credentials were obtained from any of the many diploma mills across the country or from some foreign countries. The Department of Education defines a diploma mill as "an organization that awards degrees without requiring its students to meet educational standards for such degrees established and traditionally followed by reputable educational institutions." In other words, some diploma mills can let you buy a degree without having to attend a class lecture, take an exam or prepare a term paper, or have any previous educational experience in the field for which you are seeking the degree. Just as Sassafras Herbert did.
Even more damaging than the outright fraudulent diploma mills are “the diploma mills that will grant a degree while posing requirements that emulate but are far less demanding than those ordinarily specified at legitimate colleges and universities,” writes David W. Stewart and Henry A. Spille in the book *Diploma Mills: Degrees of Fraud*.

Stewart is Director of Program Development for the American Council on Education’s Center for Adult Learning and Educational Credentials; Spille is the Council’s Vice President and Center Director.

Such purchased degrees can pose serious problems in any profession in which a substantial amount of study and experience is usually required. In the field of health sciences, such bogus degrees can be extremely harmful.

“Members of the public are cheated whenever they are treated by or otherwise served by persons who do not have the knowledge or skills their credentials suggest,” Stewart and Spille say. “Consider the holders of fraudulent degrees who were conducting cancer seminars or the one conducting cervical and breast examinations and telling patients they had a pre-cancerous condition.”

Not only are people practicing medicine or providing fraudulent or misleading nutritional advice on a one-to-one basis, but the harm to the American public may be even more widespread, Stewart and Spille say. “Fraudulent degrees can threaten public safety on a broader scale as well. For example, degrees in environmental safety and health, fire science, and occupational health and safety are offered by more than one highly questionable institution.”

Some graduates of diploma mills use their degrees to pose as experts on radio and television programs and in newspapers and magazines, where they can use the mass media to lend credibility to the nonsense they promote, according to the National Council Against Health Fraud.

The council recommends some solutions to the diploma mill problem:
• All states should enact laws that ensure that degree-granting institutions within their borders award degrees based on sound educational standards—those set by the accrediting organizations recognized by the secretary of education.
• All states should prohibit individuals with academic degrees obtained from unaccredited institutions from using these degrees to misrepresent themselves to the public as nutrition or health experts.
• All states should prohibit unqualified individuals—with or without spurious credentials—from doing nutritional counseling or practicing medicine.
• All states should encourage the mass media to check carefully the credentials of all health and nutrition experts who appear on radio or television or in print, to avoid lending credence to individuals with diploma-mill degrees.

What should you do if you suspect someone is using a false credential to practice medicine or dispense nutritional advice? The publication Nutrition Forum recommends that you complain to these agencies or individuals if you suspect improper treatment by a licensed or unlicensed practitioner:

• The local medical society.
• Any local hospital where the practitioner may be on staff.
• The state medical licensing board.
• The local district attorney or state attorney general.
• A local television station or newspaper.
• A private lawyer.
What 'Freedom of Choice' Really Means

In the health care arena, the concept of “freedom of choice” has different meanings to legitimate health care practitioners on one side and purveyors of health fraud and quackery on the other.

In the middle of the fray is the American public and its perceptions of what “freedom of choice” is really about, and, more importantly, the public's actions, based on those perceptions.

On the surface, the concept of “freedom of choice” sounds appropriate. To the person suffering from a disease, it may mean the freedom to choose any physician, any health care provider or services and any possible treatment option.

For example, a woman who has been diagnosed with breast cancer may choose to seek the services of a doctor, clinic or hospital for surgery, chemotherapy or radiation therapy; to do nothing regarding her condition through refusing treatment; to pursue self-treatment by practicing mental imagery or taking megadoses of vitamins; or to attend a cancer clinic in Tijuana, Mexico, where the treatments are not proved safe or effective.

To the legitimate medical practitioner, “freedom of choice” goes hand in hand with the idea of “informed consent.” In other words, the patient understands thoroughly his or her disease, the treatment options that are available, and the ramifications of those options.

In partnership with his or her physician, the patient can make informed decisions regarding the health care choices. Freedom of choice become a part of the sound communication base between physician and patient within the framework of legitimate medical science.

For the purveyors of health fraud and quackery, however, freedom of choice does not have the same meaning. For quacks, it
becomes a ploy to sidestep the question of whether their treatment holds any legitimacy by focusing not on the treatment but on the patients receiving it.

“Organized quackery uses the health freedom argument as a diversionary tactic much like a magician uses misdirection,” says William T. Jarvis, Professor of Health Education at Loma Linda University in California. “By getting us to focus on the victims of disease, with whom we are naturally sympathetic, they divert our attention away from themselves and their worthless nostrums.”

One central misconception in the freedom of choice controversy, Jarvis says, is that “curtailing quackery interferes with the consumer’s freedom of choice.”

“In fact,” he says, “consumers are free to choose to do nothing (adults may do this for themselves, but not for their minor dependents), engage in self-treatment, or seek out quacks (consumers are not prosecuted for going to quacks).”

Although it is not illegal to seek a quack treatment, it is illegal to sell worthless products. Medical products must be safe and effective if they are to be sold to the public.

“Consumer protection laws came about because experience taught us that the sick are extremely vulnerable to the ‘siren calls’ of quackery and deserve to be protected from exploitation,” Jarvis says.

The real issue is not that these patients should be allowed to choose any treatment they want. The issue is, between what type of treatments are they being given the choice? The answer is legitimate, scientifically proven or intellectually rigorous experimental treatments vs. obviously fraudulent therapies.

In his book The Health Robbers, Dr. Stephen Barrett, Chairman of the Board of Directors of Lehigh Valley Committee Against Health Fraud Inc., in Allentown, Pa., cuts to the heart of the quack’s “freedom of choice” argument.

The quack wants you to overlook two things: A victim of disease does not demand the quack’s treatment because he wants to exercise his rights but because he has been persuaded that the
treatment offers hope. Second, the laws that outlaw worthless nostrums are not directed against the victims of disease but at the promoters who attempt to exploit them.

The key for health consumers is to be able to distinguish between "freedom of choice by deception." Knowledge always is the best protection against the pitfalls of health fraud and quackery. With accurate information, it is possible to discover the deception underlying the quack's advocacy of the patient's freedom of choice.

If you have a disease and are contemplating an unusual treatment program you are unsure about, consult your own physician or the national, state, or local chapter of the foundation that provides educational literature about your specific illness (for example, the American Cancer Society, Arthritis Foundation, American Foundation for AIDS Research, National Multiple Sclerosis Society) or a medical school or teaching hospital near you.

These sources should be able to provide you with the legitimate materials and accurate information you need to make informed decisions about your "freedom of choice."

8
How the 'Placebo Effect' Can Mislead You

Physicians are naturally cautious when confronted with personal testimony from people who describe a response to a medication or treatment. This caution is based on an understanding of the "placebo effect."

This is the effect of a treatment that goes beyond that known to be due specifically to medication or treatment. The term also can
mean an effect occurring when none should. For example, just talking to a doctor can cause a placebo effect. A physician’s reassurance about a medication can alter outcome of therapy “about 25 to 30 percent in each direction,” according to Dr. Alfred Berg of the University of Washington School of Medicine.

This placebo effect is not completely psychological. It can influence white blood cell counts, fever, dilation of pupils, and even stages of sleep. The placebo effect can even reduce pain by 56 percent—as much as morphine can.

However, there are also negative side effects. Many times the placebo effect is never recognized as such by patient or doctor.

Exactly how the placebo effect works is not understood. It may trigger chemicals called endorphins in the brain, which would explain the pain relief, but the reason for its other effects is not clear.

The placebo effect works without regard to education or personality.

A placebo (an innocuous substance that has no effect) is not the same as the placebo effect. Doctors usually do not give a placebo unless it is part of an experiment and the patient is informed that they will be getting either a real or placebo pill, but will not know which.

Researchers have developed a way to study the difference between the placebo effect of a medication and true pharmaceutical effectiveness. This technique is called the double-blind study, because neither doctor nor patient knows which is being taken—placebo or medication. This type of study is much more reliable than individual testimony about one’s experience.

The public should be very suspicious of any product sold for health care use if testimony of users or practitioners is the only evidence of effectiveness. Dr. Thomas A. Preston of Seattle said:

“The success of quackery depends greatly on the placebo effect and physicians’ failure to distinguish it from a biological effect, insofar as is possible. To the extent that physicians continue to
use unrecognized placebos, quackery will also thrive. Physicians must mount a stronger campaign to teach that meaningful healing is possible without deception. Physicians do not need to rely on an overt or covert placebo effect and can heal just as well without deception. The gains on both sides of the clinical encounter are greater if we do.”

Much research is going on in hopes of increasing understanding of the placebo effect in years to come.

9
Sorting Out Some Medical Myths

Myths about health seek to explain everything from the common cold to chronic disease, and behavior as well. Some myths fall into the category of wishful thinking; others make some sense. Some promote health-endangering behavior, and some cause people to think that their actions do not affect their health.

To take good care of yourself, you need to sharpen your awareness of medical fiction and fact. Check the health-related myths listed below to see which you consider believable. All are myths which have persisted despite solid evidence to the contrary.

• Medicine can cure almost any disease.

Unfortunately, this is far from the truth. The good news, however, is that most illnesses are self-limiting, so that a cure occurs in time. Medicine can effectively treat some of the illnesses that do not
take care of themselves, usually by minimizing symptoms, but a cure is possible for only a few of these illnesses.

- Getting chilled will give you a cold.

False. Colds and flu are caused by viruses, and getting chilled will not make you sick unless the virus gets you at the same time. Why do more people get colds in fall and winter? One reason seems to be that we spend more time in close contact with others indoors.

It has been demonstrated that the cold virus can be transmitted by transferring nasal secretions from an infected person to a healthy one. You can pick up the virus by touching something that the person with a cold has handled, and you can infect yourself by touching your nose, mouth, or eyes. Thus the advice: Wash your hands often when someone around you has a cold.

- You cannot have high blood pressure if you feel OK.

False. You can look and feel great and still have high blood pressure. The only way to tell is to have your blood pressure checked. If you are taking blood pressure medication, remember that you need to take it all the time, not just when you have a headache or feel dizzy or anxious.

- The right foods can help cure arthritis.

False. Certain foods and diets have been heavily promoted as cures for arthritis, including a mixture of vinegar and honey, alfalfa, pokeberries, and vitamin and mineral supplements. There is no strong evidence of benefit from any special foods or diet, except in the case of gout.

The Arthritis Foundation recommends a normal, well-balanced, nourishing diet and maintenance of normal weight to ease the strain on weight-bearing joints.
• Diabetes is caused by eating too many sweets.

False. The causes of diabetes are a mystery, but it is known that many persons who eat excess sweets do not get diabetes and others who do not consume great amounts of sugar have diabetes.

Researchers believe that a tendency for developing diabetes is present at birth. It is thought that the insulin-dependent type of diabetes can be triggered by different viral infections and by an autoimmune process in which the body’s defense system attacks its own cells. Overweight plays a role in the development of the non-insulin-dependent type of diabetes because excess fat prevents insulin from working properly.

• Vitamins give you extra energy.

False. Only calories provide energy, and vitamins have no calories. By themselves, vitamins provide no extra pep or vitality. They are important in metabolism, but they do not prevent fatigue or increase muscle strength.

• Grapefruit is an excellent diet food because it contains enzymes that enable it to burn your fat.

False. No food can burn your fat away. Despite the dozens of diets that claim the contrary, no enzymes in grapefruit (or any other food) increase the rate at which your body burns fat. The bad thing about grapefruit diets is that they encourage you to eat a lot of one food and ignore your need for a balanced diet.

• Smoking is relaxing.

False. Cigarettes actually increase tension levels in the body. Nicotine affects the sympathetic nerves, causing the release of adrenaline, a hormone that is associated with stress and feeling nervous.
• If you have smoked for a long time, it will not do any good to quit.

False. No matter how long you have smoked, it pays to stop. Even after 20, 30 or 40 years, your body will start to recover from the effects as soon as you quit. For example, your chances of developing heart disease drop sharply within the first year after you quit. Within 10 years, your risk of heart disease will be the same as that of a non-smoker.

• Exercise is not good for older persons or those who often feel tired.

False. No matter what your age or physical condition, you can benefit from exercise. A program of moderate exercise slows the conditions that are usually associated with aging. Exercise also relieves fatigue, stress and tension.

• You are not an alcoholic if you drink less than a pint of alcohol a day.

False. How much you drink is not the most important indicator of alcoholism. More critical are the issues of when you drink, how you drink, and why you drink.

• A full moon brings out of the worst in people.

The phases of the moon have been linked to such behaviors as alcoholism, madness, epilepsy, sleepwalking, suicide, homicide, arson, and werewolfism. A report in The Skeptical Inquirer, published by the Committee for the Scientific Investigation of Claims of the Paranormal, debunks the role of the moon in causing behavior. After reviewing 37 studies, researchers concluded that there was no consistent relationship between phases of the moon and acts usually described as lunatic.
Why, then, does the belief in lunar effects persist?

One significant factor, scientists say, is slanted reporting by the media. When was the last time you read or heard a report that the moon was full and nothing happened?
PART II
Finding the Fallacies in Nutrition, Diets & Weight Loss
How to Spot a Nutrition Charlatan

Anyone can go into business as a nutritionist, and diploma mills make it easy to acquire the credentials necessary to impress potential clients.

The requirements, according to Dr. Herbert:

- You must have a name, so it can be inscribed on your credential.
- You must have an address, so the credential can be mailed to you.
- You (or a friend) must be willing to put up $50.

Virginia Aronson, a research associate in nutrition at Harvard University school of public health, enrolled in a $95 correspondence course at one of the suspect universities. Her nutritionist course consisted of two lessons, each with an open-book exam.

Ms. Aronson did her best to fail the exams by contradicting information in the lessons but she graduated *cum laude* anyway and got a helpful letter from the office administrator: “I just seem to feel that you put the answers in the wrong column.”

In a recent investigation, the American Council on Education found that 145 institutions of “higher learning” had such lax rules for conferring degrees that they were in violation of state and federal laws. The council added that 114 other institutions were suspect.

Nutrition is a particularly enticing field for pseudoscientists and charlatans. Unlike medicine and most other professional fields, it
lacks educational standards and licensing requirements in most states.

The result is that nutritionists come in two varieties: the legitimately trained, who have earned degrees by completing scientifically sound programs at respected universities, and the instant experts, who buy their degrees from unaccredited institutions that require little or no academic work.

It is big news when a fake doctor manages to practice without valid credentials, but thousands of nutritionists are practicing with questionable degrees and certificates. This situation poses real dangers to an unwary public. When consumers consult one of the fake nutritionists, the advice they get could be expensive and useless. Worse yet, it could be dangerous.

The harm that has been done by unqualified nutritionists has led to strong drives to establish licensing systems for the nutrition profession in most states. Several states have enacted laws that limit the title of “nutritionist” to individuals with recognized credentials and restrict nutrition practice to licensed practitioners.

Until consumer protection is stepped up, the public must be especially cautious when seeking nutrition advice. Because of the many institutions and organizations involved, it is difficult to recognize which credentials are legitimate and which are not.

Your best bet is to consult a registered dietitian. An R.D. holds degrees in nutrition or a related science from an accredited college or university, has completed a professional internship, passed a national exam, and is required to update his or her knowledge through continuing education.

Your personal physician may be able to refer you to an R.D. who works at a local hospital or one who is in private practice.

It also is helpful to familiarize yourself with the hallmarks of poor nutrition counseling:

• Advice to buy megadoses of vitamins, expensive nutrition supplements or “super foods.”
• Allegations that most disease is due to poor diet.
• Assurances that vitamin or mineral supplements or certain foods can overcome a bad diet or a health problem.

If you receive this kind of advice from a nutritionist, take it as a tip-off that his credentials probably are as worthless as his recommendations.

11
Evaluating Weight-Loss Diets

Wonder diets promise to transform you from fat and flabby to thin and trim with little or no effort on your part. The staple fare of these diets is fantasy.

A healthy dose of skeptical thinking is necessary to avoid weight-loss schemes that are as likely to lighten your pocketbook as your body and may also prove costly to your health.

You do not need to be a nutrition expert to judge whether a diet is fantasy or reality-based and whether it is dangerous or safe. A few basic questions will give you the answer.

• Does the diet promise to melt away your fat, burn off your bulges, or flush calories out of your body? Is it guaranteed to increase your metabolism for easy weight loss? Does it allow you to eat all that you want?

These claims appeal to wishful thinking at its worst. The scientific truths are clear: Excess weight results from using less energy (calories) than you consume. To lose fat, you must expend more energy than you take in.
• Does the diet promise a weight loss of more than 2 pounds a week?

If you are shedding more than 2 pounds a week, it’s most likely that you are losing water, which you will quickly regain with normal eating, or you are losing lean body mass, including muscle and organ tissue that you cannot afford to lose.

• Does the diet consist mainly of pills or a “secret formula”?

When someone stands to make money by selling you a weight-loss product, it is especially important to exercise caution. Many of these “revolutionary discoveries” are just another in the lengthy line of fad diet products that will not work for long. If any of them had proved to be the ultimate solution, there would be no need for the new crop of diets that appears each year.

Most fad diets can produce quick weight loss, but you can lose weight temporarily on any kind of diet. The lasting effect of pills and formulas is often the “yo-yo” cycle in which a quick weight loss is followed by a rebound weight gain as soon as you return to normal eating habits.

• Does the diet focus on one or two foods or food groups and ignore the others?

Unbalanced diets are unsafe, and most fad diets are unbalanced in some fashion. An extreme form of unbalanced diet—a liquid protein diet of fewer than 400 calories a day—was linked to 17 deaths in the late 1970s. Irregular heart rhythms and cardiac arrest occurred in the dieters. As a result, the Food and Drug Administration requires warning labels on weight loss products whose calories are more than 50 percent protein.

Most fad diets pay little or no attention to generally accepted guidelines for nutrient proportions, such as the U.S. Senate Select
Subcommittee's Dietary Goals, which recommend that 58 percent of total calories come from carbohydrates, 30 percent from fat and 12 percent from protein.

Fad diets also often overlook the need for selections from the four basic food groups: meat, poultry, and fish; eggs and dairy products; fruits and vegetables; and grains and cereals.

• How many calories does the diet allow you to take in each day?

If the reducing regimen does not limit your calories, it is not likely to be successful. Calories definitely count: It takes 3,500 calories to burn a pound of body fat. To lose a pound of fat a week, you can take in 500 fewer calories a day, expend enough energy to burn 500 more calories a day, or combine the two efforts for a daily reduction of 500 calories.

If a diet calls for a calorie intake of less than 1,000 to 1,200 calories daily, check out its safety with your physician. With a lower intake, you run the risk of not getting enough of the necessary nutrients.

• Does the diet recommend exercise?

The benefit of exercise goes beyond burning calories. Even on a sound diet, exercise is necessary to avoid losing lean body mass.

Also, strenuous physical activity is valuable because it increases your basal metabolic rate—the number of calories your body uses each day to maintain vital functions. This change helps to counteract the effect of dieting, which lowers your basal metabolic rate. Exercise also is believed to decrease your appetite and to make you feel better.

• Can you stick with the diet?
Most fad diets are too monotonous, difficult, or expensive for long-term use, which results in many dropouts.

• Does the diet provide guidelines for maintaining your weight after you rid yourself of extra pounds?

Very few dieters keep off the bulk they lose. You need a maintenance plan to steer clear of the eating habits that caused you problems in the first place and to replace them with eating and exercise strategies for lifetime weight control.


12
Grapefruit: Myth or Magic for Weight Loss?

There is no easy way to lose weight—no magic drink, pill, or food. There are diuretics that make you lose water, not fat, or hunger suppressants, which make you lose your appetite and in the process could cause you perhaps to take in an unbalanced diet.

However, some people or companies, notably those with money at stake, claim to have the magic food or pill that will allow you to eat as much as you want and still lose weight. Sometimes exorbitant claims are made for the magic food, such as the ability to lower blood pressure.
Grapefruit has become such a legendary food. In fact, the grapefruit diet has been reincarnated many times. The most recent rebirth has been in the form of a pill.

One company has been marketing a grapefruit pill with the claim that you can eat as much as you want and still lose weight if you take its product and follow its diet plan.

However, if you read the fine print on the plan accompanying the pills, the phrase “all you can eat” turns out to equal 800 calories, a caloric intake on which anyone will lose weight.

The Food and Drug Administration has not approved any grapefruit pills for diet or medical purposes, nor has it found that the products are safe and effective.

Often, grapefruit is not the only ingredient in the pills. Sometimes a diuretic such as caffeine or a bulk-forming agent such as glucomannan is added. An appetite suppressant, such as phenylpropanolamine, may be added. In addition, these grapefruit pills by themselves do not provide adequate nutrition and can be dangerous if drugs such as those just described are added to them.

What many of the advertisements promoting grapefruit or grapefruit pills do not say is that to lose weight you have to decrease your food intake and increase your exercise. The grapefruit or the pills do not burn off fat. You may learn from the literature that comes with the product that the product by itself will not cause you to lose weight, but by then you have already spent your money for information that most people know already.

One company, the Citrus Industries of Beverly Hills and Los Angeles, was barred by a federal judge from using the mails to sell its product, Super Grapefruit Pills, which it claimed were an effortless diet aid. Many people must have believed these ads, because the company before the court order had estimated revenues of $350,000 a month, with a high of $900,000 in one month alone.

Neither grapefruit nor any food will burn fat away. However, grapefruit can be good for you. One-half of a fresh grapefruit has 50 calories and one cup of grapefruit juice has 100 calories, fewer
calories than many foods. As a source of vitamin C, the grapefruit is behind only the orange and the lime.

Grapefruit is also a good source of potassium, which unfortunately has been blown out of proportion by the people who advertise grapefruits. One ad promoting grapefruit juice claimed: "Florida's got a refreshing way to give (nutrients) back (after exercise). 100 percent grapefruit juice. It's high in potassium, the one thing active people can't get enough of in their diets. Potassium balances sodium levels to regulate blood pressure and fight off fatigue."

The above statements were a "mixture of fact, fantasy and outright falsehood," Dr. Barrett wrote in the August 1987 issue of Nutrition Forum. First, he says, potassium is not the one thing that people who exercise can't get enough of. Second, lowering dietary sodium won't help everyone with high blood pressure. And third, he says, the suggestion that eating grapefruit can help prevent high blood pressure is false.

The National Advertising Division of the Council of Better Business in New York City investigated. It said that studies done on grapefruit could not support the broadly stated claims and thought the ad overstated the benefits of drinking normal quantities of grapefruit juice.

When trying to lose weight, there is no substitute for a controlled, balanced diet and exercise. Or if you are trying to have a balanced diet, or lower your blood pressure, one food is not going to do the trick.
One of the most unusual weight-loss schemes is the appetite control adhesive patch, a small round bandage with medication in it.

Several brand names are attached to these products. Just how many companies are involved is not clear.

Promoters say the appetite depressant patch releases “natural ingredients” that penetrate the skin and travel through the “acupuncture system” to “...the medial hypothalamus, which controls your appetite.” The instructions further state: “This patch should be placed over the pericardium-6-acupuncture point, which is over the palm side of your wrist.”

Literature accompanying the patches has simplistic dietary advice with inappropriate recommendations that could lead to malnutrition. The bright spot is the statement that one must reduce calories to lose weight.

The instructions warn the user to seek the advice of a health professional before using the product. Yet how many people really would seek this professional advice if they already have gone so far as to purchase the product?

Those who do, however, would learn there is no scientific evidence of a link between the nerves in the wrist and the brain’s appetite control function. In other words, the patches don’t work: the accompanying advice (lose weight by reducing calories) does.

The patches are sold by a multilevel marketing approach and promoters forecast big profits for those who work hard and establish a chain of distributors.

“It is a pyramid in search of a product,” Irene Caro of the Food and Drug Administration office in Los Angeles told the San Diego
The organizers replied that the company, Meditrend, had hired a lawyer who was an expert in helping multilevel sales organizations to conform to rules banning endless chain schemes.

Who sells this type of product? Nurses, physicians, chiropractors, schoolteachers, and secretaries have been known to be involved. Apparently, the lure of profit overrides scientific caution.

The California Health Department and several state attorneys general are investigating these offerings.

Before you buy or sell products such as these, check with your own lawyer or call the California Department of Health Services, the FDA or your state’s attorney general.

But if you have no questions about the claims made for these adhesive patch weight-loss products, consider the following: One company plans to bring out some more patch “technology,” for pain, PMS (pre-menstrual syndrome), to help people quit smoking and to help others tan more easily, all with “Nutrition—no drugs or chemicals.”

Obviously organizers of this new industry think they have something the public will buy: “Act now, become a distributor. Soon you can be a manager—six-figure income.”

Sound too good to be true? It is.

The Lowdown on ‘Body Wraps’ and ‘Sauna Suits’

Two of the more popular weight-loss gimmicks that pop up from time to time are the “body wrap” and “sauna suit.”

The manufacturers of these products make them sound like a good idea for quick and easy weight loss. The advertisements for
these products suggest you can “lose weight while you sleep” or “lose 4 to 8 inches the first day” or “melt ugly fat right away.” Sauna suits are usually made of rubber or plastic and are designed to cover the waist, hips and thighs, or almost the entire body. The instructions for their use claim you can get the same results whether you are sleeping, exercising or performing routine household activities. Some of these suits involve inflating them with air from a vacuum cleaner or an electric hair dryer. Also, some of these suits and the body wraps involve massaging a special cream or lotion into the skin first, or soaking the body wrap cloths in a combination of water and special lotions or herbs before placing them on the body.

Body wraps and sauna suits will cause you to lose some weight, but it is only temporary. The suits and wraps work by causing the body to sweat. Any weight loss is the result of perspiration, loss of body fluids that can be easily replaced when the individual eats or drinks again.

The federal Food and Drug Administration cautions consumers that “there are no known scientific or clinical data to support the use of any body wrap or sauna suit product as an effective treatment for weight loss, weight management, inch loss, cellulite, bulging fat, spot reduction, loose muscle tissue, appetite control, back support, calorie burn rate, or any other medical claim. Accordingly, there are no FDA approved body wraps or sauna suits.”

The FDA publication FDA Consumer States: “Most experts agree that such treatment will cause a loss of inches and perhaps pounds due to profuse perspiration, but the reductions are temporary. . . But rapid and excessive fluid loss is potentially dangerous because it can bring on severe dehydration and can upset the balance of important electrolytes in the body.”

The suits and wraps are not recommended for overweight people with cardiac or circulatory problems, people with diabetes, or people with high blood pressure. Not only do the use of such products waste money, but also the potential for serious health problems does exist.
Another hazard of using such temporary weight loss measures is the “rebound weight effect.” Dieters can get trapped in a vicious circle of quick weight loss, “rebound” weight gain when normal eating and drinking resumes, and a resulting greater difficulty in losing weight the next time.

Some studies have indicated that the best way to lose weight and keep it off is to combine moderate exercise with a sensible diet plan, and an article in *Consumer Reports* magazine says, “Some people believe—mistakenly—that exercise increases appetite. Actually, moderate exercise usually has very little effect on appetite...In addition, exercise exerts its calorie-burning benefits for several hours after it’s been completed,” the article states.

The Food and Drug Administration, in *FDA Consumer*, recommends: Before embarking on any weight-loss program, would-be dieters should consult their physicians to be sure there are no underlying medical problems and that the diet and exercise program they are contemplating is right for them.” The FDA further recommends these weight-loss measures:

- Aim for a moderate weight loss of one to two pounds a week. Research has shown that losses in excess of this tend to be losses not of body fat, but of water and lean muscle.
- Reduce portion sizes but maintain a balanced diet from the four basic food groups: grains and cereals; eggs and dairy products; fruits and vegetables; and meat, poultry and fish.
- Limit intake of fats, sweets and high-calorie foods.
- Exercise regularly—increase exercise if possible.

There is no easy way to lose weight. Body wraps and sauna suits may decrease your weight temporarily, but they will also decrease your pocketbook. The money you save can be better spent in consulting your own physician about a sensible weight loss-exercise program.
There are two sides to the story of herbal remedies and health. Since ancient civilization, herbs have been valued for their ability to cure or ease a variety of ailments. Some herbs became the original source of important medicines. The heart medication digitalis was first made from leaves of the foxglove plant, and salicylic acid for lowering fever came from the juice of the white willow.

In this century, most herbs have been replaced by more effective synthetic compounds. Nevertheless, herbal therapy has generated an enthusiastic following in recent years. The sale of herbs and related products in healthfood stores has grown to more than a billion-dollar business.

Some herbal remedies seem to be effective and safe. They improve the digestive process, ease pain, and heal wounds and burns. Others act as cough medicines, anti-inflammatory agents, tranquilizers, diuretics, and laxatives.

Unfortunately, the mystique of herbal remedies creates several problems for those who rely on this kind of treatment:

- There is a widespread belief that plant products are safe because they are natural. Just the opposite is true, as shown by the many poisonings caused by eating wild mushrooms.

Promotional literature for herbal remedies still recommends potentially harmful and even deadly poisonous herbs. These claims usually are based on outdated references or a misunderstanding of the facts.

According to the Medical Letter, a widely known non-profit publication on drugs and therapeutics, some of these products have
caused severe allergic reactions, diarrhea, vomiting, blurred vision, hallucinations, liver damage, paralysis, and even death.

Poisonous herbs can appear in products on the market. Two years ago, the Food and Drug Administration took action against an herbal product, Herbalife Slim and Trim Formula, which contained two toxic herbs. Herbalife International agreed to remove the herbs mandrake (once used as a suicide drug by American Indians) and pokeroo, from the formula. Ads for the product had described it as a “safe, sensible, all natural Health and Nutrition Program that gets us back to the Natural Way of being Slim and Healthy using herbs.”

A paradox is evident in much of the promotional material for herbal remedies—literature that legally cannot be part of a product’s official labeling but can be offered alongside the product. These books and pamphlets typically carry disclaimers stating that the remedies are not intended to take the place of treatment by a physician, but their claims of therapeutic effectiveness tempt the consumer to try the product.

- Unlike pharmaceutical products, herbs are not well-tested.

Many of the herbal remedies on the market today have had little pharmacologic testing, and information is lacking about their actions and effectiveness.

Because of the high costs involved in developing new drugs, the pharmaceutical industry has had limited interest in sponsoring studies on the old “plant” drugs. In most cases there is doubt that the testing would produce drugs more useful than the ones already on the market.

Almost all herbal remedies are sold as herbs, teas, health foods, food supplements, nutritional products and are labeled only with the name of the product. Consumers need to realize that there are few legal controls over these products, although some may contain toxic materials.
• Quality control generally is absent in manufacturing herbal remedies.

Herb expert Varro Tyler, Ph.D., dean of the School of Pharmacy at Purdue University, points out that the active constituents of plant drugs may vary considerably depending on several factors, including the conditions under which the plant is grown, the degree of maturity at the time of collection, the manner of drying and the conditions of storage.

Also, the concentration of active constituents in herbal remedies is rarely standardized.

• The suggested dosage is often imprecise.

The reason is the lack of analytic information necessary to determine dosage. The problem leads to a dangerous assumption by some consumers. If they take a small dose and feel good, they decide that they will feel a lot better if they take a lot more. They are not warned and remain unaware that some herbs contain chemical compounds that can exert powerful drug or toxic effects if they are consumed in sufficient amounts.

• The interactions of herbs and medications have not been studied, and the same is true for taking several herbs at the same time.

Because herbs can act as drugs, consumers need to be wary of the interactions they produce. This kind of information is readily available for medications but not for herbs.

An herbalist has told me that common sense is important in using herbs. He suggests becoming knowledgeable about one or two herbs and limiting use to them rather than mixing dozens of herbs without any idea of possible effects.
The medicinal value of garlic has been promoted for centuries. It has been recommended for use for a variety of ailments, including sinus and lung problems, sleep disorders, hay fever, arthritis, and athlete’s foot.

But is garlic really effective? Not all evidence is in, but research seems to indicate that garlic may actually be effective in treating some health problems. Up to this point, most of the research has revolved around the use of garlic as an antiseptic and its value in treating atherosclerosis (the disease that leads to blocked vessels and subsequent heart attacks and strokes) and high blood pressure.

In recent years, the lay press and scientific journals have given attention to the claim that garlic may slow the development of atherosclerosis and may be helpful in controlling hypertension. Studies in animals have indicated that extracts of garlic may alleviate some of the blood problems associated with atherosclerosis. Unfortunately, not many studies in this area have conducted on people.

The Chinese and Japanese have used the garlic bulb for centuries to treat high blood pressure. Research in the United States also is being conducted to see whether a link between the two exists. Some researchers claim that garlic has been useful in reducing high blood pressure in dogs and people. However, further chemical and pharmacological studies are needed before the actual therapeutic value of garlic can be determined.

Although the actual effectiveness of garlic in relation to atherosclerosis and high blood pressure remains unclear, garlic has been recognized for its antiseptic and antibacterial properties for centuries. Preparations containing garlic extracts are used widely in
Japan and Russia as antiseptics. And, in World War II, garlic extracts were used to disinfect wounds.

Does all of this mean that by eating garlic you can ward off heart attacks, avoid high blood pressure, or clear up infections? Probably not, in the quantity that the normal person consumes.

For example, in one well-controlled experiment conducted by Dr. Arun Bordia and reported in the *American Journal of Clinical Nutrition*, it was discovered that when given to a group of healthy volunteers, garlic did raise the level of HDL cholesterol (the type that may help prevent heart disease) by 41 percent. It should be noted, however, that in this test, the volunteers were given capsules of garlic oil in an amount equivalent to about 10 medium-sized cloves each day for six months.

Although findings such as these are encouraging, it is also important to note that high doses of garlic can trigger a range of side effects including body odor, diarrhea, nausea and bad breath. The claim that odorless garlic has therapeutic effects similar to fresh garlic has not been substantiated, according to Dr. Tyler, author of *The New Honest Herbal*.

Additionally, even though research from a variety of disciplines has been conducted on the possible effects of garlic on human health, the actual effect of the plant is still unknown. Unfortunately, much of the literature describing garlic’s effects is suspect or promotional literature. There is no evidence at all that garlic hung around the neck or on your door will keep werewolves away. Garlic advocates would say there’s no evidence it won’t. Neither is there evidence that garlic stimulates the immune system or has any influence on protection against acquired immune deficiency syndrome (AIDS).

Meanwhile, if you eat large quantities of garlic, either because you believe it has some medicinal effect or simply because you like it as a flavoring, you may be concerned about the most obvious side effect—bad breath. If so, here are some suggestions from the American Medical Association’s Department of Health Education on ways to neutralize the smells.
• Brush your teeth and tongue to ensure that no odoriferous particles remain.
• Drink water, tea or other non-carbonated beverages to clear the mouth of the volatile oil.
• Chew gum to encourage the flow of saliva.

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Delving Into Ginseng

Some people say it can cure everything from impotence to cancer. Others use it as a health maintainer or rejuvenator.

Whatever the reason for taking ginseng, you should know some things about it. Like garlic, ginseng has a long history. It has been used in the Orient as a cure-all for centuries.

In the United States, it is estimated that 5 million to 6 million people use ginseng regularly. It is one of the most popular natural remedies today and is often used in the making of herbal teas.

Ginseng is a small shrub that must grow for six to seven years before its roots are large enough to harvest. It is available as the dried root, a tea, in capsule and tablet form and even as a line of cosmetics.

Although little scientific evidence exists to support the theory, some people think that ginseng can be used to combat stress in everyday life. It is thought that by creating an increased resistance of the body to stress with the use of ginseng, a person can overcome disease and build up general vitality and strengthen normal body functions. There are more than 2,000 papers written on ginseng, many of which are in the Ginseng Research Institute Library, only about 20 of these are double-blind, controlled human studies.
Ginseng is not included on the Food and Drug Administration’s Generally Recognized as Safe List. And because the agency considers it to be a food supplement, manufacturers are prohibited from including any kind of health claims on the package.

Therefore, most of the information that consumers receive on the benefits on ginseng currently comes from sales people. Many say that ginseng root in tea or taken as a liquid extract will act as a “whole body tonic” or a “pick-me-up.”

One problem that consumers may face in purchasing ginseng is making certain that they are getting the authentic product. Lack of quality control and ginseng’s availability in a variety of forms make it difficult for most average consumers to determine exactly what they are getting and how pharmacologically active it actually is. Siberian ginseng, at $1.98 a bottle, may not be real ginseng. Ginseng root, at $10 to $15 a bottle, probably is the real thing, and older roots may sell for $200 a pound.

The Ginseng Research Institute is working on an agreement to properly label ginseng as to contents because of past confusion about it. Ginseng can now be analyzed to see whether you are getting the real thing at $150 per analysis. Ninety-five percent of the ginseng grown in the United States, in Wisconsin, and a few Southern states, is exported to Hong Kong.

In an independent study in which 54 ginseng products were analyzed, it was found that 60 percent were worthless and 25 percent contained no ginseng at all.

If you do take ginseng, like many other “natural remedies” you should not take large quantities for a prolonged period of time. If you do, you may experience some unpleasant side effects.

In an article in the Journal of the American Medical Association, Dr. Ronald Siegel of the UCLA Medical Center suggests that long-term users of large amounts of the popular herb can develop what he described as Ginseng Abuse Syndrome.

Dr. Siegel studied 133 ginseng users over a two-year period. He found that 10 percent suffered from Ginseng Abuse Syndrome. These people experienced high blood pressure, nervousness,
insomnia, skin eruptions and morning diarrhea. Five of the subjects also complained of mental confusion.

Dr. Tyler also says that problems have been reported, especially from people who have used ginseng in large amounts for a long period of time. In addition to the above effects, older women who have used ginseng regularly have complained of sore breasts and vaginal bleeding, which may be caused by the estrogen effects of ginseng.

Although many claims have been made about the health benefits of ginseng, none has been proved. If you decide to take it, remember two things: Taken in large quantities for an extended time ginseng may produce unwanted side effects; and second, because of wide variations in the plant, you may not be getting what you paid for.

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Are Herbal Teas Safe?

Many people turn to herbal teas looking for an alternative to coffee and traditional black tea. It used to be that the only place you could find this special tea was at a health food store. In the late '70s, however, herbal teas started hitting supermarket shelves. Today, the herbal tea market has hit the $130 million mark, according to the January 1986 issue of Consumer Reports.

Many people presume that because herbal teas can be bought in groceries they must be safe. The truth, however, is that some herbal teas can provoke a variety of symptoms including insomnia, headaches, diarrhea, heart rhythm disturbances, and even cancer.

Because herbal products are not classified as foods or drugs, they are not under control of the Food and Drug Administration.
Therefore, it is a fallacy that they couldn’t possibly hurt you or they wouldn’t be sold in the store.

Following is a listing of some herbs that teas are made from and their possible side effects.

- **Chamomile**: If you are allergic to ragweed, aster, chrysanthemums or related plants, avoid teas made from chamomile. If you don’t, you may experience hives or respiratory problems.

- **Nutmeg**: if brewed in large quantities, this herb may prove toxic. Symptoms of nutmeg poisoning can include “central nervous system depression with periods of stimulation and associated respiratory and cardiovascular difficulties,” according to a 1976 article in the *Journal of the American Medical Association*.

- **Kava kava**: Long-term use of kava kava tea may cause symptoms such as diarrhea, poor appetite, difficulty in focusing eyes, and a chronic intoxicated feeling.

- **Lobelia**: “Tea made from lobelia has the potential for depressing breathing, increasing the heartbeat, and causing coma or even death if doses are high enough,” the *Tufts University Diet & Nutrition Letter* reports.

- **Wormwood**: Reports on wormwood indicate that the oils in this herb, even when taken in an amount as little as one-half ounce, may cause convulsions.

What if you really enjoy the taste of herbal tea and you haven’t experienced any problems? Does this mean you should avoid it altogether?

Not necessarily. Not everyone will experience side effects from drinking herbal teas. But if you do drink the teas, or plan to try them, consider some of the following precautions recommended in *Jane Brody’s Nutrition Book*:
• Be a smart consumer. Check the label to see whether it lists the ingredients and warns against possible side effects. If it doesn’t, either don’t buy it or write the manufacturer for the information.

• Start slowly. Be careful not to make the brew too strong or drink too much at first.

• Don’t drink homemade teas. Don’t try to make your own herbal tea out of berries, leaves, roots, or flowers that you find. Although one part of a plant may be safe, another part may not be. Buy only bagged tea, ready to brew, from a reputable company. Read the ingredients.

• Practice moderation. As with most things in life, it is possible to get too much of a good thing. Don’t overindulge.

If you are an herbal tea drinker and develop any of the symptoms mentioned, stop using the tea. If the symptoms become so severe that you must go to your doctor, be sure to inform him of your tea consumption. It may be helpful in the diagnosis.

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Can You Get Stung by Bee Pollen?

When a 1972 Olympic champion runner from Finland credited his athletic success to bee pollen, it was not long before promoters latched onto the possibilities for commercial success with this “health food.”

Since then, hundreds of coaches have put their teams on bee pollen and testified to its wondrous effects.

Pollen pushers do not limit their claims to increased stamina and enhanced athletic performance. They say that pollen cures or eases
numerous illnesses, provides perfect nutrition, revitalizes the body, and relieves allergies, asthma and hay fever.

In reality, bee pollen users can get stung several ways:

- No solid, scientific evidence has been produced that bee pollen improves health or athletic performance. Its fame rests on testimonials, the same technique once used to sell snake oil.
- Bee pollen is a high-priced way to get nutrients. The very same nutrients can be obtained easily and much more cheaply from a balanced diet of conventional foods.
- Bee pollen is potentially dangerous for persons who suffer from allergies (10 percent to 20 percent of the population). Severe and even life-threatening reactions have been documented from the use of bee pollen.

Each of these issues deserves a closer look.

In 1975, the National Association of Athletic Trainers sponsored a six-month test involving the Louisiana State University swimming team. Half of the team took 10 pollen tablets a day, 25 percent took 10 placebo tablets (which looked the same but contained no pollen), and another 25 percent took five pollen and five placebo tablets. No measurable difference was found in the performance of the three groups.

When the test was repeated with 30 swimmers and 30 high school cross country runners, bee pollen again was shown not to be a significant aid in metabolism, workout training, or performance.

As for claimed health benefits, a leading authority on plant drugs and nutrients gives bee pollen a rating of “ineffective.” Dr. Tyler points out that none of the identified constituents of pollen has been linked to any significant treatment benefits.

Dr. Tyler says that a few studies have reported favorable results, but the research needs to be repeated and reevaluated before it can be accepted.

What does the buyer of bee pollen get when he purchases this “perfect food”?
Bee pollen is a mixture of plant nectar, pollen, and bee saliva. It consists mainly of carbohydrates, some fats and protein with amino acids, vitamins and minerals. All of these nutrients are readily available in conventional foods.

Bee pollen is costly for at least two reasons. One is its promotion as a “miracle food.” The other involves the elaborate method of collecting pollen with mesh devices placed at the entrance to beehives. These devices serve to scrape off some of the pollen that the bees pick up from plants and carry back to the hives on their hind legs.

For most people, bee pollen may be just an overpriced and unnecessary product, but for some, it is truly hazardous. Although it has served as a home remedy for hay fever and allergies, it is most dangerous for persons who have these conditions.

Various instances of significant allergic reactions have been reported by medical practitioners. One research group described three patients, all with seasonal allergies, who suffered acute reactions after taking imported or domestic bee pollen. Most of the pollen was found to be from the plant family that includes dandelion, ragweed, and sunflower.

Other researchers in the Southwest reported several patients who experienced strong reactions to bee pollen that was composed mainly of mesquite pollen. They suggested that bee pollen products should include a warning to alert consumers who have allergies.

Of course, there also is a general danger. Anyone who believes the claims made for bee pollen may rely upon this product, which has no proved effectiveness, to maintain their health instead of seeking necessary medical treatment.
Checking the Claims for Algae, the "Superfood"

The futuristic notion that algae might someday serve as a major food source for mankind appeared to be nearing reality several years ago with the introduction of spirulina. A type of blue-green algae that grows in brackish ponds and lakes, spirulina was touted as a "superfood of the future."

Natural-food enthusiasts viewed it as a wonder food because spirulina contains a high percentage of protein and several vitamins and minerals.

Promoters moved into the new market, and spirulina soon was acclaimed not only as a nutritious food or food supplement but also as an appetite suppressant and as a treatment for many conditions including Alzheimer's disease, sickle-cell anemia, allergies, herpes, alcoholism, lupus, arthritis, asthma, ear problems, diabetes, hypoglycemia, heart disease, liver disease, ulcers, cataracts, glaucoma, and sexual problems.

A highly profitable industry emerged, led by Blue-Green Manna products, a line of 25 products derived from blue-green algae in Klamath Lake, Ore.

"Few miracle cures have ever cost so little to package and sold for so much," Consumer Reports said. A "starter pack" of Blue-Green Manna products, including 120 capsules and 1 ounce of an alcohol extract, sold for $53. The cost of its ingredients, Consumer Reports estimated, was less than $1.

Earlier this year, a federal judge in Oregon issued a permanent injunction against the manufacture, distribution and interstate sale of Blue-Green Manna products.

U.S. District Judge Gus J. Solomon rejected the defendants' argument that they should be able to sell their products as food.
Because of the medical claims made by the manufacturers and more than 2,500 distributors, he said, customers would continue to believe in the therapeutic value of the products. He said that the cost of the products—more than $300 a pound—also made it clear that they were not food nor intended to be used as food.

Judge Solomon held that the Blue-Green Manna products are drugs and that they are mislabeled because of the medical claims made for them and unapproved because they have not undergone testing for safety and effectiveness.

Unfortunately, the injunction probably is not the end of phony claims for spirulina products. A spokesman for the Food and Drug Administration, which sought the injunction, said that Blue-Green Manna might reappear under a new name or in a different package.

What are consumers and businessmen to do when they encounter this type of product? Bruce M. Brown, an FDA public affairs specialist, offers these tips:

“Anytime you encounter a medical claim for a product, and you can’t tell by its appearance whether it is a food or a drug, hold onto your wallet. Get some knowledgeable advice before you invest in it, either to sell the product or to take it and put your own health on the line.”

What about claims made for spirulina?

Spirulina has a respectable enough history. It served as a food source for the Aztecs in Mexico and still is consumed in parts of Africa. But there are big problems with the sales pitches made in today’s market:

• Claim No. 1: Spirulina is packed with protein.

Spirulina is 65 percent protein, which is quite high when compared with other sources of protein. However, this does not mean much because protein varies greatly in quality and digestability. It turns out that only a small part of spirulina is usable.
Moreover, spirulina costs much more than protein from beef, eggs, skim milk, and chicken. The vitamins and minerals it contains also can be obtained more economically from other food sources.

• Claim No. 2: Spirulina is a natural and safe diet pill.

Promoters claim that phenylalanine, an amino acid in spirulina, suppresses hunger pangs by acting on the appetite center in the brain. Nutrition experts say there is no evidence that phenylalanine reduces appetite.

• Claim No. 3: Spirulina provides unusual energy and stamina.

Some products have been marketed as a “power pack.” This is an appealing idea, but again, no scientific evidence has been marshaled to prove it.

• Claim No. 4: Spirulina can cure numerous illnesses.

Once more, no recognized clinical testing stands behind any of these medical claims. Spirulina is untested and unapproved by the FDA.

What the promoters fail to say about spirulina is also important. Problems include its strong odor, the intense color that the powder form of the product imparts to food, and the gastrointestinal difficulties it causes some people.
Anatomy of Barley Green, the ‘Cure-All’

You may be unacquainted with barley green, but the people who market it as a cure-all for every ailment imaginable are well aware of its money-making potential, especially where nutritionally uninformed consumers are concerned.

“Barley green is the pure juice from young barley leaves in dried or powdered form, extracted when the plants are no more than 12 inches high,” according to literature provided by the manufacturers. “At this age, the leaves have an intense bright green color, indicating high amounts of vitamins, minerals, enzymes, chlorophyll and protein. . . . Barley green is a live, natural, potent, organic food supplement.”

Barley green also can be expensive. The manufacturers recommend 2 teaspoonfuls a day, mixed into cold water, juice or milk. (Hot water, they say, destroys the enzymes and other nutrients.) Some people, they say, need to take 3 to 6 teaspoonfuls a day. A 7-ounce bottle, about 100 servings, retails for $31.50. If taken twice a day, it will last about five weeks.

The manufacturers and distributors of barley green say it is good for whatever ails you, including AIDS, arthritis, Alzheimer’s disease, allergies, multiple sclerosis, cancer, high blood pressure, obesity, diabetes, ulcers, pancreas and liver problems, asthma, hemorrhoids, skin problems, fatigue, anemia, constipation, breath and body odors, bleeding gums, athlete’s foot, mucous membrane problems and female problems. It is also claimed to improve clarity of thought and sexual energy and to correct such vision problems as myopia, or nearsightedness.

Health consumers should always beware of any single product that can “cure” so many diverse ailments.
One ad for barley green said: "Barley green contains, among other things, 16 vitamins, 23 minerals, hundreds of enzymes (including superoxide dismutase or SOD, touted as an anti-aging substance), 18 amino acids, chlorophyll and 'unknown nutrients—yet to be discovered,' " according to the Wellness Letter, published by the University of California-Berkeley.

Several outright fallacies appear in the advertising. The first is the number of vitamins in barley green.

In their book, Vitamins and 'Health' Foods: The Great American Hustle, Drs. Herbert and Barrett say:

"Thirteen substances are vitamins for humans. Four are fat-soluble (A, D, E, and K) and nine are water-soluble (C and the eight 'B-complex' vitamins: thiamin, riboflavin, niacin, B6, pantothenic acid, B12, biotin, and folic acid). It is unlikely that any new vitamins will be found. The last one was discovered in 1948, and three decades of intensive research have not uncovered any more.” Yet the makers of barley green seem to imply that they have discovered three “secret” vitamins the experts know nothing about, if indeed, as its promoters say, barley green contains, among other things, 16 vitamins.

Another misrepresentation is the enzymes contained in barley green and how they function. The manufacturers’ literature says: "What really sets barley green apart from other food supplements are the thousands of live enzymes. . .These enzymes aid in digestion and metabolism, and also help to disperse vitamins and minerals into the blood stream to be absorbed by the body. . .These thousands of live enzymes also help to purge the body of the toxins, poisons and pollutants that are absorbed through the air, water and food we consume.”

The Wellness Letter says: “Enzymes are certainly a vital part of body chemistry, but enzyme supplements, intended to compensate for the lack of cellular enzymes, are useless taken by mouth. The enzymes your cells need can be manufactured only by the cells themselves. No enzymes you swallow will reach the cells intact—the digestive tract will destroy it.”
Barley green manufacturers also contend that "many processed foods have unnatural preservatives, chemicals and fillers which are toxic to our bodies. Barley green is high in chlorophyll which helps to neutralize and remove toxins from our bodies."

As for chlorophyll, the Wellness Letter says: "Any green leaf has plenty of it. It is the pigment that enables plants to use the energy from sunlight to manufacture vital carbohydrates. But chlorophyll does nothing for humans except turn their tongues green."

Drs. Herbert and Barrett say that although "it is true that food processing can change the nutrient content of foods, the changes are not so drastic as the quack, who wants you to buy his supplements, would like you to believe. While some processing methods destroy some nutrients, others add them. A balanced variety of foods will provide all the nourishment you need."

The Food and Drug Administration took action through a regulatory letter against one manufacturer/distributor of barley green.

The FDA informed the company that its product was "in serious violation of the food misbranding provisions of the Federal Food, Drug and Cosmetic Act" because, among other things, its labeling implied that the product was effective in the prevention and/or treatment of numerous conditions listed on the label; falsely implied that the way food is stored, transported, processed and cooked is responsible for a deficiency in the daily diet; and falsely implied that the product had nutritional properties that were of significant value or need in human nutrition. The FDA also told the manufacturer that the product was considered a drug and was therefore misbranded and restricted in interstate commerce.

The FDA said about barley green: "No claim may be made that a food is a significant source of a nutrient unless that nutrient is present in the food at a level equal to or in excess of 10 percent of the U.S. recommended daily allowance in a serving (portion). Based on the reported nutrient analysis of this product, there is not a significant amount of any vitamin or mineral in three servings (three teaspoons) of 'Barley Green.' "
The *Wellness Letter* sums it up: "Few people need vitamin and mineral supplements anyway, but even if they did, barley green would be a real dud."

## 22

**Dispelling Some Myths About Sugar**

If you are concerned about sugar in your diet, you probably know the right answers to these true-false questions:

1. People who eat a lot of sugar are almost always obese.
2. Eating too much sugar may result in diabetes.
3. Honey and brown sugar are much more nutritious than white sugar.
4. Sugar causes hyperactivity in children.
5. Hypoglycemia is a common result of eating excess sugary foods.

All of these statements are false, but they are commonly believed. Surveys show that many Americans consider sugar consumption to be a health threat. Sugar has been falsely blamed for obesity, heart disease, diabetes, hypoglycemia, addiction to sweets, hyperactivity in children, and even criminal behavior.

A much more balanced picture of sugar emerges from scientific evidence on its health effects. The American Council on Science and Health, a non-profit educational organization devoted to scientific evaluation, concludes that consumption of normal amounts of sugar does not pose a threat to health, except for tooth decay. The current federal Dietary Guidelines for Americans simply recommend that consumers "avoid too much sugar."
Even the relationship of sugar and tooth decay is not as clear-cut as is generally believed. Sugar contributes to tooth decay, but so do starches to a lesser extent. The risk of decay is not simply a matter of how much of these foods you eat but also of how often you eat them and how long they stay on your teeth.

The risk increases if you eat sugar-containing foods between meals and if they stick to your teeth. According to the council, foods that have a high tendency to cause cavities include honey, raisins, figs, and granola bars. The U.S. Dietary Guidelines discourage eating sweets between meals and urge good dental hygiene, including the use of fluoridated toothpastes or mouth rinses.

Scientific studies have not shown a direct causal link between sugar and any of the other health problems for which it often takes the rap:

- **Obesity**: Calories from sugar are no more fattening than calories from any other food. Sugar may stand accused because a lot of calories are usually packed into a small quantity of sugar-containing foods and because people are likely to overeat foods that taste good.

  Studies generally indicate that overweight people do not eat more table sugar, other carbohydrates or calories than people of normal weight, but they tend to exercise less. Obesity also can stem from genetics, environmental influences, psychological factors, and other causes.

- **Heart disease**: Long-term studies from many countries have shown no relationship between sugar intake and the incidence of heart disease. In fact, sugar consumption generally is high in several societies where heart disease is not a major problem.

- **Diabetes**: Contrary to widespread belief, too much sugar in the diet does not cause diabetes. Overweight is the major
factor in the development of the most common types of diabetes.

- Addiction to sweets: An addictive substance causes physical dependence, including the need for increasingly larger amounts and withdrawal symptoms when the substance is removed. Sugar has none of these characteristics.

- Hypoglycemia: Hypoglycemia, or low blood sugar, is a rare condition in otherwise healthy individuals, and it is not caused by sugar consumed in normal eating.

- Behavior problems: No objective studies support the common belief that sugar produces various behavior problems. Scientific evidence to the contrary includes a National Institute of Mental Health study of children believed by their parents to react adversely to sugar. When tested, these children appeared to be slightly less active after consuming sugar than after eating saccharin.

A more legitimate concern about sugar is that it provides calories but few other nutrients. This is why foods with large amounts of sugar should be viewed as dietary extras to be eaten after nutritional needs have been met by other foods, especially for people whose calorie needs are low, such as elderly people and those trying to lose weight.

It is much harder to avoid sugar calories today than in the past. In the early 1900s, about two-thirds came from commercial food processing. Now the proportions are reversed with sugar hidden in such products as breads, canned tomatoes, ketchup, barbecue sauce, salad dressing and processed meats. Sugar may be used to enhance flavor, texture or appearance, to retain moisture, and to prevent spoilage.

If you need to reduce sugar in your diet, pay attention to food labels, which list ingredients in order from the greatest weight to the least, and be aware of the common forms of sugar, including sucrose, glucose, maltose, dextrose, lactose, fructose or syrups. If
any of these forms is among the first three ingredients or if several sugars are listed on the label, the product probably is high in sugar.

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Putting Vitamin E in Perspective

No other vitamin can compare with E—at least not in the breadth of powers claimed for it, as a cure-all and as a preventive.

If you suffer from diabetes, heart disease or ulcers, vitamin E is held up as the answer to your problems. How about warts? Infertility? Sexual dissatisfaction? Proponents of vitamin E say it can handle those conditions, too, as well as aging, cancer, and air pollution. E is the superstar among vitamins, according to its enthusiasts.

In truth, vitamin E doesn’t live up to its billing, but it does have one important phenomenon going for it. E has not been thoroughly researched, so its mystique lives on. Vitamin E also benefits from a widespread misunderstanding that equates sterility, sexual potency and arousal.

Let’s look at the basic facts about vitamin E:

• E is an essential nutrient that maintains the stability of outer membranes of cells. Whether it has other functions is yet to be determined.

• Vitamin E is found in many ordinary foods and is especially plentiful in vegetable oils and margarine. Other rich sources include many vegetables and whole-grain cereals.

• An ordinary diet supplies adequate quantities of vitamin E (10 to 20 international units daily), a fact that has been made clear by the National Research Council. Moreover, the body
stores vitamin E, uses it slowly and in small quantities, and can regenerate it.

- Researchers have found it almost impossible to produce vitamin E deficiency in humans through dietary restriction. Deficiencies in adults have been found only in patients who have rare inabilities to absorb fat during the digestive process. These persons cannot absorb vitamin E, which is dissolved in fat.

Persons with cystic fibrosis, celiac disease, non-tropical sprue, chronic pancreatitis and several other diseases have very low levels of vitamin E. But it is the disease that causes the low levels of the vitamin, and these persons do not appear to suffer from their lower E levels. It also seems that their conditions are not helped by higher levels of E, although some doctors prescribe a vitamin E supplement for them.

Vitamin E’s original claim to fame came in the 1920s, when it was found necessary for successful reproduction in rats. Since then, many of the claims made for vitamin E have rested on a basic fallacy: They assume that the results of animal studies are applicable to humans. In the process, they ignore the fact that deficiencies of vitamin E have been produced in animals but are very difficult to produce in humans.

There is a second fallacy. Although the most striking result of vitamin E deficiency in animals has been reproductive failure, vitamin E enthusiasts have incorrectly transformed this into virility or sexual performance in humans.

If animal studies are to be accepted, it is important to mention those that have shown that long-term, high-dose vitamin E can cause degeneration of the testicles and low sperm counts in males and infertility in females.

In humans, vitamin E deficiency has been found in premature infants suffering from a type of anemia. When vitamin E supplements were given to these infants, the condition cleared up. Since
this finding in 1967, vitamin E has been required in commercial formulas.

Although most physicians have rejected vitamin E as a treatment for heart diseases and other common ailments, this vitamin does hold promise for some medical problems. These include intermittent claudication, a circulatory problem in the legs; cystic breast disease; sickle-cell anemia; and exposure to high levels of oxygen.

More research is needed, and it must be carefully structured. Because subjective evaluation plays a role in some of these conditions, it is important that studies be set up so that neither the physician nor volunteer knows who is receiving vitamin E and who is receiving a placebo (dummy pill).

Meanwhile, a strong warning is necessary: High-dose vitamin E is not safe for everyone.

A study at the National Institutes of Health is frequently cited as evidence for the relative safety of E. The study indicated that some adults can take up to 400 international units and probably up to 800 international units of vitamin E daily for at least a year without ill effects. However, the research failed to report on people who had tried taking vitamin E supplements and stopped because of ill effects.

More than 25 possible harmful effects of high-dose vitamin E in humans have been reported by biochemist Charles W. Marshall in his book, *Vitamins and Minerals: Help or Harm?* This volume was named the best book of 1983 by the Science Writers of America.
Is 'Vitamin B-15' for Real?

At one time it was marketed by its discoverers as a tonic for racehorses and a heart stimulant for humans. Promoters said it was “vitamin B-15,” or “pangamic acid.” It is the stuff that health quackery legends are made of: a nonexistent substance that was popularly accepted, even though it was scientifically scorned.

“In 1943, Ernst T. Krebs, Sr. and Jr., applied for a patent for material...isolated from apricot kernels which they named ‘pangamic acid.’ Krebs Sr. and Jr., then trade-named such material ‘vitamin B-15,’ ” Dr. Herbert says in his book Nutrition Cultism: Facts and Fictions.

“In their patent, the Krebses claimed that pangamate [another name for this substance] is ‘a preparation for the immunization of toxic products present in the human or animal system’ which has ‘the property of detoxifying toxic products formed in the human system.’ ”

Pangamic acid was not heavily promoted for human use until the stepson of Ernst T. Krebs Jr. wrote an article in the publication World Review of Nutrition and Dietetics. Dr. Herbert writes: “Without citing supportive evidence from any country’s national nutrition policy body, the review alleged that ‘pangamic acid has been widely studied and accepted in many countries as a necessary food factor with important physiological actions.’ ”

The popular press picked up the story and an article appeared in the March 13, 1979, issue of New York magazine, almost depleting “vitamin B-15” supplies from health food stores in New York overnight.

Proponents of B-15, also known as “calcium pangamate,” say it can be used to treat or cure heart disease, diabetes, glaucoma, alcoholism, liver disease, allergies, arthritis, aging, hepatitis, breath-
ing problems, schizophrenia, cancer, inflammation of the liver, fatigue, and other conditions.

The Food and Drug Administration has never approved pangamic acid as a food additive, a food supplement or a drug, and considers its sale for any of these uses illegal, according to its publication, *FDA Consumer*. The FDA also says that although the Krebses claimed to have isolated their pangamate from apricot seeds, the FDA has no evidence that apricot seeds actually are used for the production of any of the products currently being sold as pangamic acid.

"Pangamate is not even a single substance but is merely a label applied to differing product mixtures marketed by various manufacturers," Drs. Herbert and Barrett say in *Vitamins and "Health" Foods: The Great American Hustle*.

"Recent experiments have shown that ingredients in some of the most widely sold 'pangamates' can cause mutations in bacteria—which means they may cause cancer in humans."

The American Council on Science and Health, in a report called "'Vitamin B-15': Anatomy of a Health Fraud," said: "No scientists have been able to detect or isolate from food a compound having the structure Krebs claimed and which he labeled B-15. Neither has anyone been able to successfully create this substance synthetically in laboratory experiments. The so-called 'vitamin B-15' does not exist."

The truth: B-15's effects on humans are largely unknown. The American Council on Science and Health report says: "One B-15 chemical, called diisopropylammonium dichloroacetate, or DIPA-DCA, may cause harm if taken in large doses by persons who have low blood pressure or other diseases of the circulatory system."

According to the FDA, vitamins are organic chemical compounds found in small qualities in food that are vital for the normal metabolic functioning and growth of the body. Designation of a substance as a vitamin must be based on studies that show that a deficiency of the substance in the body will result in a specific dis-
ease condition. No studies have been submitted to the FDA showing this kind of information for pangamic acid.

With all this evidence, why does the public continue to believe that vitamin B-15 exists and has the therapeutic value?

“Most people believe that claims for health products made in this country must be true or else ‘they wouldn’t be allowed,’ ” Drs. Herbert and Barrett write. “Federal law prohibits the *labeling* of these products with fraudulent health claims. However, health food stores and other distributors have learned to place such claims on printed material which accompanies the product, rather than directly on the product’s label. Such information is protected under the First Amendment’s guarantee of freedom of speech.”

Vitamin B-15 does not exist. It has never been proved to be effective for the treatment of any ailment and may be not only harmful but cancer-causing as well.

As the American Council on Science and Health report says: “The B-15 story is a classic example of the kinds of consumer health fraud that plague society. Claims that B-15 and related compounds are effective in treating or curing human illnesses are made mainly by those with a financial stake in the products and are not supported by any valid scientific evidence.”

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When Health Food Stores Give Advice

What kind of advice are you likely to get at a health foods store?

According to several published surveys, the advice dispensed by health foods stores often is not sound and sometimes is potentially
harmful. And spokesmen for national health food organizations say such problems should not occur.

The largest survey, 105 inquiries made at health food stores in New York, New Jersey and Connecticut, was conducted a few years ago by the American Council on Science and Health.

Posing as potential customers, either in person or on the phone, investigators described certain symptoms and asked for advice.

The council reported: “What we found was not reassuring. Our inquiries convinced us that customers cannot rely on the accuracy or safety of health and nutrition advice that they receive in health food stores.”

When symptoms of significant illness were described to personnel in health foods stores, no one recognized that an urgent medical problem existed.

In the council survey, one investigator told personnel that his mother had complained of sore eyes, some blurring of vision and seeing a colored halo around bright lights. These symptoms are characteristic of acute glaucoma, which can cause blindness if not treated promptly.

Only 25 percent of the salespersons told the investigator that his mother should see a doctor. Fifty percent tried to diagnose the problem, but no one came close to the likely cause. Their ideas were that symptoms might be caused by allergies, infections, fatigue, vitamin A deficiency, virus, eyestrain, air pollution, or emotional stress.

Seventy-one percent recommended products that were worthless for treating glaucoma, and salespeople in several stores suggested treatment with unsafe megadoses of vitamins or minerals.

Spokesmen for two national health foods organizations said this situation should not occur. Salespeople should be trained to refer customers with medical complaints to a physician, said J.B. Cor- daro of the Council for Responsible Nutrition, an association of manufacturers of vitamins and minerals, and Ron Weiner of the National Nutritional Foods Association, an organization of health foods retailers, producers and distributors.
A second medical problem was not much better recognized or handled when an investigator complained of losing 15 pounds in a month for no apparent reason.

Although this is a significant symptom that calls for determining a cause, only 41 percent of the salespeople recommended seeing a physician. Twenty-nine percent tried to diagnose the problem, and 53 percent suggested remedies, some of which might help the individual gain weight but would not take care of the underlying problem.

When an athlete asked for nutrition information to improve his performance, all of the stores he visited tried to sell him dietary supplements. Most commonly they recommended a protein powder or a multivitamin and multimineral supplement or both.

Dr. Sarah Short, professor of nutrition at Syracuse University and a consultant to the council, said that an athlete in training did not need more protein than a sedentary person and extra protein was simply extra calories. Vitamin supplements also are unnecessary and may lead to problems, Dr. Shout said.

Other inquiries by council investigators produced additional concerns about the advice given by health food stores. Ninety percent of the salespeople did not warn customers about potentially hazardous products and 95 percent made false or misleading claims about popular products.

When researchers in Columbus, Ohio, asked similar questions in nine health foods stores, the results were much the same. When asked to rate the overall quality of the advice given by the stores, a physician, a dietitian and a professor of nutrition said that about one-quarter of it was good, one-half was questionable and another quarter was clearly wrong or potentially harmful.

Within the last year, doctors writing for two widely read publications for physicians have conducted their own surveys of the advice offered by health food stores.

The June 1986 issue of *Postgraduate Medicine* carries a report by Dr. Harvey N. Mandell, who posed a question to health food stores in southeastern Connecticut: Can any harm come to me if I
take too much vitamin B6? If the answer was yes or maybe, Dr. Mandell also asked: What could be the harmful effects of too much vitamin B6.

He chose these questions because of a lead article that had appeared in 1983 in the *New England Journal of Medicine*, a highly respected medical journal, indicating that large doses of vitamin B6 could cause damage to sensory nerves.

Dr. Mandell said that answers given by health food stores salespeople ranged from "modest confessions of ignorance to bizarre statements." No one knew of a specific abnormal condition caused by vitamin B6.

In the Dec. 9, 1985, issue of *Medical Economics*, Dr. David H. Anderson, a California internist, reported that some health food stores in his area were offering quasi-medical advice to people with dangerous health problems. He found that salesclerks did not bother to qualify their recommendations, warn people about side effects, or suggest that customers see a doctor.

Those who have investigated the advice given by health food stores agreed that customers need to be wary. They emphasize that it can be hazardous to your health to rely on one source of information, especially a store and salespeople whose purpose is to sell products.

The experts also urge customers to be cautious about the written information that often is handed out in health food stores. Some of these pamphlets and books make outrageous claims.

As long as the claims do not appear on the product label or wrapper, they are allowed, as a matter of free speech, and no government agency evaluates them.
It's usually easier to detect the nutrition fallacies when you know the nutrition facts. So here's a quiz to help you assess your level of nutrition know-how and know-what.

The questions were developed by Dr. Roy Vartabedian, a specialist in preventive care who directs residency programs at the Aerobics Center in Dallas founded by Dr. Kenneth H. Cooper.

Test yourself by answering the following questions. In some cases, more than one answer will be correct.

1. The vitamin or mineral most commonly deficient among Americans: a. vitamin A; b. vitamin (riboflavin); c. vitamin B1 (thiamine); d. vitamin C (ascorbic acid); e. vitamin E; f. iron.

2. True or false: most healthy Americans on a good diet probably could live longer by taking vitamin, mineral, or food supplements.

3. Some vitamin supplements may be necessary for: a. elderly people; b. certain illnesses; c. athletes; d. pregnant and breast-feeding women.

4. Obesity increases an individual's risk of heart disease, probably in part because it is associated with: a. sedentary lifestyle; b. high levels of blood fats; c. increased blood pressure; d. glucose intolerance.

5. Feeding practices that can lead to obesity in infants: a. breast-feeding; b. mistaking crying for hunger; c. overfeeding solid foods; d. overfeeding from 9 to 12 months; e. feeding to the last drop; f. feeding too much protein (cow's milk) in first year.

6. The average American diet contains about: a. 25 percent fat; b. 30 percent fat; c. 40 percent fat; d. 50 percent fat.
7. According to generally accepted guidelines, Americans should reduce the amount of fat in their diet to about: a. 15 percent; b. 20 percent; c. 30 percent; d. 40 percent.
8. Protein should make up what percentage of an individual’s diet: a. 5–10; b. 10–15; c. 15–20; d. 20–30.
9. Carbohydrates should be about what percentage of an individual’s diet: a. 30; b. 40; c. 50; d. 60.
10. True or false: You cannot get all the nutrients you need from food today because of losses that occur during transportation, processing, storage and cooking.
11. For a diet to provide adequate nutrients, it should have at least______calories for women and______calories for men. a. 500, 600; b. 750, 1,000; c. 1,000, 1,200; d. 1,500, 2,200.
12. The first nutrient to cut back for weight loss: a. fat; b. carbohydrate; c. protein; d. water.
13. Low calorie/high protein diets without exercise will result in high losses of______and______along with a low loss of______. a. protein; b. fat; c. water.
14. A good weight loss program: a. requires fasting; b. is low in calories; c. is high in protein; d. is low in protein; e. is low in fat; f. is high in complex carbohydrates; g. includes aerobic exercise; h. includes behavior change.

**Answers**

1. f. An estimated 30 to 50 percent of American women of childbearing age are deficient in iron because of losses during the menstrual cycle. Also susceptible are infants, young children and some older people.
2. False. There is no scientific evidence that extra vitamins, minerals or food supplements will lengthen life.
3. a., b. and d. Vitamin supplements may be necessary for some elderly people; individuals with intestinal diseases
that reduce their absorption of vitamins and pregnant or breast-feeding women. Athletes need a small increase in some vitamins, but this amount is easily provided by an adequate diet.

4. a., b., c. and d. All of these factors increase your risk of heart disease.

5. b., c., d., e. and f. All of the practices except breast-feeding can foster obesity in infants. Breast-fed babies generally are leaner.

6. C. People usually are surprised to learn that their diet is about 40 percent fat. Much of this fat is hidden in foods that are not considered to be fatty, such as meats, cheese, milk, eggs, nuts and many processed foods.

7. c. Fat should make up only 30 percent of your diet. Reducing your intake of fat will help you maintain your weight and possibly avoid cardiovascular disease.

8. b. Protein should make up 10 to 15 percent of your diet. Protein is essential, but most Americans eat twice as much as they need for good nutrition, and most common sources of protein are high in fat and calories.

9. d. Carbohydrates should make up about 60 percent of your diet. The bulk of this should be complex carbohydrates and the natural sugars in fruits and vegetables. Complex carbohydrates—starchy foods such as potatoes, bread, cereals, rice, pasta, and dried peas and beans—contain many essential nutrients and add fiber to your diet.

10. False. Some losses of nutrients occur, but it still is possible to get the nutrients you need from the food you eat.

11. c. If a diet contains fewer than 1,000 calories for women or 1,200 calories for men, it may not provide enough of the necessary nutrients.

12. a. Fat should be the first nutrient to cut back when you are trying to lose weight. It contains twice as many calories (9
calories per gram) as either carbohydrates or protein (4 calories per gram).

13. a. and c.; b. Without exercise, low calorie/high protein diets will produce high losses of water and protein (lean muscle) but a low loss of fat. Exercise in a weight-loss program provides protection against the loss of muscle which usually occurs with dieting alone.

14. b., d., e., f., g. and h. A good weight-loss program is relatively high in complex carbohydrates and low in calories, fat and protein. It also includes aerobic exercise and behavior change to avoid the yo-yo syndrome in which weight loss is quickly followed by a rebound weight gain. High-protein diets and fasting can damage your health.
PART III

Avoiding the Myths of Youth and Beauty
Spotting the False ‘Fountains of Youth’

Americans spend more than $2 billion a year on products that promise to help them ward off the effects of aging. Indeed, the never-ending search for the legendary Fountain of Youth has produced the fastest growing segment of the modern medical quackery market, according to a congressional report.

Potential customers include not only the growing elderly population but also the swelling ranks of middle-age people. They share fears of aging and the conditions associated with it, including chronic disease, decreased physical capacity and loss of sexuality.

The products that tempt them promise to extend life, heal all kinds of sickness and make them feel more vigorous or look more youthful. They range from pills that are supposed to improve heart function (and simultaneously upgrade memory, energy, skin and appearance) to lotions that are purported to banish wrinkles, lines and crow’s-feet.

Examining this market several years ago, the U.S. House of Representatives Subcommittee on Health and Long-Term Care found several hundred products that boasted they could halt the aging process and alleviate related conditions.

The subcommittee concluded: “Most of these products do not work. They are a rip-off, pure and simple.” None of the products proved to have significant value and some were dangerous, according to the committee. Most were deceptive, overstated or fraudulent.

Nevertheless, in the youth-oriented United States, anti-aging remedies and programs remain highly popular. Probably the most famous anti-aging regimen appears in the book *Life Extension: A Practical Scientific Approach*, which became a national best seller several years ago despite strong criticism from respected members of the medical and scientific communities.
The authors, Durk Pearson and Sandy Shaw, recommended taking more than 30 chemicals, including prescription drugs and food additives, to promote longevity. Their life-extension formula was described as dangerous by Dr. Frederick J. Stare and Virginia Aronson, authorities on medicine and nutrition.

It also has drawn warnings from the American Council on Science and Health. The council reported that the known risks of the regimen include headaches, intestinal disorders, and kidney damage.

Some experts consider the book to be a misinterpretation of the sound research that has been done on aging, according to the House subcommittee report. The same is true for most other popular products offered to combat aging; they either misconstrue or overgeneralize the discoveries made by gerontologists about human and animal aging.

The facts about some of the popular products, according to the House subcommittee report or the American Council on Science and Health:

- Dietary antioxidants. Proponents of dietary antioxidants start out with a basic premise that has scientific merit, but they jump to conclusions that lack scientific evidence. They contend that substances called free radicals may cause aging by damage to the genetic material of cells. Antioxidants in the cells, they say, can interrupt reactions of free radicals and thus make them less harmful.

Based on these theories about activity at the cellular level, the proponents contend that ingesting vast quantities of antioxidants will extend human life. Most scientists disagree.

- Superoxide dismutase. This enzyme, found in body cells, protects against the potentially destructive effects of superoxide, which is produced as the cell uses oxygen. There is scientific controversy about the theory that the level of this
enzyme in the cell influences the rate of aging. However, evidence indicates that dietary supplements of the enzyme have no effect on the level of the enzyme in the cells.

• RNA. Ribonucleic acid is present in body cells where it transmits hereditary characteristics. One of the most common ingredients found in anti-aging products, it is claimed to rejuvenate old cells and slow the aging process. Experts say that RNA is not required in the diet and that any RNA that is consumed orally will be broken down by digestion. Moreover, high levels of RNA can be harmful to persons with kidney disease or a tendency for gout.

These are only a few of the anti-aging remedies that appeal to persons still searching for the Fountain of Youth. As a group, they are commonly useless and possibly harmful. Rather than depending on such products to improve your chances for a long and healthy life, why not rely on strategies that have been proved effective?

You can reduce your risks of premature death from chronic disease by not smoking cigarettes or abusing alcohol, exercising regularly, avoiding obesity and following your doctor's advice for dealing with health problems such as high blood pressure.

You can lower your chances of accidental death by wearing seat belts, not driving under the influence of alcohol, using smoke detectors in your home, and observing safety precautions in all of your activities.
Can Cellular Therapy Stop the Clock?

Some people think that the secret of youth lies in controversial methods of treatment known as glandular (organ) and/or cellular therapy.

Popularized in Western Europe in the mid-1950s by a Swiss physician, Dr. Paul Niehans, cellular therapy originally was called a rejuvenator against old age. Later, it also was offered by him and others for many other ailments, including heart disease, circulatory failures, hypertension, infertility, arthritis, Down's syndrome, cancers, and even mental illness.

Cellular therapy involves administering products made from the cells of living animal tissue either intravenously or orally. Niehans used the treatment in an attempt to rejuvenate humans. Many movie stars have tried this bizarre therapy. All of them grew older, just like everyone else.

The Food and Drug Administration points out that no application has ever been made to sell such products in the United States. Also, the FDA is unaware of any scientific studies demonstrating the safety and effectiveness of cell therapy for any medical purpose. The FDA does claim, however, that serious adverse reaction reports have been published, including allergic reactions, anaphylactic shock and even death.

As a case in point, newspapers carried the story of a clinic in Florida. The osteopathic physician who ran it allegedly performed cellular therapy on 75 to 100 patients each year, with each paying $1,000 for a set of up to 10 injections given within a seven-minute period. In January 1974, just four years after the clinic opened, two patients who entered the clinic on the same day developed gas gangrene, a rare, infectious disease, and died.
Yet despite this information being published in the national press, people continue to subject themselves to these remedies, especially at European and Mexican health clinics.

Others have used similar therapy claiming that the enzymes, glands or organ particles can be used to strengthen or rejuvenate human body processes that involve similar substances. For example, according to this theory, an extract from an animal’s heart can be used to strengthen the human heart or an extract of animal pancreas can be used to strengthen a human pancreas, breast extract for breast cancer or extract of eye for eye disease. Most glandulars are orally administered and are sold in many health food stores or by mailorder catalog.

According to the third edition of Consumer Health: A Guide to Intelligent Decisions (Times Mirror/Mosby), by Harold J. Cornacchia, a professor emeritus of health education at San Francisco State University, and Dr. Barrett: “When these substances (glandulars) are present in homeopathic dilution, they have no effect on the body.” Furthermore, the book says that even when taken by mouth in higher concentration, the proteins, which are digested by the stomach and intestines, are broken down into their component amino acids and therefore never actually reach the cells they are “supposed to help.”

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The ‘Miracle’ Anti-Aging Potion H3

One of the most publicized anti-aging products is Gerovital. Gerovital, also known as GH 3 or H3, is promoted as a cure for arthritis, atherosclerosis, angina pectoris, hypertension (high blood pressure) and other heart conditions, deafness, neuritis
(nerve inflammation), Parkinson’s disease, depression, diabetes, and impotence.

Its promoters claim the product is not a drug but an “effective anti-aging nutritional factor that is beneficial in almost every disease associated with premature aging.”

In reality, Gerovital, GH 3 and H3 are most commonly known as procaine hydrochloride or the anesthetic Novocain, injected to numb the mouth before dental work and as a local anesthetic used before stitching wounds. Specifically, according to the Journal of Nutritional Education, Gerovital consists of “2 percent procaine hydrochloride (Novocain), with small amounts of benzoic acid (a preservative); potassium metabisulfite (an antioxidant); and disodium phosphate.”

Although Gerovital’s most common reaction is to cause numbness at the injection site, it may also cause low blood pressure (or hypotension), respiratory difficulties or convulsions. These effects are rare but are thought to be caused by either allergic reaction or rapid absorption of the drug.

How did procaine hydrochloride or Novocain become the “secret of eternal vigor and youth,” as Gerovital is referred to in its ads?

Dr. Anna Aslan of the C.I. Parhon Institute in Bucharest, Romania, played a central role in touting Gerovital as an anti-aging remedy.

Procaine hydrochloride entered the medical community in 1905, according to an article in the Food and Drug Administration’s publication FDA Consumer. Originally, researchers thought it might show promise in treating a variety of conditions, including peptic ulcers, asthma, arthritis, and hypertension; but further scientific studies showed it had no curative effect.

Aslan, however, began treating elderly patients with procaine, calling it H3 and proclaiming it a vitamin, a designation vigorously disputed by the scientific community. By 1956, Aslan was claiming that it could combat aging. Among the claims she made were that Gerovital relieved disease symptoms, delayed the aging process,
lifted depression, improved muscle and skin tone, and restored gray or white hair to its original color.

According to the *Journal of Gerontology*, “Although many uncontrolled studies describe great benefits from the use of GH 3, controlled trials have failed to demonstrate any improvement in the physical or mental status of elderly patients.” In fact, none of the studies conducted outside Eastern Europe produced the same results as those claimed by Aslan.

In 1960, Aslan’s work was condemned as quackery by a group of experts attending an international gerontological convention in San Francisco. Dr. Nathan Shock, head of gerontology studies of the National Institutes of Health in Baltimore, said; “If these claims for procaine were true, you’d be adding 10 years of your life every time your dentist fills a tooth.”

Despite the fact that Gerovital has been proven ineffective, the substance continues to be available in Europe. Since 1965, it has been illegally brought into and sold in the United States. The FDA considers GH 3 to be a new drug not generally recognized by qualified experts to be safe and effective in treating all conditions that it claims to treat. The FDA also considers GH 3 labeling “false and misleading because claims that it is of proven value in the treatment of disease associated with aging are not supported by adequate, well-controlled scientific studies.”

Aging is part of the life process. The purchase or use of products such as Gerovital will not prevent aging; they will only prevent money from being spent on something more worthwhile.
The Lure of Aphrodisiacs

For centuries certain herbs and drugs have been touted as effective aphrodisiacs, or sex enhancers. Folklore, combined with the marketing ploys of some organizations, has perpetuated these beliefs.

In fact, most of the information written on the effectiveness of aphrodisiacs has been based on subjective opinion rather than scientific evidence. According to a 1985 ruling of the FDA, "...aphrodisiac drug products for over-the-counter human use are not generally recognized as safe and effective and are misbranded." The FDA reached this conclusion after reviewing the report and recommendations of the Advisory Review Panel on OTC Miscellaneous Internal Drug Products.

Based on these findings, the FDA tentatively adopted the conclusions of the panel that:

- People experiencing sexual problems should not attempt to medicate themselves but should seek treatment by a medical professional.
- Serious health risks are associated with alleged aphrodisiacs such as cantharides ("Spanish fly," a chemical derived from an insect).
- No conclusive scientific evidence demonstrates the effectiveness or safety of any of the plant materials that have been used historically for aphrodisiac purposes.
- Male sex hormones have a recognized influence on libido and sexual performance but are powerful hormones with potentially serious effect and must be used only under the supervision of a physician. Only rarely does a male patient need hormonal therapy.
Besides the oral forms of the drugs, some products that call themselves aphrodisiacs are available as inhalant drugs and may be sold as room odorizers or "liquid incense." These products, which are referred to as "poppers," are often sold in bars, discos, and some bookstores.

"Poppers," which contain amyl or butyl nitrite, cause dilation of blood vessels in the hands, feet and face. Although little is known about their long-term effect, a side effect can include bronchitis and burns around the nose.

Some potions may prove harmful. Problems have been reported by some ginseng users, especially those who have taken large amounts of the drug for a prolonged time, says D. Tyler. Nervousness, insomnia, blood pressure changes as well as sore breasts and vaginal bleeding in older women have been reported.

In discussing the general subject of sexual drive and performance, the FDA's Advisory Review Panel says: "In humans with good general health who are not taking any drugs, including alcohol, sexual drive (libido) and sexual performance are governed by multiple factors, the most common of which are psychological. Impotence and frigidity have often been successfully treated by psychotherapy. The panel further concluded that the conditions of decreased libido and impaired sexual performance are not amenable to self-treatment with internal drugs."

According to the panel, "all (over-the-counter) internal drug products with aphrodisiac claims are either false, misleading or unsupported by scientific data." The panel cautions consumers not to be misled by products that claim to do any of the following:

- Act as an aphrodisiac.
- Arouse or increase sexual desire and improve sexual performance.
- Help restore sexual vigor, potency and performance.
- Improve performance, staying power and sexual potency.
- Build virility and sexual potency.
• Create an uncontrollable desire for immediate sexual gratification.
• Expand nature’s gift of love.

Remember: What works on a white rat in the laboratory may not be a good solution for sexual dysfunction in a human with emotional as well as chemical needs.

31
Shedding Light on Indoor Tanning

A lot of people turn to tanning salons to keep that year-round golden glow. Encouraged by claims that this route to a tan is “safer than the sun,” many tanners will not realize that they are at risk of serious long-term health problems.

A study by the Food and Drug Administration says: “Tanning salons that claim the lamps they use are ‘safer than the sun’ are deceiving their customers.”

The new FDA laboratory findings showed that radiation from recently marketed tanning booths and beds had the potential to damage the skin, cause premature wrinkling and even cancer. The researchers found that cells taken from mice and exposed to radiation levels like those from tanning devices showed an increased rate of mutation. This indicates the presence of potential cancer-causing cells. In fact, the study showed a threefold to fourfold increase in cell mutation in the exposed cells.

In the past, traditional older sunlamps have emitted ultraviolet B, or UVB, radiation that caused severe sunburn and corneal burns on the eye. However, since about 1982 these sunlamps have been replaced with suntanning salons and booths that use ultraviolet A,
UVA, radiation. Many salons claim that if their tanning booths are used correctly, they are safe because the UVA radiation is less likely to produce obvious sunburns. The other advantage they cite is that the UVA wavelengths are longer and can produce a deeper tan.

However, the new studies indicate that the UVA radiation may actually cause more serious longterm effects because these wavelengths penetrate more deeply into the skin than UVB radiation. The studies also found that most UVA devices also actually released some dangerous UVB radiation.

The UVA training devices also can cause serious adverse reactions in some people, including those who:

- Have sensitive skin or sunburn easily.
- Are photosensitive because of drugs or food.

Photosensitizing agents are found in many foods, drugs and cosmetics; for example, tetracycline, birth control pills, high blood pressure medication, diuretics, tranquilizers and oral diabetes medications.

- Are prone to frequent cold sores. Ultraviolet radiation may cause cold sores to reappear.
- Have undergone certain types of eye surgery.

The study found that UVA radiation also could cause severe reddening of the skin, cataracts, retinal lesions and vascular damage. People with immunity problems, such as AIDS victims and organ transplant recipients, are at particular risk because of the potential for breaking down their immune systems.

The FDA requires suntanning salons to provide its customers with protective goggles, which should be used even if the tanner keeps his or her eyes closed. The agency also requires timers on the tanning machines and warning labels that cite the potential harm from the radiation.
However, there is no limit on the intensity of the ultraviolet rays and consumers do not have to be informed about the dose of radiation they are getting.

The Suntanning Association for Education made recommendations earlier this year that equipment should not emit more than 18 milliwatts of UVA. However, one association official noted that some salon operators do not know enough about their equipment and are putting out 50 to 80 milliwatts of UVA radiation, which is a very dangerous level.

Despite the risks involved, tanning salons continue to maintain their appeal. Their most popular season is January through May, although increasingly the business of tanning indoors is becoming a year-round pursuit.

The medical profession seems to agree on the dangers of UVA and UVB radiation exposure.

The American Medical Association issued a report last year that warned consumers of the possible dangers from using sunlamps. The report warned that younger people are going to have significant problems because of the increased exposure over the years.

Dr. Darrell Rigel, a dermatologist who teaches at the New York University School of Medicine, recently said: "There is no such thing as a safe tan." He contends that the only reason UVA radiation is considered less damaging than UVB is because it has less energy. However, if you intensify the UVA rays to get a tan, the damage is as great as if you had normal amounts of UVB.

Despite advertisements to the contrary, the FDA has not "approved" any use of a sunlamp product. It regulates the devices and has a performance standard. However, the standard does not guarantee the safety or even reduce the hazard.
PART IV

Spotting the Wacky Diagnoses and ‘Non-Tests’
The Allure of ‘Live Cell Analysis’

Legitimate medical tests often give rise to nonsensical schemes that are “guaranteed” to diagnose health problems and tell you how to overcome them.

The real guarantee is that there will be something wrong and that special products will be offered to take care of your “deficiencies.”

A prime example of this type of scam is live cell analysis, a high-tech microscopic blood test that is promoted as a quick and easy way to reveal a person’s health status. Live cell analysis capitalizes on the recognized worth of legitimate blood testing.

Live cell analysis has pizazz and sophistication. After a small blood sample is drawn, the patient watches a television monitor to see his own blood cells as they appear under a specially illuminated microscope hooked to a video camera.

“Abnormal” findings are pointed out by the health provider, who may say, “There’s a diabetic cell” or “There goes a cancer cell.” An instant-print camera also may be used so the patient can take home a snapshot providing tangible evidence of his “problems.” Photographs of “good” blood are available for comparison.

Patients usually are quite impressed by the test, which appears to be clinical and scientific, says Dr. James Kenney of the National Council Against Health Fraud.

The equipment and techniques used in the test can show changes in the red and white cells of blood, and they are used in medical centers primarily for teaching purposes, according to Dr. David Zoller, a Kansas City pathologist.

However, fraudulent providers have latched onto live cell analysis to sell nutritional supplements. They “diagnose” phony problems so they can convince unwary patients they need these products.
Most patients do not realize these unscrupulous practitioners are combining legitimate equipment and techniques with scientific gobbledygook about the findings.

“The average person doesn’t know that what the quack practitioner says isn’t what appears on the screen,” Dr. Kenney says.

When actual changes in the blood are seen, legitimate hematologists (physicians who specialize in disorders of the blood) know that further diagnostic studies are needed to uncover the cause, Dr. Zoller says.

Offering treatment without additional tests is dangerous for two reasons, according to the Kansas City pathologist and family physician:

- Except for just a few abnormalities, there is no evidence that vitamin or food supplements will correct a condition seen in the blood.
- Significant illness may go undiagnosed for a long period, endangering a person’s health and his opportunity to benefit from legitimate treatment.

For example, a rouleau formation is sometimes shown by live cell analysis. This is a condition in which increased protein circulates in the plasma and causes red cells to stick together in long chains.

The fraudulent practitioner may say that patients who have this condition need certain supplements to correct the abnormality. Actually, the most common cause of a rouleau formation is a malignancy of plasma cells that can be rapidly fatal if not properly treated, Dr. Zoller says.

Live cell analysis usually is touted as an “early warning system” capable of detecting changes before they can be found by other tests and while problems are readily reversible. Specifically, it is supposed to show vitamin and mineral deficiencies, allergies, hardening of the arteries, “toxicity” and other problems.

Promoters also recommend live cell analysis as the answer to current special concerns about health. They say it can provide reas-
surance of the degree of immunity a person has, reveal yeast infec­tions, and show changes caused by stress and medications.

In reality, only three nutritional abnormalities can be diagnosed by examining the bloodstream, Dr. Zoller says. These are deficien­cies of iron, vitamin B12, and/or folic acid. In these cases, he says, serious disease should be ruled out before a condition is treated.

Overall, live cell analysis seems more valuable for those who offer the test than for patients. In promotional literature aimed at health care providers, one company is blunt about the benefits of the test: “If five patients are tested daily at $30 each, and $50 of nutritional supplements are recommended, new business will total $400 a day or $100,000 a year.”

Smart patients will not let this happen at their expense. In the case of live cell analysis, seeing should not mean believing.

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Can Cytotoxic Testing Give You the Answer?

Have you heard about the cow that was warned not to drink its milk?

There was a good reason: It was found to be allergic to cow’s milk as well as cottage cheese and yogurt. At least that’s what its cytotoxic test showed.

Usually this expensive food allergy testing program is limited to humans, but last year a suspicious investigator for the Food and Drug Administration decided to check it out by submitting cow’s blood as his own. He filled out the necessary questionnaire, sent in $350 and quickly received back the promised analysis.
The testers apparently did not recognize that the sample was not human blood, but they did report that the customer (the cow) was allergic to 22 of 187 substances tested. When another investigator sent in a sample of blood from a woman physician who was in excellent health, she was reported to be sensitive to a variety of common foods that had never caused her any problems.

Although the operations of that particular cytotoxic testing company have since been slowed by legal and professional repercussions, the issue of cytotoxic testing is not closed.

It is worth your while to recognize the approach. The newspaper ad that caught the attention of the FDA investigator was Headlined “Disaster linked to the food you eat!” Telltale signs of a questionable health product were obvious throughout the promotional material:

- A long list of health problems for which the test offered answers, including headaches, stomachaches, sinus troubles, skin problems and rashes, overweight difficulties, stress, fatigue, water retention, or “any combination of the above.”
- A “new, revolutionary” answer, in this case, a nutritional blood test that showed “how an individual’s system may react poorly to certain food.” (“Cytotoxic” is defined as poisonous to cells.)
- An extravagant testimonial. “I was feeling sluggish and awful until I applied the cytotoxic test. Then within three days I felt an incredible increase in my energy level and mental attitude,” one woman said. “I no longer get tired or moody and I’m back to a normal life.”
- Traveling salesmen or a mail-order system to serve customers. The cytotoxic test was available through a special nutritional team that visited various cities. For those who could not attend the session, the test was sent through the mail. Other cytotoxic tests are available at franchised “allergy test clinics,” where the customer is frequently advised to take vitamins and minerals sold at the clinic.
• A little scientific language to make the treatment sound plausible. The advertised test was described as a microscopic exam of the reaction of leukocytes (white blood cells) with individual extracts of nearly 200 commonly eaten foods and additives.

An incompatible food supposedly caused your white blood cells "to wrinkle, crack, burst open and die. . .your immune system is caused impairment and your white blood cells release a powerful and destructive enzyme. This means potentially greater susceptibility, not only to serious disease, but to a host of lesser symptoms. In short, the door is thereby opened to poor nutrition and a possible multitude of unpleasant ailments and symptoms." This explanation is medical double talk.

For the record, cytotoxic testing—also known as food sensitivity testing, leukocyte antigen testing and Bryan's test—is not an accepted clinical procedure, and no significance has been established for the test results, according to the FDA.

The American Academy of Allergy and Immunology states that controlled trials have shown this kind of testing to be ineffective for diagnosing food and inhalant allergies. In addition, cytotoxic testing is not reimbursed by medical insurers and may be covered under Medicare only as an adjunct to regular clinical allergy tests.

If you think you have a food allergy, don't rely on cytotoxic testing programs and the panaceas they offer. See a physician for a complete medical exam. It often is helpful to keep a food diary, listing in detail what you eat and what symptoms you experience over a period of time.

You may need to undergo skin testing and/or blood testing to determine the presence of specific antibodies, followed by food challenge tests, which involve eliminating foods, then reintroducing them, one at a time.
How Not to Get Clipped
By Hair Analysis

Hair analysis has some merits, but if you believe that the mineral content of your hair can reveal your state of health, you are letting yourself get clipped.

It was estimated in a Health magazine article that more than 200,000 Americans fall for this gambit each year and snip their locks to send a sample (a couple of tablespoons) to a hair analysis laboratory. They order through chiropractors, “nutritionists,” health food stores, or magazine and newspaper ads. Some do so on their doctor’s or dentist’s advice.

If you are the customer, for an average cost of $35, you will get back a computer printout that looks properly scientific and analytical, according to the Food and Drug Administration. You will probably be advised that you have “toxic levels” of some minerals and serious deficiencies of others. According to the FDA, this is the typical report made to healthy individuals.

Your lab report may include a listing of the varieties of ill health associated with your “imbalances.” Some labs will even tell about vitamin deficiencies, but this is quite a trick because hair contains no vitamins except at the root below the skin surface.

Up to this point, if you can afford to part with your hair and your money, hair analysis is harmless nonsense. The chances are good that you also will be counseled to “correct” your problems with some “healthful” products, which happen to be available through the lab or a related company. The FDA reports on one lab which recommended virtually the same daily regimen—15 different vitamins, minerals and other food supplements—to all of its customers.

If you take these supplements based on hair analysis, you may end up causing yourself serious health problems. Too much vitamin
A, for example, can cause liver damage. Too much vitamin E can cause fatigue.

The fast-growing commercial enterprise of hair analysis is a good example of a pseudoscience. Its promoters tell you all about the scientific basis for the procedure but they neglect to mention the reasons why the results are worth little to you.

The unreliability of hair analysis has been documented by numerous investigators, a notable one having been done by Dr. Barrett in the *Journal of the American Medical Association* issue of Aug. 23–30, 1985. When duplicate hair samples have been sent to several labs, results differed sharply from one lab to another: For example, the same individual was reported to be high, slightly low and normal in sodium levels by three different labs. In one case involving analysis of 23 minerals, the three responding labs made similar interpretations of findings for only five substances.

Perhaps even more astonishing is the fact that when duplicate hair samples have been submitted separately to the same lab, different results have been reported for one individual.

There is some scientific basis for hair analysis. Minerals are found in hair, and the levels of some minerals in the hair reflect the levels of the same minerals in the body. Hair analysis is useful in detecting heavy-metal poisoning, such as lead, cadmium, mercury and arsenic, and in studying environmental exposure to certain pollutants.

However, for other minerals, the evidence to date is that the levels which exist in the hair do not provide an accurate gauge of minerals in blood or tissues.

This is just one of several major problems with hair analysis. Consider what happens to your hair on a regular basis. It is shampooed, conditioned, sprayed, bleached, dyed, permanent waved and straightened. Hair also may be affected by the action of environmental pollutants. Minerals may be added or removed by these processes.

The chemical makeup of your hair also varies with its location on your scalp, its color and diameter; with your age, sex and race;
with the medications you take, diseases you have, and even the season of the year.

Still another drawback of hair analysis is that no standards exist for normal ranges of most minerals in hair. When a lab reports that your minerals are normal or abnormal, all they are saying is that they are normal or abnormal compared to other samples they have processed.

If and when all these problems are overcome, hair analysis may hold some promise for evaluating your health status.

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Checking the Claims of Medical Astrology

Some people think surgery should be scheduled according to the phases of the moon; that Saturn is responsible for the “midlife crisis”; and that Admetos, a moon of the planet Uranus, influences such “medical conditions” as “suffocation, choking, traction (in a cast or bed), conditions simmering beneath the surface that may or may not be known to the person, suspension (in an unconscious state or coma), and many phobias.” These people are medical astrologers and their clients.

Medical astrology is based on the belief that the sun, moon, planets, and stars cause or influence the medical problems of humans and can point to appropriate diagnoses and treatment. Some even follow diets based on the signs of the zodiac.

The key to discovering that medical astrology has no scientific basis in fact is to understand astrology itself.

Astrology has its roots in most of the cultures of the ancient world. The Babylonians, Egyptians, Greeks, and Romans all
believed that the heavenly bodies possessed magical characteristics and had power over the earthly realm and its inhabitants.

Astrologists have never been able to answer how a system based on the Earth as the center of the universe could continue to accurately function today despite Copernicus' discovery centuries ago that the Earth revolves around the sun with the other planets.

According to Lawrence Jerome, an engineer and writer who has conducted extensive research on astrology, astrologers often have claimed that the characteristic influences of the stars were determined through patient observation over many centuries. This claim is false. The astrological nature of the signs and planets is based strictly on their "magical correspondences."

For instance, because Mars appears red, it has been associated with anger, fire, blood and war. Medical astrologers claim it is responsible for inflammation, rapid temperature increases, acute onset of ailments, hyperfunctioning of organs and body systems, and controlling the blood.

Because the zodiacal sign Aries, the Ram, "rules the head," these astrologers say Aries intersecting with Mars may cause "violent pains in the head, rupture of the blood vessels in the brain, stroke, extreme restlessness, blows, cuts and wounds or surgery to the head or face, cerebral congestion and a tendency toward headaches."

According to Bart J. Bok, emeritus professor of astronomy at the University of Arizona and past president of the American Astronomical Society: "Many believers in astrology speak glibly of the forces exerted by the sun, moon and planets. . .

"The known forces that the planets exert on a child at the time of birth are unbelievably small. The gravitational forces at birth produced by the doctor and nurse and by the furniture in the delivery room far outweigh the celestial forces. And the stars are so far away from the sun and Earth that their gravitational, magnetic and other effects are negligible."

Jerome adds: "Legitimate statistical studies of astrology have found absolutely no correlation between the positions and motions
of the celestial bodies and the lives of men. Those studies purporting to demonstrate 'planetary heredity' and 'astrological birth control' are either based on fallacious assumptions or were improperly conducted or both.

"It is not too much to say that such studies are dangerously misleading, especially when the authors recommend that the magic of astrology can replace the knowledge and drugs of medical science."

People will continue to believe in medical astrology because it provides them with the false comfort that whatever happens to them is not their responsibility but is caused by something beyond their control: the influence of the stars and planets.

Such a system of beliefs works to absolve them of personal guilt should something go wrong. Thus, if they experience a severe injury or fall, they can blame it on El Nath, "a fixed star with the characteristics of Mars and Saturn." And if they overeat or have a weight problem, it is not because they may be unhappy, bored, angry, or suffer from some metabolic disorder; it is because Jupiter is in Taurus.

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Examining Iridology: Do Your Eyes Reveal Your Health?

What do your eyes reveal about your health? They tell more than you might realize, but not nearly as much as some fringe health practitioners would like you to believe.

Poets long have romanticized the eyes as portals of the soul. For physicians, the eyes serve as portals of the body, providing some indications of an individual's general health.
The inside of the eye is the only place in the body where the doctor actually can see small blood vessels and nerves. Changes in the retinal arteries are signs of more generalized disease affecting the blood vessels.

When the doctor looks at your retinal arteries through an ophthalmoscope, he may find them narrowed by arteriosclerosis or he may see other changes resulting from diabetes or high blood pressure.

The signs of generalized disease, which are evident in the retina, might alert your physician to possible illness or help him confirm a diagnosis. This kind of information, however, has nothing to do with the development of a pseudoscience known as iridology, which involves another part of the eye.

Iridology (pronounced “eye-rid-ology”) relies upon the iris or colored part of the eye for diagnosing illness. Proponents of this farfetched theory say that all sorts of diseases can be diagnosed by inspecting photographs of the iris.

To implement their ideas, they have devised elaborate maps of the iris, dividing it into numerous segments, each representing an organ or a function. They contend that an unusual color, texture or marking on a segment points to a disorder.

Iridology is similar to other systems that use the feet, the ear, the palm or the spine to diagnose conditions elsewhere in the body. Each of these parts of the body may provide limited knowledge about some aspects of health, but enthusiasts build entire diagnostic systems around them without scientific grounding.

These systems typically are appealing to patients because they are not invasive—that is, they do not require cutting into the body or using equipment or substances inside it. They also usually involve “trained experts” who make use of complex charts to impress patients.

Iridologists will tell you that a miniature human body is represented in the iris. Supposedly, the left iris is a picture of the left side of the body, and the right iris shows the right side.
The theory of iris diagnosis was concocted more than 100 years ago by a Hungarian physician, Ignatz von Peczely. As a boy in the 1820s, the story goes, he accidentally broke the leg of an owl, and a black stripe appeared on the owl’s iris.

Later, as an adult, von Peczely published a treatise on the iris-body connection, and his theories gained some acceptance. This was the age of the phrenologist, who maintained that bumps and shapes of the head could help to diagnose disease. Relying on colors and spots of the iris made as much sense to those who became believers.

As diagnosis became more scientific with the growth of medical knowledge, iridology lost credibility, but in recent years it has regained a following among some “alternative” health practitioners. There now are an estimated 1,000 iridology practitioners in the United States, according to Iridologists International, an organization based in Escondido, Calif.

It appears that iridology is popular largely because it diagnoses and improves vaguely stated conditions such as an “underactive pancreas,” “chronic lung weakness” or “toxic bowel settlement.”

These “conditions” are pure poppycock, but iridology practitioners often manage to bring about some change for the better by prescribing a program that includes healthful lifestyle changes such as good diet and moderate exercise. Patients frequently feel better and are satisfied with the program. They don’t realize that they could have done as well without the cost of iridology.

The leading proponent of iridology in the United States is Bernard Jensen, a North Dakota chiropractor and naturopath who says he does not diagnose disease “in the sense that Western medicine does,” and does not “label combinations of symptoms with disease names.” Yet he has written at length about the proper way to use the iris (“five o’clock in the right iris”) to distinguish between appendicitis and cecal inflammation.

Several other major flaws in the theories and practice of iridology should alert you to its potential dangers:
• Nineteen iris charts have been developed, according to an Australian eye surgeon who has investigated iridology. Although many charts have similarities, there are some glaring differences.

For example, the charts most commonly used in the United States show the heart to be represented only in the left eye. Others indicate the right heart in the right iris and the left heart in the left iris. With these discrepancies, the same patient could receive totally different diagnoses.

• Even if all the charts agreed, it would be easy for practitioners to misinterpret signs because of the many dividing lines involved. If the 5 and 6 o'clock positions of the right eye were confused, for example, problems of the vagina would be mistaken for difficulties with the foot.

• Although signs of generalized disease may show up in the retina, there is no scientific evidence that any part of the eye reflects the conditions of specific parts of the body.

• When the accuracy of iridology was evaluated in a major controlled study of kidney disease, several leading iridologists were unable to detect disease; their record turned out to be no better than chance. (The study, conducted by A. Simon and others, was titled "An Evaluation of Iridology" and reported in the *Journal of the American Medical Association* in 1979.) One iridologist correctly diagnosed 85 percent of the patients who had kidney disease, but he also inaccurately diagnosed 85 percent of the healthy patients as having kidney disease.

What dangers does iridology pose for the unsuspecting health consumer?

A false-positive finding, in which a disease is "detected" but is not actually present, causes unnecessary anguish. The patient also
may spend money on additional tests or treatment that are not really needed.

Worse, still, a patient may receive an incorrect diagnosis when a serious disease is present. Delaying effective treatment can prove costly to health. In short, don’t rely upon the pseudoscience of iridology for a medical diagnosis.

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Is Reflexology ‘Silly Science’?

Would you consider treating a heart attack by rubbing underneath the little toe of the left foot?

That is what one practitioner of reflexology advocates: “If a heart attack should occur when the victim is miles away from a doctor, first massage the reflex under the little toe of the left foot, and then continue to massage all over this toe including the area on top of it. Then move to the reflex of the pituitary (gland) in the center of the big toe for a few seconds of massage, and return to the little toe area.”

Although this example may seem a bit extreme, the practitioners of reflexology think the feet hold the answer to many health problems.

Reflexology, or zone therapy, is a system of diagnosis and treatment based on the theory that pressing or massaging certain areas on the hands or feet can help relieve pain and cure diseases in other parts of the body.

According to reflexology, each organ and gland in the body has a special spot on the sides, top or bottom of the feet that corresponds to that organ. For example, the heart, which is on the left
side of the body, is reflected on the left foot. The kidneys and eyes, found on both sides of the body, have corresponding spots on both feet.

Reflexology first surfaced in the United States in 1907. Its creator, Dr. William H. Fitzgerald, may have received his inspiration from the American Indian or Chinese cultures, both of which have similar systems of belief about the relation of bodily organs to the feet. The Egyptians, Russians, and Japanese also have similar beliefs.

Fitzgerald taught that the body was divided vertically into 10 zones corresponding to particular organs. By manipulating the special spot on the foot for one zone, the corresponding organ would reap the benefit of therapy.

Reflexologists say reflexology can diagnose and treat a variety of illnesses and conditions, including headaches; sore throats; hemorrhoids; ulcers and other digestive disorders; poor circulation and other cardiovascular problems; backaches; depression, senility, and other mental problems; asthma and other respiratory problems; hormone imbalances and glandular problems; arthritis; and epilepsy. Some health food organizations have used reflexology as a test to justify the taking of nutritional supplements.

According to a survey of alternative treatments conducted by the British Medical Association, reflexologists usually provide treatments in a series—10 to 12 treatments two to three times a week. Chronic illnesses may require more extensive treatment. Reflexology can also be expensive. “The going rate for reflexology session varies quite a bit around the country,” according to an article in Bestways magazine. “In New York City, you’ll pay $40 to more than $60; in Chicago $36 to $45; and in the Southwest; $15 to $25.”

Does it work? Is reflexology an accurate diagnostic system, or is it another example of “silly science” masquerading as sound health advice?

The California Council Against Health Fraud (now the National Council Against Health Fraud) conducted a blind study of reflexol-
ogy in 1981 to determine its validity in diagnosing illness. Seventy volunteers filled out a health status questionnaire and proceeded to a treatment room where a certified foot reflexologist was behind a curtain. The volunteers were given a list of permissible verbal responses; no other communication was allowed. The reflexologist proceeded to test each subject for "response areas," which are said to indicate organ pathology or dysfunction. Six of 43 possible correlations achieved statistical significance. The strongest, stomach problems, had a prediction value of only 0.07. This means reflexology would be only 7 percent better than random guessing for determining known stomach problems. The researchers and reflexologists concluded that reflexology has little value as a screening procedure.

Some doctors say reflexology may do no more for you than provide a good massage for your feet. The American Medical Association has no official position regarding reflexology. The California Medical Association, however, has termed it a questionable health practice: "...these diagnostic methods are based on the simplistic idea that internal organs are represented on the sole of the foot. ...some claims utilize these methods to diagnose illness and then correct an abnormality by massage. These claims are untrue."
Putting Hypoglycemia in Perspective

In recent years hypoglycemia has been one of the most “fashionable” conditions to have—a convenient, catchall diagnosis for all sorts of common but bothersome complaints.

Hypoglycemia, or low blood sugar, is also one of the most overdiagnosed conditions, according to medical authorities. Experts on sugar metabolism say hypoglycemia is extremely rare.

Some hypoglycemia faddists, on the other hand, contend that the condition is much more common than diabetes and affects 20 million to 50 million people. They also maintain that hypoglycemia is responsible for all kinds of anti-social behavior, ranging from depression to juvenile delinquency.

The fad diagnosis of hypoglycemia involves one of two basic types of the condition, known as reactive hypoglycemia. This type occurs several hours after eating, usually a meal high in sugars, and it typically produces sweating, dizziness, weakness, tremors and heart palpitations. These symptoms may result from adrenaline secretion stimulated by low blood sugar.

Fasting hypoglycemia, the other basic type, develops more slowly as a result of not eating overnight or for a long period. As the blood sugar gradually drops to lower levels, it may result in fatigue, headache, poor concentration, forgetfulness and sleepiness.

These symptoms may be attributed to an insufficient supply of glucose (blood sugar) to the brain and nervous system. The causes of fasting hypoglycemia include overuse of insulin or oral medication for diabetes, use of alcohol and liver disease.

How did hypoglycemia (the reactive type) become such a popular diagnosis?

Many books and magazine articles have told the public that sugar-induced hypoglycemia is responsible for common symptoms of fatigue, weakness, and headaches.
As a result, many individuals make the diagnosis for themselves. They are relieved to tag their symptoms with a name and to be told that they can do something about the problem.

Similarly, some physicians make a diagnosis of hypoglycemia simply on the basis of symptoms or from the results of a glucose tolerance test. Worse yet, they may offer prolonged and expensive treatment for the condition.

This produces definite dangers. A false diagnosis may cause some people to see themselves as invalids, and the treatment may carry some unnecessary risks. Also, underlying physical or emotional problems may not be discovered and will go untreated.

Proper diagnosis of hypoglycemia remains a controversial matter. Some physicians use the glucose tolerance test, in which the patient drinks a highly concentrated sugar solution. Blood samples are taken over the next five to six hours as blood sugar levels rise and then fall.

It now is generally agreed that test results below "normal" mean little by themselves. To diagnose hypoglycemia, it is essential to find low blood sugar at the time the patient experiences symptoms.

Even with this stipulation, more and more specialists question the value of the glucose tolerance test for diagnosing hypoglycemia.

They point out that low blood glucose is found in healthy people with no symptoms, that results vary from day to day for the same person, and that people diagnosed with hypoglycemia frequently do not have low blood glucose levels after normal meals.

Moreover, there has been considerable disagreement about "normal" blood sugar levels. Until recently, standards were based on studies of young, healthy males. Now it is recognized that normal levels are quite different for females.

More doctors are sending patients to a lab for a glucose measurements at the time symptoms occur. Others believe that patients should be checked after normal meals. In both cases, glucose levels are almost always normal.
When this happens, many physicians consider it important to let the patient know that the symptoms are real but not well understood and that they seem to be more common in people who are stressed emotiona-

A study at the Mayo Clinic in Rochester, Minn., found that most patients with symptoms of hypoglycemia did not have low blood sugar levels when symptoms occurred. It also found that most of these patients showed emotional disturbances on a personality test.

Many doctors believe it helps to try to understand possible emotional factors. It is also practical to try to identify and avoid anything that seems to produce symptoms even if hypoglycemia is not diagnosed.

Symptoms could be caused by too much caffeine or alcohol and poor eating or sleeping habits. In some cases, individuals are eating too many sugars and simply need to reduce their intake to relieve symptoms.

Be aware that experts generally consider medications to be useless for hypoglycemia. If injections are recommended, get a second opinion.
PART V
Assessing ‘Alternative’ Therapies and Treatments
Finding Out What ‘Holistic’ Really Means

“Holistic health care” is a loaded term, fraught with different meanings to people.

Some consider a holistic approach—one oriented to the whole person—as the only sensible way to deal with health problems. Others, including many mainstream medical groups, brand holistic care as nonsense, even quackery. They believe that the term “holistic” has become a smokescreen for unproved or unsound diagnostic and treatment programs as well as unscrupulous practitioners.

The confusion is understandable. Holistic medicine, which has grown in popularity in the last 15 years, is not a single movement. In fact, one analyst of the trend has termed it a hodgepodge of approaches.

The holistic health care field has attracted both legitimate health professionals and those with questionable qualifications. As a result, the consumer who encounters a holistic program needs to ask just what is meant by the term and to be alert to potential problems.

A standard rhetoric is shared by the diverse practitioners of holistic health care. The term “holistic” is taken from the Greek term “holos,” which means whole or complete. Holistic (sometimes spelled “wholistic”) care focuses on the whole person—body, mind, and spirit—rather than on an accumulation of symptoms or anatomical parts. It takes into account all aspects of human life that relate to sickness and health.

In this sense, good physicians have long practiced holistic medicine. They have tried to understand their patients as complete persons and to direct medical attention not only to physical problems
but also toward emotional factors and lifestyles. Many traditional doctors would shun the word "holistic" and yet believe strongly in this kind of approach.

Harold W. Vanderpool, a health sciences ethicist who teaches in the school of medicine at the University of Texas at Galveston, has studied the holistic movement and finds positive and negative components. The positive aspects, he says, can contribute to better and more humane patient care, more responsible health promotion and the development of new diagnostic and treatment methods.

A hallmark of holistic care, for example, is its emphasis on the personal responsibility of patients. The patient's participation in care is believed to be the key to preventing health problems and to dealing effectively with disease. This partnership approach, in turn, requires the physician and staff to spend more time educating patients.

Another positive component of holistic care is its concern for developing lifestyles that lead to optimum health or wellness, not just the absence of disease.

Programs run by orthodox practitioners offer assistance in reducing risk factors for developing certain serious health problems. These include stop smoking programs, dietary counseling, stress management, and exercise instruction.

A spiritual dimension has been added to routine medical care by some church-sponsored holistic health centers, and highly positive results have been reported for the communities involved.

These varieties of holistic care, which focus on all aspects of an individual's health and persuade patients to adopt better health practices, definitely constitute a worthy movement.

Other types of holistic care, Mr. Vanderpool says, involve potentially harmful and ineffective treatments that are offered under the guise of medicine and health.

Some doctors use the word "holistic" to indicate that they offer unorthodox or controversial treatments such as chelation therapy, orthomolecular vitamin therapy, or acupressure.
Bizarre "holistic" methods include iridology (diagnosing disease by analyzing signs on the iris of the eyes) and reflexology (massaging hands or feet to cure disease in other parts of the body).

Several guidelines will help you evaluate various types of holistic health care:

- Steer clear of advertised "cures" for major physical disorders and of treatments that are promoted for all kinds of health problems.
- Be wary if the proposed treatments involve considerable expense over a long period.
- Be cautious if you are warned not to go to conventional doctors.
- On the other hand, if your personal physician dismisses a holistic program without giving you reasons, it is worth finding out what his specific concerns or objections are.
- Ask questions of the holistic practitioner: Does "holistic" refer to the use of certain therapies? Does it indicate a certain philosophy? If so, how will this affect your treatment?
- Don't reject or accept a holistic health program until you know what the label means.

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The Homeopathic Approach

In history, the period from 1780 to 1860 is sometimes referred to as the "Age of Heroic Medicine." Doctors of the time relied heavily on treatments involving purging, blistering, and bleedings.

A German physician, Dr. Samuel Hahnemann, who was opposed to this kind of treatment, thought that a more natural
approach to medicine was needed. His answer was homeopathy, a concept that he promoted in Europe in the 1880s.

Homeopathy is based on the concept that if a substance can produce the symptoms of a disease in a well person, a diluted form of that same substance can cure the disease. The thought was that the diluted substance would stimulate the body’s natural defenses, causing it to fight the ailment. There is no evidence for this.

Hahnemann’s new theory of medicine caught on quickly in Europe and spread across the ocean to the United States. By the 1880s, it was at the height of its popularity. In fact, the theory was so well accepted here that by 1900 there were 72 homeopathic medical colleges. But the trend didn’t last long. By the 1920s, a rise in medical education standards resulted in the virtual disappearance of homeopathic schools.

For more than 50 years, the concept of homeopathy was dormant. Then, in the late 1970s, Food and Drug Administration field offices began noticing an increase in imports of homeopathic medicines.

This rejuvenation of a bygone era can be attributed, in part, to the “back to nature” attitude embraced by many people today. Although there is nothing wrong with a good, natural approach to wellness, consumers need to be aware of the facts about homeopathy.

The American Association of Homeopathic Pharmacists estimates that 1 million people in this country are using homeopathic drugs. Most of these substances are made from plants, animals and minerals. They can be bought in health food stores or through mail order and are distributed by some chiropractors, naturopaths, and a few medical practitioners.

The Drugs and Biologics Fraud Branch of the FDA’s Center for Drugs and Biologics estimates that 50 to 60 firms are marketing homeopathic remedies in the United States. These firms have been so successful that “sales of some homeopathic companies experienced a jump of up to 1,000 percent over just a three- or four-year
period in the late 1970s and early 1980s,” according to the March
1985 issue of the FDA Consumer.

This increase in interest in the practice of homeopathy has
caused the Food and Drug Administration to be concerned.
According to the FDA Consumer: “Some of the practices con­
ducted in the name of homeopathy pose a serious danger. . . .”

One concern involves the types of illnesses for which over-the­
counter homeopathic drugs are being sold. In 1982, when the FDA
conducted a survey of 12 manufacturers, it discovered that many of
the homeopathic drugs being marketed over the counter were for
serious illnesses such as cancer and heart and kidney disease.

Another concern regards the people dispensing the drugs.
Although most homeopaths have a medical degree and have com­
pleted postgraduate work in the principles of homeopathy, con­
sumers should be aware that many unlicensed, untrained practition­
ers call themselves homeopaths.

Who turns to homeopathy? In many instances it is people who
have grown weary of fighting the negative side effects of some
traditional medical treatments. But they aren’t the only ones.

A study of 100 homeopathic patients in the San Francisco Bay
area made some interesting discoveries, according to a 1978 article
in the Western Journal of Medicine. The article said: “As a group,
the 100 homeopathic patients were young, single, and white, and
had a rather high educational level.”

Although the FDA is trying to ensure that manufacturers stay
within its guidelines when marketing homeopathic drugs, it can’t be
an all-round watchdog. It is up to you to be an alert consumer and
check out the potential dangers of any drug before taking it.

Homeopathy is not considered a scientifically-based discipline.
The field of practitioners is full of rascals and charlatans. Be careful.
What's the Harm in Chelation Therapy?

Chelation therapy is touted as a universal treatment—good for dozens of conditions that might ail you. That's the first reason to view it with suspicion. There are at least a half dozen others.

Yet more than 300,000 Americans reportedly have undergone this therapy, in which the chemical ethylenediaminetetraacetate, known as EDTA, is given intravenously over several hours.

Chelation promoters say that a series of these treatments is the answer to hardening of the arteries and offers an alternative to coronary bypass surgery.

The theory most frequently put forth by chelationists is that EDTA chelates or binds to calcium and removes it from the bloodstream to be excreted by the kidneys; this, in turn, causes calcium to dissolve out of the plaques that clog arteries and results in improved blood flow. Other chelationists reject this rationale and offer instead a free-radical theory involving the removal of toxic materials by chelation.

No chelation theory has won acceptance from most of the medical community, but this has not slowed down the chelation proponents who say that unclogging arteries is just one benefit. According to their literature, the therapy can also prevent senility; reverse blindness; treat diabetes; improve liver function, blood cholesterol ratios, and memory; lower blood fats; reduce blood pressure; decrease leg cramps; relieve the pains of angina and the symptoms of arthritis, Parkinson's disease, and multiple sclerosis; heal ulcers caused by poor circulation; forestall heart attacks; reduce the incidence of cancer, and combat a host of other ills, including the effects of Agent Orange.
Although no treatment has ever accomplished even half of these results, some people are willing to give chelation a try. After all, what do they have to lose?

- Some have lost their lives. In 1976, chelation therapy was implicated in deaths of 14 persons at a Louisiana clinic.
- Others have lost the health they had, and they have countered with malpractice suits against chelation clinics. Kidney failure, stroke, and diabetic complications are among the side effects cited by patients in suits pending in several states.
- All chelation patients part with a considerable amount of their money. A series of treatments costs $3,000 to $6,000. Patients must pay it all because insurance companies and Medicare refuse to reimburse for this controversial treatment.

Meanwhile, chelation turns a high profit for the practitioners who administer it. While patients pay $70 to $110 for each treatment, materials and labor actually cost less than $15, the Harvard Medical School Health Letter reported.

- People who try chelation often lose time. While they delay seeking conventional therapy, their medical problems worsen and their chances of effective treatment lessen.

Patients who are considering chelation should be aware of several other facts:

- Two states have taken action against chelation therapy, and several others are developing legislation to regulate chelationists. In Michigan, chelation therapy is legally defined as a substandard medical practice and in Arizona, its practice is partly controlled.
- Forms of EDTA are approved by the Food and Drug Administration only for treating several specific problems: heavy
metal poisoning, and excess of calcium in the blood, and irregular heartbeats attributed to an overdose of the heart medication digitalis. The loophole for chelationists lies in federal law, which permits physicians to use drugs for other than the approved purposes.

- The manufacturers of EDTA specifically warn that the drug is not indicated for treating the general hardening of the arteries that comes with advancing age.
- Numerous medical and health organizations have spoken out against chelation therapy for unapproved uses—which is the way it is promoted and practiced today. The organizations include the American Heart Association, the American Medical Association, the American College of Cardiology, the National Institutes of Health and the FDA. Medical groups point to the lack of real clinical trials of chelation therapy.
- The research that has been done on the treatment does not answer the serious concerns which most of the medical community has about the safety and effectiveness of chelation therapy. Dr. Peter Frommer, an official of the National Heart, Lung and Blood Institute, said the only research that involved patients and used "somewhat reasonable methodology" took place in the early 1960s.

"Their first report showed preliminary favorable results, but their follow-up and more extensive studies did not show benefit, and they concluded that chelation was not a useful tool in the treatment of coronary artery disease."

- In place of scientific research, chelationists usually offer testimonials by patients. Although most of these patients sincerely believe that chelation has helped them, there is no way to know whether an improvement is due to the worthwhile lifestyle changes (a low-fat, low-cholesterol diet, an exercise program and no smoking) which chelation therapists usually combine with the intravenous treatment, to a normal fluctua-
tion in the symptoms of their disease, or to the placebo effect, which causes patients who think they are being treated to report improvement.

- Some of the leading promoters of chelation across the United States are doctors who formerly promoted laetrile, which cost many lives before it was discredited as a cancer treatment.

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Why Laetrile Is Risky Business

At the height of its popularity in the 1970s, Laetrile reached the status of a household word and a multibillion-dollar industry. Then two major developments caused a reversal of public opinion and seemingly destroyed the phony cancer cure.

First came the highly publicized case of Chad Green, a young leukemia victim whose parents defied a court order in Massachusetts and took him to Mexico for Laetrile treatment. He had died in October 1979.

The second development was a major study by the National Cancer Institute in 1980–81 that found no benefit at all in Laetrile treatment.

Despite the numerous requiems said for it, Laetrile has refused to die. Although not nearly as popular as in its heyday, when an estimated 70,000 patients sought it, Laetrile remains readily available through the cancer underground.

Operating outside of mainstream medicine, this underground offers cancer victims a variety of worthless remedies. Today, Laetrile is likely to be just one in a smorgasbord of “alternative” treatments.
The cancer underground is not difficult to find. Unusual, untested and unproven cancer therapies frequently are topics of radio and television talk shows and of publications available in some health-food stores. Vulnerable persons who have been diagnosed as having cancer are sought by the underground, which includes well-meaning persons in and out of the medical profession.

The prevalence of Laetrile today is difficult to determine. It is illegal to manufacture, distribute and sell Laetrile in interstate commerce, but about 20 states have legalized Laetrile, generally allowing physicians to administer the drug without threat of discipline.

An affidavit system was established in 1977 by Judge Luther Bohanon of U.S. District Court in Oklahoma. Judge Bohanon ruled that Laetrile was exempt from the Food and Drug Act and that "terminal cancer patients" had a privacy right to personal supplies of the drug.

Despite an adverse ruling by the U.S. Supreme Court—which Judge Bohanon says was on other issues in the case—Judge Bohanon has kept the affidavit system in effect, allowing people to obtain Laetrile if they have a physician's affidavit that they have cancer and understand the Food and Drug Administration's disapproval of Laetrile. At last report a year ago, about 25,000 affidavits were active.

Many cancer patients choose to leave the United States for Laetrile clinics in Mexico, the Philippines and the West Indies. One of the best-known clinics is American Biologics Hospital in Tijuana, Mexico, where patients can choose from a broad spectrum of unorthodox treatments.

All of this occurs even though Laetrile, an apricot pit extract that contains cyanide, has been thoroughly discredited by medical research. The National Cancer Institute studies, conducted at four large medical centers, were carefully structured to follow the special "metabolic" diet that Laetrile proponents considered necessary to receive the full effect of the therapy.

The results: None of the 178 patients in the study derived any lasting benefits from Laetrile or the special diet. Laetrile was
declared ineffective as a cancer treatment, and because some patients showed evidence of cyanide toxicity, Laetrile also was declared unsafe.

(The most dramatic report of cyanide poisoning from Laetrile occurred before these studies in a well-documented case involving an 11-month-old child who died after swallowing not more than five of her father's Laetrile tablets.)

Laetrile advocates have advanced two theories of its "benefits," according to the American Society for Clinical Oncology. The first was that cancer cells contain an enzyme that releases cyanide from Laetrile, resulting in the death of cancer cells (but not non-cancerous cells).

After originally calling Laetrile a drug, promoters changed their story and described it as a natural vitamin and food supplement, "vitamin B-17." Laetrile's failure to meet the criteria of a vitamin did not concern advocates of this theory.

The Oncology Society states that there is no evidence to support either theory and that there is much data to the contrary.

According to a 1984 U.S. Senate Subcommittee Report on Quackery, it is estimated that half of all cancer patients seriously consider or actually try quack remedies or unproven cancer cures of some type. Each year these patients spend $4 billion to $5 billion on worthless cancer tests and treatment.

Many reasons are offered. Cancer patients often have limited knowledge of the complex nature of the disease and of the progress that has been made in treating it. They do not realize the dangers involved in relying on unproven therapies—the loss of precious time and the potential harm of untested and unsafe treatment.

The underground can promise what patients want to hear. Usually it has a simple explanation of the cause of cancer, and the remedies it offers are not as frightening as surgery, chemotherapy or radiation.

Unorthodox treatments often allow patients to carry out part of the treatment themselves, which appeals to their need for control at a time when they feel out of control of their lives.
But there are much better options. Cancer patients need to find the best possible bona fide treatment by known cancer experts, which may involve legitimate experimental therapy.

There are many sources of assistance for this task: a personal physician, an oncologist (cancer specialist), a second-opinion panel such as that offered by the R.A. Bloch Cancer Management Center at the University of Missouri — Kansas City, and the hot lines of reputable cancer organizations.

Recommended hot lines for answers to questions about cancer include the American Cancer Society Helpline, (800) ACS-2345; the Cancer Information Service of the National Cancer Institute, (800) 4-CANCER; and the Kansas City area Cancer Hotline developed by Mr. Bloch (816) 932–8453.

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Do ‘Subliminal Messages’ Really Sink In?

Audio cassette tapes featuring relaxing music or natural sounds such as ocean waves or a rainstorm are being sold in bookstores, record shops and specialty stores. The manufacturers and sellers say the tapes carry “subliminal messages.” Such tapes also are available from mail-order catalogs, airline magazines and other publications, and are even sold at truck stops.

Subliminal messages are supposed to exist or function outside the area of conscious awareness. Thus, according to those who produce or sell the tapes, while you may hear music or running water, your brain “hears” underlying messages. Depending on the tape, these messages might tell you to stop smoking, lose weight,
get in touch with your true self, learn to deal with anger in a positive way, or overcome stress through relaxation.

Does subliminal manipulation really work? Can you really lose weight by listening to a tape?

Timothy E. Moore of the department of psychology at York University in Toronto reviewed some of the current literature regarding subliminal manipulation to determine whether it works and its effect on behavior.

In his review ("The Case Against Subliminal Manipulation," *Psychology & Marketing*, winter 1988), Moore found many obstacles to assessing accurately whether subliminal manipulation works as its believers say it does. Chief among the obstacles is a lack of a definition among researchers for what constitutes a "subliminal message" and what can evoke a response in an individual.

"Many factors may (and do) influence respondents' verbal reports in a stimulus detection situation, quite independently of stimulus strength. . . . Observers are sometimes anxious to report that they have perceived something and thus may report a stimulus, even in its absence. Alternatively, subjects may be unwilling to report something unless they are absolutely convinced of its presence. The criteria observers use for deciding what they may have noticed are not a simple function of stimulus visibility, but also are affected in important ways by the observers' thoughts, beliefs and motives," Moore says.

Thus, one may report or "hear" a hidden message on an audio cassette tape because one "wants" to hear it, even if it does not exist. Similarly, some people are apparently not affected by such tapes because they simply "do not believe" in them.

One important point regarding the proposed effects of subliminal manipulation, Moore says, has to do with the way information is processed by the brain: Moore states that current information and research on word recognition and memory regard the participant in the learning process as being active and purposeful; these theories put the premises of "subliminal stimulus" at odds with this current research.
The bottom line in deciding to purchase or use a subliminal audio cassette or record may be how much you care to spend on an unproven product. As Moore states in his study, researchers of subliminal manipulation have yet to design a study adequate enough to prove that subliminal manipulation works and to explain adequately how it achieves its results.

Those Clinics Beyond the U.S. Border

Desperate patients with severe or near-fatal illness often hope they can find a cure in a foreign country. They may believe that one of many Tijuana, Mexico, "cancer clinics" has found a scientific breakthrough for almost any serious disease.

Alternative clinics claim to cure cancer, muscular dystrophy, arthritis, Alzheimer's disease, diabetes and now even AIDS. They offer a variety of unusual and bizarre diagnostic tests, such as blood crystallization or live cell analysis, which have no scientific value. They also offer a variety of dubious therapeutic remedies, such as coffee enemas, detoxification programs, intravenous hydrogen peroxide therapy, Laetrile, vitamin therapy, and electronic purification of the blood.

Many of these clinics are operated by persons with no scientific credentials: even worse, some have had convictions for health fraud. One is wanted by the FBI. At least one has spent time in jail for health fraud, according to his own audio tape. These clinics actually market their services at health conventions and arrange bus tours to the clinics. They have canned presentations available on videotape or by a tour guide. The cleanliness and sanitation of some of these clinics is poor, to say the least. Prices vary from $2,000 to
$6,000 for a stay of two to five weeks. Some clinics employ licensed Mexican physicians to assist in alternative treatments. Some even offer surgery. No accreditation standards exist.

If you want to look at all options for treating a serious illness, talk with your personal physician: call the American Cancer Society or the Arthritis Foundation: call the nearest medical school hospital: or call the National Council Against Health Fraud Resource Center in Kansas City for legitimate information. Investigate thoroughly any clinic or doctor that offers to cure your disease with a "recent breakthrough." Do not believe printed or unsought testimony from individual patients. They may well be employees of that clinic and never even have had the disease from which they claim to be cured. Some cancer patients claim cures but biopsies were never done, let alone treatment received.

Legitimate researchers do not have to operate across the border or hide from media interviews. Many alternative clinic operators will explain their flight to Mexico by saying that they have been forced across the border by the Food and Drug Administration or the American Medical Association. These same alternative clinic operators have talked openly at meetings about bribing Mexican officials so they could continue their operations.

These clinics are pointed to by their promoters as centers of new research and medical break-throughs. However, recent news of legitimate research is published in peer review medical journals, not in tabloids or alternative health newsletters.

There is a growing list of victims of health fraud and quackery, many of them patients at these foreign alternative clinics. If you or an acquaintance of yours has been harmed by such actions or actions in this country, you can report it to the Food and Drug Administration, or your state attorney general, or write to the National Council Against Health Fraud Resource Center, 3521 Broadway, Kansas City, Missouri, 64111.
Some strange procedures are cropping up in dentistry. A handful of dentists is engaging in practices ranging from replacing apparently sound fillings to unorthodox nutritional analysis.

Some of the practices have grown out of a widespread interest in “holistic” dentistry, which emphasizes prevention of disease and overall health. About 5 percent of the country’s dentists call themselves holistic, and many conventional dentists incorporate legitimate holistic ideas into their practices.

But some holistic dentists use techniques that have been rejected by the scientific community because they have not been proved effective.

Probably the best known questionable treatment is removal of standard “silver” fillings. These amalgam fillings consist of silver, other metals or both, combined with mercury in a pliable mixture. The mixture hardens when it is packed into a cavity.

Although dental amalgam has been used for more than 150 years on perhaps 100 million patients, some practitioners contend that these fillings are poisoning people because of their mercury content.

For years it was thought that no mercury escaped from amalgam after the mixture hardened, but in 1979 researchers at the University of Iowa in Iowa City found that small amounts of mercury vapor were released by old fillings.

Some dentists who have removed amalgam contend that the vapors could cause multiple sclerosis, Parkinson’s disease, arthritis, mental disorders, headaches, fatigue, and irritability. Their solution has been wholesale replacement of amalgams with fillings made of gold or plastic. Sometimes they also prescribe vitamins, chelating agents, and “purifying diets” to combat the reputed effects of mercury.
The American Dental Association insists that amalgam fillings are safe, except for a few people—probably less than 1 percent of the population—who are allergic to mercury. The association says that when mercury is combined with the metals used in amalgam, its toxic properties are made harmless.

The possible dangers of dental amalgam have been studied for nearly a century, according to the association, and all documented research fails to link amalgam to any disease or other medical problem except for people who are hypersensitive to mercury.

Perhaps the most important evidence comes from dentists themselves, who are exposed to much higher doses of mercury than patients. Surveys repeatedly indicate that dentists live longer and have less sickness than the average person. Dental office personnel do have higher average levels of mercury in their bodies, but the levels are within an acceptable range and no ill effects are evident.

The dental association also says that none of the reported levels of released mercury vapor has been shown to be associated with any disease or medical conditions. The use of mercury analyzers to measure the mercury vapor level in a patient’s mouth has been described as a scare tactic by Consumer Reports magazine. Experts on mercury poisoning told Consumer’s Union that the analyzers could not indicate how much mercury vapor was absorbed by body tissues.

If a person is allergic to mercury, a reaction usually shows up within 48 hours in the form of a skin rash or other localized symptom. Reactions to dental materials appear to occur more often in patients who are sensitive to metals or certain foods.

Allergic responses may be determined through a skin patch test that should be read by an allergist for accurate diagnosis. If a person is allergic to mercury, the dentist can try alternative materials for fillings such as gold or composite resins, made mainly of plastics.

The process of removing amalgam fillings produces a much higher level of exposure to mercury, however, along with possible
structural damage to teeth from repeated drilling, and the alternative materials also can cause allergic reactions.

Another practice to watch for in dental offices concerns nutrition. Of course, dental health is affected by diet, and dentists can legitimately give basic nutritional recommendations.

But a few dentists have acquired mail-order degrees or certificates in nutrition and may offer to "diagnose" nutritional status by unscientific techniques such as hair analysis and applied kinesiology.

Hair analysis purports to disclose "deficiencies" that require several vitamins and minerals. Kinesiology involves testing muscles for supposed strength or weakness, then using a variety of treatments and supplements to correct "imbalances."

Neither technique is taught or endorsed by the leading medical, dental, or nutrition schools and organizations.

A patient who encounters such practices should check with the local or state dental association or with a nearby dental school.

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The Truth About Peroxide Therapy

Among the weird, foolish, and even bizarre health beliefs and activities, none is so strange as the belief in the health benefits of swallowing or injecting hydrogen peroxide.

This "remedy," which is not only foolish but potentially dangerous, is being marketed by newsletters, advertisements in some newspapers, conferences, books, audio tapes, some health food stores and some "health" magazines. Even some church groups are being approached for sales. Hydrogen peroxide was sent by mail order for a time until the U.S. Postal Service intervened in one
famous case where it was being sold as a treatment for acquired immune deficiency syndrome (AIDS), and cancer.

There is even a "foundation" that promotes its use and says it can help you find a physician trained to give intravenous hydrogen peroxide. This same foundation suggests hydrogen peroxide has been used "with varying degrees of success" in treatment of angina, irregular rhythm of the heart, asthma, shingles, parasitic infections, AIDS, multiple sclerosis, rheumatoid arthritis, diabetes, Parkinson's, Alzheimer's, and blood and lymph node cancer. The foundation even published a how-to-do-it booklet for doctors.

The supporters of hydrogen peroxide promote a 35 percent "food grade" solution, not the 3 percent household solution that is clearly labeled for external use only. Even the 3 percent solution must be diluted with equal parts of water to be used as a mouthwash, according to bottle directions.

However, those who recommend the use of the 35 percent hydrogen peroxide warn you to dilute it in water or fruit juice, using up to 25 drops, three times a day, in 5 ounces of water ("but not carbonated").

This use is stated to be for purging the body of toxins. This is utter nonsense.

Some persons who have used full-strength 35 percent hydrogen peroxide have had serious medical problems because this solution can quickly destroy tissue in the stomach.

Hydrogen peroxide may have germ-killing capability in a test tube, but swallowing it or injecting it for germ control has no known scientific validity.

"The medical community has begun to look at hydrogen peroxide more skeptically with respect to its usefulness as an antiseptic, in contrast to years gone by, when it was Mother's favorite household medical remedy," says Dr. George X. Trimble, a nationally known medical archivist.

One promoter of hydrogen peroxide recommends that if you have a "tolerance problem" with taking it, you might mix it with aloe vera and recommends a particular brand name already premixed.
Some speakers and promoters have collected elaborate references from research and medical journals and quote out-of-context statements that sound scientific to some people but boil down to double talk and in many cases outright fraud.

The push to sell this "universal remedy" has resulted in many suggestions on how to use it, including as a vegetable soak, as an insecticide, as a replacement for bleach in the washing machine, in the shower, as a douche, enema or colonic and for pets and ailing cows. This is a salesman's approach, not a logical or prudent one.

Taking hydrogen peroxide orally or intravenously as a remedy for anything is foolish and wasteful of time and money. Anyone who recommends and sells it as an internal treatment for illness is violating several laws and should be reported to the authorities such as the U.S. Postal Service; the attorney general's office in your state; the local Food and Drug Administration consumer affairs office; or your state's medical licensing board.

If you have literature with claims for hydrogen peroxide or have been harmed by using it, you may write to the National Council Against Health Fraud Resource Center, P.O. Box 413213, Kansas City, Mo. 64141.

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The Uses and Abuses of Aloe Vera

Because of its long, fleshy leaves that are covered with spines, people often mistake the aloe vera plant for a kind of cactus. But it is a member of the lily family, closely related to tulips, lilies and the hyacinth.

Unlike these colorful relatives, the aloe plant has been used as more than just a house plant. It has enjoyed a century-old reputa-
tion as a beauty aid and a first-aid treatment for minor cuts and burns. Recent claims have gone even further. It is now being touted as a treatment for more serious medical problems.

Hundreds of species of aloe grow in the world today, only a few of which are grown commercially. Aloe, originally from southern Africa, probably was introduced to the New World by Spanish visitors to the West Indies. Today, aloe grows wild in the southwestern United States and is popular throughout the country as a house plant.

When the spiny aloe leaves are broken, a watery gel is released that is more than 99 percent water, the remaining ingredients are mostly amino acids and carbohydrates. This gel is used by many people as a home remedy to soothe minor cuts and burns whereby a small amount from the freshly broken leaf is applied directly to the skin.

An expert discussion on the subject of aloe vera can be found in The New Honest Herbal, by Dr. Tyler. The book covers the medicinal use of herbs worldwide. “While many sources agree that the aloe vera gel possesses some activity in its fresh state, there is considerable doubt whether this activity is retained during storage,” Dr. Tyler says, “Commercial processors claim that the stability problem has been overcome and a ‘stabilized’ product is incorporated into a wide variety of preparations including juices, gels, ointments, creams lotions and shampoos.”

He says that “recent scientific tests failed to verify any beneficial effects of a ‘stabilized’ aloe vera gel on human cells.” However, he says: “Fluid from fresh leaf sources was found to promote significantly the attachment and growth of normal cells in artificial culture. It also enhanced the healing of wounded monolayers of such cells. On the other hand, the ‘stabilized’ commercial product not only failed to induce such effects but actually proved toxic to such cultured cells. The investigators who carried out these studies concluded that the commercially prepared aloe vera gel fractions can markedly disrupt the in vitro attachment and growth of the human cells.”
Keep in mind that these scientific studies on living human cells were done in vitro, meaning in a test tube or a culture dish, not on tissue attached to a living human body. Still, these studies currently present the most complete scientific data on this commercially significant product.

In addition to the aloe gel, a bitter yellow resin can be found near the aloe leaf wall. This “bitter yellow latex or juice,” Dr. Tyler says, is “an active cathartic.” Because large doses can cause severe symptoms, use of the resin is not recommended by the Food and Drug Administration.

A point of confusion that Dr. Tyler clarifies is that the aloe mentioned in the Bible is a totally different plant from the aloe vera plant being discussed. The biblical aloe is otherwise known as 'lignum aloes or aloe wood, a fragrant wood...once used as an incense.” The aloe vera plant is not mentioned in the Bible.

Topical use of the watery gel of the aloe vera plant for minor injuries and burns probably will not hurt you. It might even help by soothing and moisturizing an injured area. However, some promoters have claimed that aloe vera can treat many other medical problems, including asthma, glaucoma, arthritis, and even cancer. The use of aloe vera products to treat these conditions is not recommended by the Food and Drug Administration. Any representation of aloe vera for the cure or treatment of arthritis is false and misleading, according to the Arthritis Foundation.

These claims for aloe vera are unproved; and although they are not often made on product labels, they are made in other related literature. Such claims are often made in testimonials, rather than by company spokesmen.

Although aloe vera is a fascinating plant, it is not a medical miracle. Like other unproven remedies, the greatest danger from treating serious medical problems with aloe is the delay in proper treatment.
The Dangers of ‘High Colonics’

The theory is bizarre and the procedure unpleasant at best, but some individuals resort to colonic irrigation to relieve various ailments.

Enthusiasts say that colonic irrigation, also known as a high colonic enema, can relieve or heal illness, from constipation and headaches to heart disease and cancer.

There is no medical evidence of any benefit from the practice, and it used to be considered harmless. In recent years, however, evidence of potential danger has mounted. Serious consequences and even deaths have been reported.

Colonic irrigation is not regulated by most states and is available in many areas. A physician at the U.S. Centers for Disease Control in Atlanta estimates that hundreds of thousands of high colonics are administered each year in this country.

High-colonic advocates consider the intestines, or bowels, to be a source of many health problems. They say that accumulated food wastes in the colon (the large intestine) produce “toxins,” or poisons, which spread throughout the body, causing all kinds of disorders. Thorough cleansing of the colon, they say, is the way to avoid these problems.

These claims are erroneous. Except for a few rare diseases, toxins do not accumulate in the intestine, and washing out the colon has little effect on the bacteria existing in it.

The colon is essentially a long tube that serves to transport food wastes to the rectum for elimination. Most of the bacteria that live in it are not harmful and actually aid the breakdown of waste. Those that can cause disease are held in check by the harmless bacteria unless some outside influence upsets the balance.

The procedure of colonic irrigation uses 20 or more gallons of water pumped in through a rubber tube, several pints at a time. The
tube is inserted 20 or 30 inches into the colon through the rectum, sometimes causing severe cramps and pain. An ordinary enema uses about a quart of water and a three-inch tube.)

Some proponents liken the procedure to changing the oil or flushing the radiator in a car to keep the overall system in good condition. They recommend high colonics on a regular basis, typically at a cost of $20 to $40 each.

The medical community disputes the benefits touted for colonic irrigation and cites reports of adverse effects and deaths over the last decade. A 1982 article in the New England Journal of Medicine reported that colonic enemas were found responsible for the deaths of six persons treated at a chiropractic clinic in Montrose, Colo.

Over a two-year period, 36 cases of amebiasis, a serious intestinal parasitic disease, occurred in people who had colonic irrigation at the clinic. In 10 persons, the disease perforated the intestine, infecting their body cavities so that part or all of their intestines had to be surgically removed. Investigators determined that the colonic irrigation machine was heavily contaminated with bacteria.

At least a couple more deaths have been related to the use of coffee enemas to treat cancer. Among other problems, these enemas resulted in an overload of fluids and an imbalance of electrolytes, which contributed to heart failure.

More recently, cancer patients who received coffee enemas at clinics in Tijuana, Mexico, offering “natural, non-toxic therapy” were later treated in the United States for a variety of problems, including bacterial infections, low blood pressure, low blood sodium levels, diarrhea, dehydration and kidney failure.

In a clinician’s question-and-answer column in the Journal of the American Medical Association several years ago, an expert stated that there was “no rationale for using the technique (of colonic irrigation) in the treatment of any disease of the gastrointestinal tract.” He added that major gastroenterology did not even mention the procedure as a treatment of colon diseases.

Consumer Reports editors also see no merit in colonic irrigation. In the Consumer Reports book The Medicine Show, Consumer
Reports says that high-colonic enemas are an antiquated, useless and sometimes harmful procedure. They do not cure habitual constipation or remove ‘toxins,’ and they do not in any way promote health or prolong life.”

One supposed benefit of colonic irrigation is that a series of treatments will strengthen and tone the muscles of the intestine. In reality, repeated treatments can distend the bowel and actually cause chronic constipation.

Individuals who are concerned about cleansing the colon should consider a diet that includes more foods high in fiber and fewer foods high in fat. This is a much safer, easier method than colonic irrigation.

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Examining DMSO, the ‘Wonder Drug’

Every year, like clockwork, a new “wonder drug” bursts into the public eye, bearing claims such as “instant cure” or “the secret of youth.” Every year, countless people buy these drugs, hoping for a cure for their particular ailment.

DMSO is a typical “wonder” drug. DMSO, which stands for dimethyl sulfoxide, is derived from tree sap and has been approved by the Food and Drug Administration only as a treatment for a rare bladder infection.

Claims for cures concerning arthritis, dementia, black eyes, and Parkinson’s disease all have been attributed to DMSO. However, none of these claims has been scientifically proved. These are the facts about DMSO:

DMSO, besides not being tested by scientific methods, is very possibly dangerous.
“Many Americans, particularly the nation’s 31 million arthritis patients, are being exploited daily by sensational testimonials, unscrupulous promoters and unsafe products,” says the Arthritis Foundation.

DMSO was patented as a drug in 1963. Later that year, the University of Oregon School of Medicine reported that when applied to the skin, the drug was rapidly absorbed and circulated through the body. The report said it quickly reduced pain and inflammation.

The FDA halted testing of DMSO in 1965 after it was linked to the development of cataracts in the eyes of rats. Because serious side effects had not been observed in humans, the FDA allowed more scientific testing of the drug for certain applications.

Although DMSO is sometimes effective as a local painkiller when rubbed on a sore joint, the official Arthritis Foundation stance is that DMSO has not been shown to help arthritis.

Dr. John Ward, head of the FDA study group on DMSO, says, “If DMSO advocates would air their interest in scientific ways rather than in the popular press, we might be able to determine what may and may not be the usefulness of the drug.”

The fuel to the spectacular claims of DMSO has been fanned largely by Mildred Miller, who ran the Degenerative Disease Medical Center in Las Vegas, Nev., for six years until 1985. Miller said she was cured by DMSO treatments in Mexico after a car accident caused her to get severe arthritis and back problems.

Miller, who is not a doctor, has said of DMSO: “The reason it’s called quackery and all this junk that’s said is because it represents a whole new principle in medicine. . .[like] that bread mold stuff called penicillin. Now comes DMSO.”

Miller has said that her clinic did not diagnose her patients, only treat them. This was done with a combination of DMSO and Laetrile, which Miller thought was effective in treating brain tumors.

After the American Cancer Society received a letter from Miller expressing her desire to share the results from her clinic, the society asked for some proof or documentation. To substantiate her claims
on DMSO, Miller sent the society her book, *A Little Dab Will Do Ya!*

What Miller didn’t tell her patients about were the potentially harmful side effects caused by DMSO. DMSO is a “carrier chemical,” meaning it can carry any impurities into the bloodstream present in the DMSO or on the skin to which it is applied.

Miller has recently been convicted of health-related Medicare fraud by a federal court in Nevada.

The substance comes in several concentrations: 50 percent being used for the bladder treatment and 70 percent generally being available only to doctors for research on the treatment of arthritis, sprains and so on. A 90 percent concentration of DMSO has been approved for veterinary treatment of horses and dogs. When DMSO reaches 100 percent concentration, it is no longer a drug but an industrial solvent used in the paper-making process.

Unfortunately, according to the Arthritis Foundation, these last two versions of DMSO are used the most often by people trying to treat athletic injuries such as sprains or chronic pain conditions such as arthritis. The Arthritis Foundation says these forms are not intended for human use and often contain harmful contaminants. Some side effects from DMSO include nausea, headaches, skin rash and the possibility of eye damage, which has been observed in animals used in DMSO research.

Until further controlled experiments with DMSO are completed, the FDA will not condone the drug. The approval process is rigorous, when a drug such as DMSO is not approved, you know that questions have been raised about the validity of its claims. Testimonials are not enough to give the drug credibility because they are not grounded in a systematic look at the facts.

Hope is a necessary element in pursuing a cure for a particular ailment, but it is not worth risking more of your health on untested remedies that may have serious side effects. Until more is known about these “wonder” drugs, including DMSO, those with chronic pain should play it safe and consult a licensed doctor about treatments that are tested and proved effective.
Can Ion Generators Charge Up Your Health?

Certain kinds of weather may make many people feel depressed. The Fohn in Switzerland, the Canadian Chinook, and the Santa Ana in California are hot, dry winds that people often blame for changes in their mood and for health problems.

Some businesses have capitalized on this perceived relationship to sell electronic generators that they say produce effects opposite to those of the hot, dry winds. These devices are called negative ion generators.

Ions are tiny particles that have electrical charges, either positive or negative. They are produced naturally in the atmosphere by cosmic rays, thunderstorms, radiation and even by the breaking up of water droplets as waves crash into the shore. They also can be produced in nuclear reactions, in chemical solutions, in the production of X-rays, and by high-voltage discharges.

Hot, dry air contains mostly positive ions, and some people have said that this is the cause of mood and health changes. They have reasoned that ions with the opposite, negative charge can produce the opposite effect. If positive ions increase stress, bring on depression and cause health problems, they say, negative ions create good health and feelings of well-being.

A negative ion generator is a small appliance that can be plugged in at home or in the office. According to promoters, it can change the balance between negative and positive ions in the immediate area. It contains electrodes that produce charged particles. As air is pushed out of the generator, the negatively charged ions are pushed with it, increasing the concentration of negative ions in the air around it.
Many promoters say that negative ion generators are effective in the prevention and cure of diseases, including cancer, heart disease, asthma, and tuberculosis. Many also say that it will improve alertness and reduce stress and depression, help with sleeping problems, or improve sex drive.

However, the Food and Drug Administration has found no evidence that negative ions fulfill any of these health-improvement claims and has not classified them as medical devices. Also, the FDA says, people who believe the health claims often delay proper medical treatment, making their conditions worse.

Indeed, it has never been determined whether the effects of the Fohn and other winds are caused by the positive ions in the atmosphere or something else, such as dryness, heat, dustiness, or gusty winds.

Even if effects are caused by positive ions, there is no evidence that negative ions have the opposite effect or that a machine that generates ions can have any effect.

The jury is out on the relationship between positive ions in the atmosphere and mood and health changes, but many promoters continue to make unfounded claims about negative ion generators. For the time being, their usefulness for the cure and prevention of disease is seriously in doubt.
PART VI

The Diseases Quacks Exploit
How AIDS Patients Can be Cheated

One of the fastest-growing areas of quackery is in fraudulent therapies, treatments, services and "cures" for AIDS and useless devices for the prevention of AIDS.

AIDS, or acquired immune deficiency syndrome, is caused by the human immunodeficiency virus, HIV. HIV attacks certain white blood cells the body needs for resistance to infection. In most cases people with AIDS do not die from the virus; they die from infections or cancers that are able to elude the AIDS-crippled immune system. For this reason, AIDS is fought on many fronts, against many infectious organisms and other diseases.

To date there is no proven cure for AIDS. The most promising treatment involves a drug called zidovudine, or azidothymidine, known as AZT, which inhibits the reproduction of the HIV in AIDS patients. However, many people with AIDS cannot take the drug because of its side effects.

According to an article in a Food and Drug Administration publication, FDA Consumer, "AIDS is a quack's dream come true; a...disease surrounded by fear and ignorance...tailor-made for the enterprising huckster who will stir up a caldron of deceit to turn a quick profit."

The purveyors of AIDS quackery are busy selling worthless or ineffective products to people with AIDS or with the HIV infection. The "remedies," according to FDA consumer, include processed blue-green algae selling for $20 a bottle; injections of hydrogen peroxide; the food preservative BHT; pills derived from mice that have been given the AIDS virus; and herbal capsules that were found to contain poisonous metals.

Also, many books promoting AIDS quackery are being sold. These books claim AIDS can be cured by macrobiotic diets and by
other special diets; by use of massage techniques; and by messages from “beings” from other worlds contacted through channeling.

Most remedies being sold for AIDS are bogus products that their sellers claim will “boost the immune system.” One such product is processed T-cells, available through the mail at two bottles for $25. The claim, that these can replace the body’s own T-cells hit by the AIDS virus, is outrageous. According to Dr. Jeffrey Laurence, director of the AIDS Laboratory at New York Hospital, scientists do not know of a single substance that effectively and safely boosts the immune system.

Many AIDS hucksters have therapies for cancer, arthritis and other ailments and have begun to market them for AIDS. Some of the Mexican or other foreign “alternative” cancer clinics now claim that they can cure AIDS, too. They offer a variety of unusual diagnostic tests that have no scientific value. They also promote dubious therapeutic remedies. Some Mexican clinics charge $6,000 to $20,000 for treatments. One advertised clinic in Zaire in Africa charges $50,000 to $75,000 for two months of “treatment” with an unknown protein.

Not content with defrauding AIDS sufferers, hucksters also have moved into manipulating the public’s fear of AIDS by selling a variety of bogus preventive and protective products.

Science has determined that AIDS is not transmitted through normal household contacts, such as sharing drinking glasses or eating utensils; through casual contact, such as holding hands, hugging or superficial kissing; through pets or insects; through sneezing, sweating or tears; or through contact with toilet seats, telephones or other items.

Despite this, big money is being made by selling sprays, cloth wipes, covers for phone mouthpieces, covers for toilet seats or other items to “protect” people from the virus. These hucksters are spreading and publishing incorrect information about AIDS to further their own economic goals.
As long as the public does not educate itself correctly about AIDS, the hucksters will continue to prey on people's fear of getting the disease and the desperation of those who have AIDS.

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The Facts About Chronic Fatigue Syndrome

All people feel fatigue occasionally, often after yardwork or a strenuous game of tennis, or with the mental fatigue that comes from working late several nights in a row. Although you are exhausted, you know that in a few days you will be back to "normal."

For some people, however, fatigue is a long-term condition. Their fatigue is caused by an illness known as Chronic Fatigue Syndrome, or CFS, and their only clue to its onset may be a "flu-like" illness that simply won't go away.

The syndrome affects people regardless of age or sex. It has been noted in children younger than 10 years.

In 1988, the Centers for Disease Control in Atlanta, along with medical experts nationwide, devised a set of criteria to define the symptoms:

- Debilitating fatigue lasting six months or longer (after ruling out all other possible psychological or physical conditions such as viral infections, hormonal disorders, drug abuse or depression).
- Eight of these 11 symptoms recurring or persisting for at least six months: chills or mild fever; a sore throat; painful or swollen lymph glands; unexplained general muscle weakness
and/or muscle discomfort; fatigue for at least 24 hours after previously tolerated exercise; severe or migraine headaches; joint pain without joint swelling or redness; forgetfulness, confusion or inability to concentrate; depression; and sleep disturbances. There is usually a rapid onset of symptoms within a few hours or days.

There is no clear cause or known cure for the syndrome. However, people with it seem to share several characteristics: immune systems which show high levels of antibodies in the blood, indicating the presence of a virus or bacteria; or a below-normal amount of chemical regulators; a tendency to have allergies; and onset of chronic fatigue following a stressful period such as marriage, divorce, or death in the family.

Some researchers did think the syndrome was caused by another virus, Epstein-Barr. Also, the syndrome closely resembles another disorder involving fatigue and pain in joints and muscles, called “fibromyalgia.” The syndrome and fibromyalgia may be related but are not identical.

Many patients also note that they are depressed, but it has not been determined whether this causes the syndrome or is the result of adjusting to a chronic illness that involves constant, debilitating fatigue.

People with the syndrome may experience a great deal of frustration in their search for a proper diagnosis and treatment. Because Chronic Fatigue Syndrome can resemble so many other disorders, diagnosis can be difficult and some physicians may dismiss a patient’s symptoms as psychological in nature.

“Since medicine is not an absolute science, many illnesses have gone through skepticism and disbelief to become recognized, i.e. lupus, multiple sclerosis, AIDS, etc., and Chronic Fatigue Syndrome is no exception,” says Orvalene Prewitt, co-founder of the National Chronic Fatigue Syndrome Association. “For those skeptics who say CFS is psychological or depression, I would refer to the adage ‘The wise listen.’ Well-known researchers and clinicians
across the nation are stepping forward to say 'I don't know' in regard to the etiology. They 'listen' intently to the patients, and rather than dismiss illness as psychological, they pursue all avenues to find answers for this baffling 'flu-like' illness. Patients know their own bodies and emotions and I feel the greatest gift the medical and lay communities could give them would be the ability to 'listen and learn,' for therein the answers may lie."

Because Chronic Fatigue Syndrome has no known cause or cure, one must beware of those claiming to have all the answers. Only about half of the people who are told they have Chronic Fatigue Syndrome actually have it, based on the current criteria. Be cautious when you hear about some so-called syndrome specialists who suggest you travel to their clinics or use their therapies. Among the alternative therapies currently being touted as cures for the syndrome: injections of hydrogen peroxide, homeopathic remedies, colonic irrigation and large doses of vitamins, multivitamins or other food supplements.

Among the tips experts give for coping with the syndrome:

• Get plenty of rest. As with many chronic illnesses, taking short rest breaks between projects helps maintain energy levels.

• Exercise daily. Even if the exercise is light or the exercise period short, it is important to exercise daily. While overexertion tends to worsen symptoms and may prolong the disease, underexertion may be mentally and physically damaging, too.

• Learn to "ration" your energy. Patients should not be treated as invalids. As with any chronic illness, they need to recognize their energy levels and adjust their actions accordingly.

• If you need medication to control pain or other symptoms, consult your physician.

• Seek the help of a support group of friends or other chronic fatigue patients. Learning how to cope emotionally with a
chronic illness is as important as learning how to cope physically.

The National Chronic Fatigue Syndrome Association can provide more information and provide addresses and phone numbers of local association chapters. Please send $3 to: National CFS Association, 919 Scott Ave., Kansas City, Kan. 66105.

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The Phantom Syndrome called Candidiasis

If you’re experiencing headaches, constipation, heartburn, depression, fatigue or skin problems, you may be told you are suffering from candidiasis hypersensitivity. On the other hand, most medical experts agree, chances are just as good that you don’t have this condition.

Over the last couple of years, candidiasis hypersensitivity syndrome has received a great deal of attention. It has been the subject of numerous articles and books and was even the topic of discussion on a national talk show.

Two books in particular, The Yeast Connection, by Dr. William G. Crook, and The Missing Diagnosis, by Dr. Orin Truss, are believed responsible for much of the popularity of the subject.

Is there cause for concern? Proponents of the syndrome, which include some doctors, chiropractors and health food stores, believe that candidiasis is reaching epidemic proportions. Many of the candidiasis advocates have also been chelation therapy advocates.

The scientific evidence from controlled studies is absent. However, many medical experts, including the American Academy of
Allergy and Immunology, the largest professional organization of allergists in the country, believe that the real concern is that the theory has been blown out of proportion.

According to Consumer Nutrition Alert: “Candidiasis is purported to be a hypersensitivity syndrome (allergic reaction) caused by the candida albicans organism, a common yeast that is found most everywhere in our environment and is a normal inhabitant of the body’s mucous membranes.”

According to the theory, quick-growing yeast organisms can weaken the body’s immune system. Often, doctors treat the symptoms with antibiotics. Proponents believe that antibiotics promote the growth of these yeast organisms, thus compounding the problem.

Symptoms of candidiasis, which include those listed above, are many. Many experts caution that these symptoms may also be associated with other more serious illnesses and should not be non-chalantly categorized as candidiasis.

In The Yeast Connection, Crook says: “. . . If a careful check-up doesn’t reveal the cause for your symptoms and your medical history [as described in his book] is ‘typical,’ it’s possible or even probable that your health problems are yeast connected.” Because an accurate diagnosis is virtually impossible, Crook suggests that diagnosis can be based on a patient’s history and his response to treatment.

Treatment in many cases deals with diet. Some recommend the elimination of yeast breads, alcohol, aged cheeses, mushrooms and other food. Although this would generally not be cause for concern (most people can get along very well without eating these foods), many candidiasis diets eliminate almost all carbohydrates, which is not considered a healthy practice.

Additionally, several over-the-counter anti-yeast products are now on the market. Some are advertised in health food magazines. The irony in this situation is that health food stores also sell yeast for those that don’t have enough.
Although no one is certain how many people may have been misdiagnosed as having candidiasis hypersensitivity, Dr. William McCormick of Downstate Medical Center in Brooklyn, N. Y., says that the figure may be as high as 80 percent.

According to a position paper on candidiasis hypersensitivity syndrome issued by the practice standards committee of the American Academy of Allergy and Immunology:

• The concept of candidiasis hypersensitivity is speculative and unproven.
• Its basic elements would apply to almost all sick patients at some time or other.
• Elements of the proposed treatment program are potentially dangerous.

The academy goes on to recommend that “the special laboratory tests, and the special aspects of treatment should be considered experimental and reserved for use with informed consent in appropriate controlled trials which have been proved for scientific merit and safety by competent institutional review boards.”

The Harvard Medical School Health Letter says it well: “...There is no more reason to believe that candidia is responsible for an epidemic of chronic disease in otherwise normal people than there ever was to believe that the moon was made of green cheese.”

Persistent symptoms of any kind should always be reported to your doctor. Don’t try to self-diagnose, and remember: Just because you read it in a book, newspaper, or magazine doesn’t make it accurate.
At least half of American women and perhaps as many as 90 percent suffer premenstrual syndrome, or PMS. For one of every five women, the symptoms are severe enough to restrict their functioning at work and at home.

Premenstrual syndrome refers to symptoms many women experience between ovulation and the beginning of menstrual flow.

In the menstrual cycle, the ovaries release the major female hormones estrogen and progesterone into the bloodstream. This release causes the uterus to prepare itself for an egg to be fertilized. If fertilization does not occur, the uterus sheds its newly made lining.

Some women experience PMS for seven to 10 days before menstruation, while others are affected only one or two days. However, according to an article in Nutrition Forum, it is important to note that a different disorder, dysmenorrhea (menstrual distress), can cause lower abdominal pain, headache, and nausea beginning shortly before onset of menstrual flow and usually lasting two or three days.

Dysmenorrhea usually starts during early adolescence and diminishes after childbirth. On the other hand, the more pervasive and longer-lasting symptoms of PMS usually affect women in their late 20s and early 30s. The risk of PMS increases with age.

More than 100 symptoms are associated with PMS. These symptoms and their severity may be different for each woman and may vary from one menstrual cycle to another. The more common symptoms include water retention in the body tissues; pain or cramping in the abdomen or lower back; tenderness or swelling in the breasts; constipation or diarrhea; headaches; acne or skin problems; swelling of the hands and feet; dizziness; fatigue; irritability;
depression anxiety; aggressiveness or hostility; cravings for food, especially sweet or salty foods; increased appetite and thirst; nausea or vomiting; crying spells; and difficulty in concentrating.

“The cause of PMS is unknown, but it seems unlikely that a single cause is responsible for the wide variety of symptoms involved,” according to Nutrition Forum. “Hormonal, nutritional, and psychological factors have been suggested.”

Diagnosing PMS can be difficult. There are no major medical tests or gynecological exams to determine whether PMS is the cause of symptoms.

However, one way to tell whether PMS is present is to chart the relationship between symptoms and the menstrual cycle. “It is the time of these changes in relation to menstruation and not the type of changes that critically defines the premenstrual syndrome,” says Dr. David R. Rubinow, director of PMS Research at the National Institute of Mental Health.

To chart symptoms, the patient keeps a daily diary for three to four months, listing symptoms, their severity and the day and time they occur. In this way, patterns can be recognized and a treatment plan formulated.

The treatment of PMS is as individual as the woman experiencing it. The majority of women with PMS do not need treatment. Only those whose symptoms disrupt their life need intervention.

The most commonly recommended treatments are diet, exercise, vitamins and progesterone. Some doctors have prescribed vitamins, but vitamin B6, especially in large doses, can damage nerves. Progesterone therapy is equally controversial and should be approached with caution. In fact, the Merck Manual states that hormonal manipulation is less helpful than would be expected from a theoretical standpoint.

Another note of caution, according to the American Council on Science and Health:

“All chronic ailments for which there is no proven cure are subject to exploitation, misinformation and outright quackery. PMS is no exception. The treatment of PMS has become a profitable
business, and a variety of clinics now advertise that they specialize in it. Some of the clinics do an excellent job as do many private practitioners."

The council says women seeking treatment for PMS should be cautious and skeptical and should watch for:

- Claims of extraordinarily high success rates.
- Claims that PMS can be diagnosed on the basis of laboratory tests on blood, urine or hair. It cannot.
- "Secret formula" remedies available from one source, usually at high prices.
- Lack of warning regarding risks or side effects of treatments.
- Lack of information on the experimental status of particular treatments.

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Sizing Up Unproven Cancer Treatments

Despite advances in the treatment of many kinds of cancer, many cancer patients continue to turn to unproven (dubious) treatments. According to the Council on Scientific Affairs of the American Medical Association, Americans spend $4 billion to $5 billion each year on unproven treatments, called "alternative treatments" by some. The question is, are they really alternatives? Some treatments may be harmful in themselves; others delay proper treatment, making the condition difficult or even impossible to treat later.

Unproven treatments for cancer and other chronic and incurable diseases are nothing new. During the 19th century, the "golden
age of quackery,” advocates of alternative approaches sold patients on self-care alternatives to the increasingly modern and impersonal treatments of the day. The appearance of naturopathy in the 1890s triggered a new emphasis on diets, massage and enemas.

Cancer cures were big business in the early part of the 20th century. Several pills and liquid cures were available in the 1940s and ’50s. The 1960s and ’70s introduced injectable cures such as Laetrile.

The unproven cancer treatments of today are more like the approaches of the 19th century than the pills and injections of the earlier part of this century. Instead of targeting specific medical problems, most of today’s treatments are prompted for use against most or all chronic conditions. Cancer is not treated as a disease per se, but as a symptom of an underlying disorder.

Metabolic therapy, by far the most popular alternative cancer treatment, is used by almost half of the patients that turn to alternative treatments, according to a paper in Cancer Investigation. Based on the belief that disease is caused by a buildup of waste and toxins in the body that interfere with metabolism, this therapy involves diets, mineral and vitamin supplements, and, often, Laetrile.

Megavitamin therapy and immune therapy falsely attempt to strengthen the body’s ability to fight disease. Megavitamin therapy uses large doses of specific vitamins whereas immune therapy involves so-called “immune supportive agents.” Immune therapy often is promoted for preventing as well as treating diseases, including cancer and now acquired immune deficiency syndrome.

These therapies, along with faith healing and the use of mental imagery to shrink tumors, are the most popular alternatives today. According to a recent paper in the Annals of Internal Medicine, an estimated 54 percent of patients who receive conventional cancer therapies also use one or more unproven treatments. Many of these patients are well-educated, and most are in the early stages of their disease. The Council on Scientific Affairs reports that many patients turn to alternatives because they think their cancer was caused by diet and lifestyle and can therefore be cured by the same means.
Several features of unproven treatments make them attractive to some patients. First, they offer simplistic explanations for the cause of the disease. As a result, the internal logic of the “cures” can be appealing. Second, these treatments emphasize less expensive home care in which the patient has an active role. The remedies also are usually more appealing emotionally than conventional treatments and are sometimes free of side effects. (For many cancer patients, the side effects of standard treatment options are as frightening as the disease.)

Despite the appeal of many of these alternatives, the fact is that unproven remedies are just that—unproven. The standard or conventional treatments have been and are continually being tested scientifically to ensure that they are safe and effective. Most unproven remedies have not been studied this way; that is why most are sold as food supplements rather than drugs. Conventional therapies may be frightening and sometimes unpleasant, but they can work. As for unproven remedies, keep in mind that if a product sounds too good to be true, it probably is.

For further information about cancer or more details about unproven cancer remedies, write to the American Cancer Society.

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Side-Stepping the Arthritis Quacks

Thirty-seven million Americans have arthritis, according to the Arthritis Foundation. Arthritis is the name given to more than 100 different diseases, most of which affect the body’s joints and muscles.

More women than men are affected by arthritis; it affects people of all ages, and such factors as heredity, obesity, stress and disease
may play a role in its development. Arthritis is a degenerative joint disease. It may cause only occasional stiffness or joint pain, or it may become both painful and debilitating.

"The cause of most forms of arthritis is not known and, with the exception of certain infectious forms of the disease, there is no cure," says the National Institute of Arthritis, Diabetes and Digestive and Kidney Diseases, a government agency that conducts and supports biomedical research. "Physicians treating arthritis stress preventive efforts and control of symptoms."

Because arthritis is chronic, treatment must also be long-term. *Arthritis: Unproven Remedies*, an Arthritis Foundation publication, says: "Treatments vary with each type of arthritis. They work differently on every person. And they can change with time as the disease changes. So, your doctor has to find the combination of things that works best for you. This takes time and patience. It is easy to become discouraged with this process and hope for a quick and easy answer."

It is just such vulnerable people, those searching for a quick and easy answer, that the purveyors of arthritis quackery seek out. They claim they can cure arthritis with such treatments or products as DMSO; chelation therapy; ant, bee, or other venoms; vitamin C; acupuncture; treatments at Mexican clinics; sitting in uranium mines; laser therapy, hyperbaric oxygen treatments; copper bracelets; biofeedback; magnetic bandages; topical ointments or creams such as aloe vera, cod liver, peanut or olive oils; gasoline, kerosene, or lighter fluid; and cocaine.

Quacks also promote a variety of diets, herbs, and nutritional supplements as a cure. Diet claims that arthritis can be cured by eating or avoiding certain food are false. Only gout, one form of arthritis, is currently proved to be affected by diet. Research is being conducted to determine how nutrition can modify the inflammation and immune responses of the body.

Recent figures by the Arthritis Foundation show that Americans spent more than $1 billion last year on fraudulent arthritis products.
For every dollar spent on research, $25 are spent on unproven remedies.

"The chronic nature of this disease and the persistent pain often associated with it contribute to the success of quackery," says the Council of Better Business Bureaus Inc. in its publication *Arthritis: Quackery and Unproven Remedies*. "Since the symptoms of arthritis come and go, people may mistakenly connect a disappearance of pain with the use of a phony remedy."

People with arthritis who try an unproven or fraudulent therapy may lose more than money. "In trying unproven products or treatments, the most harmful cost to an individual may be the loss of time under a medically certified doctor's care for the control of arthritis," says the Council of Better Business Bureaus Inc. "The postponement of a doctor's treatment in favor of quack clinics or products may lead to a worsening of the disease."

The Arthritis Foundation recommends that before anyone tries an unproven remedy for arthritis:

- Check with your doctor or local office of the Arthritis Foundation to find out what is known about the effects and safety of the remedy.
- Let your doctor know what you are thinking about trying. Do not be embarrassed. Your doctor knows your medical history and can help you carefully determine the safety of a remedy you may want to try in addition to your regular treatment.
- Continue your regular medical treatment for arthritis.
PART VII

Strategies for Getting Honest, Effective Health Care
The Art of Effective Complaining

Have you ever purchased a health-related product through an ad in a newspaper, tabloid, magazine or on TV—Then discovered that the item wasn’t as advertised? Ever been seriously dissatisfied with a health provider? Did you want to complain but didn’t know how?

You can look to several organizations for help. How to complain is as important as where to complain. Here are some tips.

• Call and/or write to the source of your problem first.
• Keep an open mind. You might be wrong or confused about an issue.
• Get the other side of the story.

If you still feel dissatisfied, you may want to go further:

• Keep all receipts and records of your transactions for reference.
• Keep your cool. Do not swear at or threaten anyone.
• Make sure you are talking or writing to someone in authority who can deal with the problem and come up with a solution.

Where you go to complain is important and, of course, will depend on the service or product purchased. The solution may be as simple as writing to your local newspaper problem solver, especially if the product is advertised in that newspaper.

If the problem involves a questionable drug or a suspect device or nutritional product, the Food and Drug Administration can help. There are regional FDA offices all over the country.

The Federal Trade Commission will be interested in false advertising, especially if the product is advertised nationally. The Better
Business Bureau can help with local products and advertisements. Actually, you should check with it before you buy local health-related products for the first time to see whether anyone has complained about the product or supplier. Also, the Arthritis Foundation and the American Cancer Society have publications on unapproved (dubious) remedies.

If a television or radio program is in error on a health matter, call the reporter. If you are not satisfied after talking with the reporter, call the station manager. If that does not work, write a letter to the Federal Communications Commission. If a newspaper or magazine article or advertisement is misleading, write the editor of the publication.

If you suspect that any consumer fraud laws have been violated, turn to your state attorney general’s office. If the U.S. Postal Service is used to advertise or transport material and/or money for the product or service in question, the U.S. Postal Inspector will want to know.

If your problem is with a health provider, always talk with the physician, dentist, pharmacist, or other health provider involved first before you go further with complaints. You may be able to solve the problem at the source and do so immediately. How a professional provider handles a complaint or grievance will tell you a lot about the integrity and ethics of that professional. Many practitioners have even appointed a patient relations coordinator.

If this matter involves an unresolved dispute over a bill or health services from a doctor or dentist, the local medical or dental society may be able to handle your complaint, if the practitioner is a member of the local society.

If a licensed practitioner is involved, such as a medical doctor (M.D.), an osteopath (D.O.) or pharmacist (R.Ph.), and you have not solved the problem face to face with the practitioner, the appropriate state licensing board may be able to deal with the problem.

It is interesting to note that most hospitals have appointed patient representatives to help deal with problems and complaints.
common to hospitalized patients. If satisfaction is not realized within the hospital structure, the local hospital association may be of help.

Nursing homes have ombudsman programs to help with problems that residents or their families might face.

The health departments in most cities and/or counties can help you find out whether a particular health service is legitimate.

If you have been harmed and suspect quackery or health fraud, write to the National Council Against Health Fraud, Victim Redress Committee, 3521 Broadway, Kansas City, Mo. 64111.

Overall, perhaps the best advice to you, the consumer, is to get accurate information about health-related products or services you are considering before you buy or write for them. By the same token, if you are considering consulting a new health professional, check that person out before you visit his office.

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Getting a Second Opinion

Getting a second opinion or consultation in a serious medical situation is not only your right as a patient, it is your responsibility as well for the good of your health.

An unquestioning acceptance of your doctor's recommendations offers you little active role in your health care. Confidence and trust in your doctor are important, but there are times when you need to ask tough questions. When you face a difficult health situation, you also need to be aware of several facts:

- Rapid changes in medical knowledge require constant updating on the part of physicians. Some doctors may be aware of
new diagnostic techniques and therapies for your specific problem while others are not.

- For many illnesses, there is more than one form of appropriate treatment, but some physicians may fail to tell you that you have choices.
- In many areas of medical care, there are legitimate differences of opinion. If your health is involved, it is important to understand the reasons behind them.

You may want to consult with another physician under certain circumstances: when your doctor recommends major surgery or a diagnostic procedure, which carries significant risks, or when you are told you have a serious chronic illness, a rare disease, or a potentially fatal condition.

It also may be worth seeing another physician if your doctor cannot make a diagnosis after several visits or if you are not responding to treatment after a reasonable time. Finally, if you lose confidence in your physician—whether he recommends questionable procedures or does not seem to be doing all he should—it is wise to seek additional advice.

Second opinions for surgery are becoming considerably more common. Much of the impetus has come from insurance companies and peer review groups, with the intent of cutting costs and improving quality of health care.

Critics contend that some of the operations performed in the United States are unnecessary, and it is known that peer review in the medical community has resulted in a significant decrease in the frequency of hysterectomies and appendectomies.

Patients should be aware that controversies exist over when to perform these and several other types of surgery, including tonsillectomies, mastectomies and back operations. Similarly, some diagnostic procedures are performed without clear justification, so be sure you understand the reasons for any recommended procedure before you agree to it.
In obtaining a second opinion on major surgery or a diagnostic procedures, find out the potential benefits as well as the risks involved. Ask whether medical treatment is available and what will happen if the surgery or procedure is not performed. (Physicians often provide a written explanation of the procedures they perform and ask you to sign an informed consent statement.)

In most cases, a second opinion on surgery will confirm the original recommendation. If you encounter a disagreement, you may want a third opinion. Most insurance policies that cover second opinions also provide for a third consultation in this instance, but if yours does not, this step can prove costly. Some insurance companies encourage second opinions but others actively discourage them by their reimbursement policies.)

If you have been told that you have a serious disease, talking with another physician offers you the opportunity to check the accuracy of the original diagnosis and to gain additional information about therapy. Good possibilities for consultants include physicians or institutions that specialize in the disease and the faculty of your nearest medical school.

You need to learn enough about your illness to know what you can expect. Some diseases are curable, and relief of symptoms is possible for many diseases, but little or no improvement is the rule for others.

If you know that improvement is possible but you are not responding to treatment and your doctor offers no options, it may be time to seek another view.

If you feel uneasy about the procedures your doctor recommends or about the lack of action, express your concerns and then consider a consultation.

Will your doctor be offended when you bring up the matter of a second opinion?

Many patients hesitate to act out of fear that they will insult or anger their physician and their care will suffer as a result. The American Medical Association has taken a firm stand on this issue: "Physicians should obtain consultation whenever they believe that it
would be helpful in the care of the patient or when requested by the patient or the patient's representative."

In his book, *The Life You Save*, Lewis Miller, a former editor of two medical journals, says bluntly: "Any doctor worth his salt should be willing to have his judgment confirmed by another physician and should be willing to suggest the names of several specialists from whom you can make a choice."

Most physicians realize that a consultant will provide them additional support in cases of difficult recommendations or may help save them from a mistake:

Don't get a second opinion behind your doctor's back. Talk openly with him about your concerns and your wish to be certain about the recommendations you have received. Ask your doctor's help in identifying a consultant qualified to deal with the problem. If you have someone in mind, check with your physician on whether that individual is an appropriate consultant.

An excellent reference on this topic is *Second Opinion*, by Dr. Isadore Rosenfeld (Bantam Books paperback; $3.95).

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Asking Smart Questions About Medical Tests

Before you undergo any medical test, you owe it to yourself to get the answers to seven vital questions:

- Why is this test necessary?
Every test should have a good reason. If you appear healthy, it may be to screen for disease. If you have troubling symptoms, it often is to help diagnose or rule out disease.

Before any diagnostic test occurs, be sure you tell your physician everything about your medical past that might prove useful. Knowing that certain medical disorders run in your family, for example, may help your doctor to test first for the most likely problems.

It's especially important to mention whether you've ever had the recommended test before. You might not need to have it again, or your doctor might be able to compare two sets of results for better diagnosis and treatment.

After a diagnosis has been made, sound reasons still exist for tests, such as determining the extent of your illness or checking the effectiveness of your treatment.

- What are the risks of the test?

Some medical tests carry risks. In many cases, the risks are slight, but in others, they are life-threatening. Dangers or possible complications are greater with invasive tests, which involve cutting into the body or using equipment or substances inside the body.

Your risks also depend on your age, your health and the nature of your illness. If the risks are serious, it is important to know how frequently they occur.

- What are the benefits of the test?

What information will the test provide your doctor? How accurate and significant are the results? Will your treatment be the same no matter what the results? (Usually, the more specific the information your physician obtains, the more specific and effective your treatment can be.) Do the benefits of the test outweigh its risks?

If you have an abnormal result, don't depend on one test. Particularly with a screen test, it may be necessary to have a repeat
test, and many physicians will do this without charge. Blood profiles in particular should not cause you great worry if results are just slightly abnormal.

- How is the test done?

Will you have to check into the hospital, or can the test be done in the office? How much time will it take? What kind of equipment will you encounter? (Some formidable machinery is used in the newer CAT scans and in magnetic resonance imaging.) What will be required of you during the test?

Knowing what to expect will help you prepare yourself mentally for any discomforts or pain that may be involved in the test.

- How should you prepare for the test?

This is one area where you usually get thorough instructions. If you do not receive written instructions, ask for them. Then follow them carefully so you do not affect the results or cause yourself the inconvenience of unnecessarily repeating a test.

If the instructions are not clear, or if you wonder whether something might affect the results, don’t make a guess.

Foods, beverages, and medications in particular can produce false results.

- What will happen after the test?

Will you have to stay in bed after the test? Do you need someone else to drive you home? What after-effects are normal? Will you need to watch for complications? How soon will your doctor talk to you about the results?

- What is the cost of the test, and will your insurance pay for it?
If your insurance covers the cost of most medical tests but not this one, know why. Usually there's a good reason; perhaps the procedure is not generally accepted as a valid medical test or has become outmoded.

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Asking Smart Questions About Medications

Americans spend $13 billion each year on prescription drugs, then end up taking almost half of their medications incorrectly. The results can be serious. Instead of getting better, many people experience uncomfortable side effects or prolong their illness. Some must be hospitalized because of adverse drug reactions.

Prescription drugs deserve healthy respect, both for the good they can do and for the harm they can cause. As a medical consumer, you need to know how to maximize the good and minimize the harm. You can't afford to be misinformed or uninformed.

Surveys indicate that very few patients ask questions about the medications prescribed for them. They are much more likely to interpret incomplete directions on their own—and make mistakes. Yet, because patients do not ask questions, doctors believe that patients are getting all the information they need.

This situation has led to a nationwide campaign called "Get the Answers," designed to improve communication between patients and health care professionals about prescription drugs. The campaign was launched by the National Council on Patient Information and Education, an organization whose members represent more than 200 health care, drug, consumer and government groups.
When your doctor prescribes a medication to treat your illness, the council urges that you get the answers to five basic questions:

• What is the name of the drug, and what is it supposed to do?

Knowing the name of the drug can help you avoid mix-ups and keep track of your medications. It also is important to understand your doctor’s reason for prescribing the medication as well as what results you can expect from it and when.

• How and when do I take it, and for how long?

If your doctor tells you to take the drug three times a day, find out whether you should take it every eight hours or with meals. Some drugs should be taken on an empty stomach for good absorption. Others need to be taken after eating to avoid an upset stomach.

Some medications can be stopped when you improve, but others need to be taken in their entirety to prevent a recurrence of your illness. For some conditions such as high blood pressure, you must keep taking medications even when you feel good.

• What foods, drinks, other medicines or activities should I avoid while taking this drug?

The food you eat might make a medication work faster or slower or prevent it from working at all. Eating certain foods while you are taking certain drugs can actually be dangerous. For example, certain anti-depressants (MAO inhibitors) react adversely with aged and fermented foods, including salami, pepperoni, some cheeses, yogurt and sour cream.

Alcohol is a depressant, and even a small amount of it in combination with antihistamines, tranquilizers or anti-depressants causes extreme drowsiness, which can be hazardous for tasks requiring
mental alertness. Alcohol also lessens the effectiveness of antibiotics by interfering with their absorption and stimulating excretion.

Different medications can work at cross-purposes, so always inform the doctor about other medications you are taking, including over-the-counter products such as aspirin, antacids and vitamins. It also is important for your physician to know if you have experienced adverse reactions or unpleasant side effects from prescription medications.

You may need to avoid driving or operating machinery if the medication you are taking causes drowsiness, dizziness, lightheadedness, or blurred vision.

- Are there any side effects, and what do I do if they occur?

Most side effects are merely annoying, and some can be relieved or avoided easily, for example, by standing up slowly to prevent dizziness. Other side effects are harmful. Ask your doctor which ones require his attention. When you have an unexpected reaction, consult your doctor as soon as possible.

- Is there any written information available about the drug?

Your doctor may be able to give you some material explaining the drug or recommend one of the consumer guides to medications. The advantage of written information is that you can refer to it to refresh your memory or to answer a question you had not asked.

Here are a few more questions you might want to ask:

- How much does this medicine cost?
- Is there an equally effective generic form available at less cost?
- What will happen if I do not take this medication?
- How should I store this medicine?
- What should I do if I miss a dose?
Making Good Use of ‘Informed Consent’

When you sign a consent form before undergoing a medical procedure or treatment, whose rights are you protecting?

Most patients think that the form is a legal document to safeguard the physician, but the informed consent requirement actually developed to ensure an important right for patients. Although the laws on informed consent vary from state to state, they basically uphold the patient's right to information he needs to make a sound decision about his medical treatment.

Informed consent is a two-step process, in which the physician is supposed to provide information about a medical condition and the treatment he proposes, and the informed patient is supposed to give (or withhold) consent. Ideally, the consent form serves as a reminder or summary of information already understood by the patient.

Several major studies have shown that informed consent is not working the way it was intended. When patients consent to treatment, their understanding of what will happen often is inadequate and sometimes is largely wrong.

In a Pennsylvania study, 200 cancer patients who signed consent forms for chemotherapy, radiation therapy or surgery were asked shortly afterward if they knew what their treatment would
involve. Only 60 percent understood the purpose and nature of their treatment; only 55 percent could name a major risk or complication, and only 27 percent could remember an alternative treatment.

Eighty percent of the patients thought the consent forms were intended to protect the physician's rights. This is understandable because most consent forms are prepared by doctors and lawyers who write in medical and legal terminology. In terms of readability, consent forms have been shown to be appropriate for upper-division college students or graduate students.

Fewer than half of the patients surveyed thought that consent forms had something to do with their own rights or served to explain the treatment. Twenty-eight percent mistakenly thought their only choice was to sign the consent form.

These findings are not surprising in view of several obstacles to informed consent. One of these is the attitude of some physicians, who think that disclosing the risks of a medical procedure causes patients to worry needlessly and perhaps even to refuse necessary treatment. (Studies indicate that very few patients forego treatment for this reason.)

In theoretical surveys, most physicians strongly support the patient's right to all available information regarding his condition and treatment, but in an observational study, physicians show a reluctance to discuss the medical uncertainties of an individual patient's situation. It was found that patients received more information when the nature and cause of their problem was fairly certain.

Another major obstacle to informed consent is the time it takes to accomplish. Some busy physicians deal with this problem by furnishing written materials for the patient to read as general background information. Then the doctor can talk with the patient about specific risks, benefits and alternatives that apply in his situation.

There are also stumbling blocks on the patient's side of the informed consent encounter. Patients often lack the background to understand much of the information provided to them, and they usually are under stress because of illness or hospitalization. Some
patients say they do not want to know the details of their treatment and would rather leave the decisions up to the doctor.

Being well-informed is usually to the patient's benefit. Research shows that patients who know what to expect typically recover more rapidly, have fewer emotional problems and need less pain-relieving medication.

Physicians also benefit because patients tend to be more cooperative and take more responsibility for their care. The threat of legal repercussions is reduced when patients play a role in determining their method of treatment and understand the possible risks involved.

For informed consent to work effectively, physicians and patients must take on responsibility. Physicians need to offer information as early as possible, not the night before surgery in the hospital when the patient is least able to comprehend it. Patients have to ask questions and be sure they understand the answers before they agree to treatment.

The crux of informed consent is understanding by the patient, not just disclosure by the provider, according to a presidential commission that studied the issue several years ago. In a medical situation requiring consent, the patient should have a basic understanding of the following points:

- The diagnosis or nature of the medical problem.
- The purpose of the proposed procedure or treatment.
- The significant risks involved in the procedure and the likely consequences and side effects.
- The expected benefits of the procedure and the likelihood of success.
- The nature of the procedure, including its length, discomforts, preparation required on the part of the patient, and the expected recovery period.
- Reasonable alternative methods of managing the problem, including no treatment, and the pros and cons of each.
Getting Accurate Health Information by Phone

Are you worried that your child might have a speech problem? Do you want to quit smoking and need some tips? Are you seeking information on how to deal with an older child’s jealousy of a new baby?

You can find accurate, easy-to-understand answers to these questions and other medical problems by calling the Tel-Med service.

Tel-Med is a free public service featuring more than 200 recorded messages on health and medical subjects, including the early warning signs of illnesses, commonly performed surgical procedures, how to tell whether you are pregnant and general information on subjects from acne to warts. Each message lasts about four minutes. Some refer callers to sources of additional help.

Tel-Med was begun by the San Bernardino, Calif., Medical Society more than 15 years ago. It is now used in more than 350 cities and in some foreign countries.

In cities where it is available, Tel-Med is available 24 hours a day, seven days a week, and can be used by anyone with a touch-tone phone. To use Tel-Med, for example, in Kansas City, Missouri, dial (816) 753-4700 and enter the four-digit code of the message you want to hear. In Kansas City a list of the tapes is available from the Civic Health Foundation, 3036 Gillham Road, Kansas City, Mo. 64108. Please include a self-addressed, stamped envelope with your request for the list. In your city, telephone your local medical society for information.

Examples of the information typically available:
Quit smoking

Tape No. 0699 includes a discussion of how to determine why you smoke and how to find substitutes for smoking that meet those needs. Also discussed are ways to avoid weight gain and tips to make quitting easier, including:

- Open a pact of cigarettes and mark each cigarette at the halfway point. Smoke a cigarette to this point, then put it out. This will help you cut your smoking in half immediately and make you more aware of your smoking habits.
- Wrap a piece of paper around your pack with a rubber band. Each time you smoke, write down the time on the paper. This will make you conscious of when you smoke and will make it more of an effort to obtain a cigarette.

Speech problems

Tape No. 0232 explains that the earlier speech problems are detected, the easier they may be to correct. These six signs can indicate a need for help:

- The child is older than 3 and is not clearly understood by most people or seems embarrassed or disturbed by his speech.
- The child's voice is low-or high-pitched, too loud or too soft, or sounds hoarse or rough.
- The child is 3 or older and cannot say his full name.
- The child is not speaking at all by age 2.
- The child is age 5 or older and repeats parts of words, repeats small words, pauses a long time between words or pauses in the middle of words.
- The child's speech sounds strange or the child does not appear to hear or understand as well as others.
A typical American has some kind of health problem about 120 days a year, according to Donald Vickery, an expert on consumer health. Yet the average person sees a physician four to six times a year.

What actions people take to restore their well-being the remaining 115 days is what Donald W. Kemper calls medical self-care. Kemper was the founder of Healthwise, a self-care project. This concept is not new, but self-care has become more organized the last 15 years.

The solutions that mothers often taught daughters now are offered by women’s health centers. Voluntary health organizations and hospitals offer many excellent classes on a variety of topics from arthritis to blood-pressure readings, cancer prevention to diabetes detection and control, and many more.

The marketplace offers thousands of books on health topics. Some are reliable; many are not. Books can become best sellers and still contain much misinformation. Many hold out false promises, especially about weight loss and nutritional advice.

There are problem-oriented, self-help, and patient education programs such as Alcoholics Anonymous, Weight Watchers and Arthritis Self-Care, as well as inpatient and outpatient classes offered by many hospitals. Basic self-care and first-aid classes are taught by the American Red Cross, and cardiopulmonary resuscitation classes have been widely offered in most communities.

Numerous programs are offered for wellness and health promotion: Topics include fitness, nutrition, seat belt use, parenthood, spiritual growth and relaxation. The quality and outcome of these programs vary widely, and consumers must be careful what they select. Consumers need to develop the skills and knowledge to make their own decisions on family health issues.
Ideally, self-care classes and materials should be available from each person's family physician medical team. Studies of formal self-care education show that these classes and learning mechanisms cost very little. However, insurance seldom reimburses for self-care education.

"Medical self-care education may some day be a routine part of the health system," Kemper said. If this happens, patients and physicians, nurses and dietitians may be more satisfied with this new sharing of responsibility for health care.

As the population ages and home care expands, there is a new challenge for medical self-care education.

Here are some additional tips to help you get started on a medical self-care program:

- Start a home health library (see chapter 66).
- Read an authoritative medical newsletter. Most libraries subscribe.
- Select a doctor who will answer your questions.
- Join a voluntary health association.
- Clip articles from newspapers and magazines for your home reference file.
- Keep a home health diary.
- Learn about your medications.
- Read health articles critically.
- Take an appropriate self-care class.
Getting the Group Support You Need

Whatever your health problem or concern, there probably is a support group that can help you cope with it more effectively.

An estimated 15 million people belong to the thousands of support organizations that operate on local, regional and national levels in the United States. These groups are diverse in many respects, but they have a common goal of enabling persons in similar situations to draw strength through sharing experiences with one another.

The groups, also known as self-help or mutual-aid organizations, serve people with common and uncommon problems, ranging from heart disease and cancer to brittle bone disease and narcolepsy. Many support groups focus on aspects of mental health, dealing with such problems as grief, suicide, divorce, and phobias.

Most groups win a hearty endorsement and ready referrals from physicians, who recognize their benefits as a resource both for patients and for the medical community. They believe that support groups generally:

- Reduce the sense of isolation that people often feel when afflicted with a serious health problem. Many people feel great relief in finding that they are not the only one with the condition, and they gain comfort from talking with others who understand their concerns.
- Answer questions that patients do not ask their doctors or provide information that health care professionals do not furnish.
- Offer concrete assistance in handling particular problems. Stroke victims who lose their ability to speak, for example, may receive instruction from Stroke Club members in com-
municating through finger pressure. Members of support
groups commonly share their personal solutions to vexing
problems.

• Provide social support to individuals through the care and
  concern expressed by fellow members of the group.

• Alert family members to the anger, frustrations and other
  emotions with which they usually have to deal.

• Empower individual members through activity and involve-
  ment. Support groups give their members an opportunity to
do something about their problems and to be more than
  passive victims. Group members who make an effort to help
  others usually benefit themselves by learning more about
  their problem and gaining self-confidence in dealing with it.

• Decrease the demands on physicians for psychological sup-
  port and assistance with the numerous details involved in
day-to-day living with a health problem.

• Help physicians and patients stay up to date on available
  services and supplies as well as the research being done on
  the problem.

Mutual-aid groups generally are inexpensive, readily accessible
and responsive to the needs of their members. Their effectiveness is
demonstrated by their continued growth and by the continuing for-
formation of new groups to address a wider range of problems.

The modern support group movement began in the 1930s with
two groups that today rank among the largest of these organiza-
tions: Alcoholics Anonymous and Recovery Inc., a group intended
to assist former mental patients. In both fields, professional organi-
izations had failed to deal with significant problems affecting
individuals.

Support groups have burgeoned since then for various reasons,
including greater numbers of people affected by chronic illness,
increasing concerns about health costs and a stronger consumer
movement.
Currently, two major trends are evident in the growth of support groups:

- Professionals are becoming more involved. They initiate and facilitate groups, conduct research, and provide consultation and training.
- More groups are broadening their focus to include advocacy and social change. For example, support groups for parents of handicapped children are becoming active in legislation to ensure fair treatment of these children.

Similar groups often concentrate their efforts on promoting and financing basic research on medical conditions. They also work to obtain media coverage and to generate interest among the public and the medical community.

Support groups have become so widespread and popular that clearinghouses have been developed to help people find the kind of groups they seek. Two national organizations can provide information on groups existing in various parts of the country as well as advice on how to start a new group or what to look for in an existing organization.

For information, send a self-addressed, stamped envelope to Self-Help Center, 1600 Dodge Ave., Evanston, Ill. 60201 or to National Self-Help Clearinghouse, Dept. N85, SUNY Graduate Center, 33 W. 42nd St., Room 1227, New York, N.Y. 10036.
Without the Food and Drug Administration, unsafe food and useless drugs might still be prevalent, as they were in the 19th century.

Although laws involving food safety have been enforced since biblical times, it was not until the Food and Drug Administration was founded that the U.S. government became involved with controlling the purity and quality of consumer products.

Under the leadership of Harvey Wiley, food and drug protection became a function of the federal government. Wiley left Purdue University in Indiana in 1883 to become chief of the Bureau of Chemistry of the U.S. Department of Agriculture, according to Wallace F. Janssen, FDA historian. From this position he expanded studies of food adulteration begun in the 1870's. The Food and Drug Administration grew out of this organization. It is now regarded as the world’s leading institution for scientific consumer protection.

Congress approved the original Food and Drugs Act of 1906, later replacing it with the stronger Federal Food, Drug and Cosmetic Act of 1938. The FDA says this law protects consumers in the following ways:

- Foods must be pure and wholesome, safe to eat and produced under sanitary conditions.
- Drugs and therapeutic devices must be safe and effective when used according to their directions. New drugs must be approved by the FDA before they can go on the market.
- Cosmetics must be safe.
- Labeling must be truthful and informative.
- Drug labeling must include warnings needed for safe use.
• Drugs not safe for self-treatment are restricted to sale by prescription.
• Drug manufacturers must be inspected by the FDA at least once every two years.
• Insulin drugs and colors used in foods, drugs and cosmetics must be certified by the Food and Drug Administration before they go on sale.
• Chemicals added to foods must be proved safe before they are allowed to be used.
• Pesticide residues that may remain on raw food crops must not exceed safe limits set by the FDA.

Besides enforcing these requirements, the FDA can request a recall of a product already on the market that it thinks is unsafe. Most of these requests are carried out voluntarily by the manufacturers or distributors of the product. Sometimes the company discovers the defective product on its own and recalls the products independently.

However, if the FDA notifies a company about a defective product and the company does not cooperate, the FDA can seek a court order authorizing the federal government to seize the product. If the defective product is a serious hazard, the FDA issues a public warning through the news media to consumers.

The FDA also is concerned about quackery, which is giving misinformation about health and involves people and products. Someone who says he is a doctor and is not is a quack; a product promoting false claims is a quack product.

To help counter quacks, the FDA has taken steps to discourage fraudulent product advertising and sales. Working with the Better Business Bureau, the FDA has sent information packets to newspapers, magazines and all radio and TV stations.

FDA communication is not just a one-way street. Richard Thompson, FDA reporter, says: "Because FDA's actions can have great effect on the nation's economy, the agency conducts its rule-
making in public so that all interested parties can be heard. It delib-
erately makes the public a part of the process.

The Federal Register serves as the FDA’s bulletin board to
announce intents of issuing a new regulation or changing an existing
one. The Government Printing Office publishes the Register each
weekday. The Register is available by mail subscription and is car-
rried by many libraries, government offices and congressional district
offices.

Along with these notices, a comment period is announced. The
comment period is the amount of time one has to send comments
to the agency so they can be considered and perhaps affect the
decision. The format of the comment does not matter as long as it is
legible. The comment should include whether the writer is for or
against a proposal, and why.

If you would like to comment on a particular proposal, you
should send it to FDA Dockets Management Branch, Room 462,
5600 Fishers Lane, Rockville, Md. 20857.

If you have other comments and questions not related to any
particular proposal, they should be addressed to Consumer Inqui-
ries Staff, Room 1686, 5600 Fishers Lane, Rockville, Md. 20857.

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How to Build Your Own
Home Health Library

Consumer health books are popular for good reasons. It makes
sense to understand what is going on when you have a medical
problem, and it make even more sense to understand what you can
do to avoid health problems.
How active a role you want to take in your own health care will determine how large a home health library you want to build. For a basic library—costing less than $50—I recommend just three books:


The information in this volume is broad in scope and understandable. Symptom charts are included to help you evaluate common medical problems. For example, when you have abdominal pain, your answers to a series of questions lead you to a likely diagnosis and recommendations for action. The guide includes thorough information on major and minor medical problems as well as chapters on dealing with the health care system, caring for the sick at home, and death and dying.

• *Jane Brody's Nutrition Book* (Bantam paperback; 1982; $9.95).

The personal health columnist of The New York Times has written a highly readable book that will raise your nutrition awareness and help you make sensible changes in your diet. She offers tips, menu plans and recipes. This is a carefully researched and reliable book, greatly superior to those turned out by movie stars and other famous personalities.

• *Standard First Aid and Personal Safety*, second edition, by the American National Red Cross (Doubleday; 1979; $5).

This book is a classic that has been field-tested by millions of users. It serves as the basis for Red Cross classes that teach the skills of emergency care, and it covers personal safety and accident prevention.
One or two other books are essential for many homes:

- *1990 Advice for the Patient* (United States Pharmacopeial Convention; $39.00).

If you take medication more than infrequently, it is important to be certain that your use of drugs is safe and effective. At least a dozen medication guides are on the market, but this volume is the work of a professional association representing colleges and organizations of medicine and pharmacy. Besides prescription drugs, the text advises on over-the-counter products such as aspirin and decongestants.

The guide is revised annually. It is intended for physicians, who are encouraged to photocopy pages on individual drugs and dispense them along with each prescription. You will need to order Advice for the Patient directly from the Pharmacopeial Convention, 12601 Twinbrook Parkway, Rockville, Md. 20852.

- *Child Health Encyclopedia*, by the Boston Children's Medical Center and Dr. Richard Feinbloom (Dell, 1978; $15.95).

A look at this book's seven-page entry on "colds" will demonstrate its worth—a thorough approach, understandable background, practical assistance and reassuring perspective.

This book will help you through childhood diseases and conditions from "A" through "W"—starting with abdominal pain, acne and adolescence and running through warts, weight problems and whooping cough. Other sections are on general health care and safety.

If you are particularly interested in certain aspects of health, consider adding the following to your library:

This 2,500-page manual is written for physicians but has become popular among consumers. The authors are recognized experts on the diseases and disorders that they cover in depth, including signs and symptoms, methods of diagnosis, treatment and prognosis. You are likely to find The Merck Manual difficult to read but worth the effort for the information it provides.

• *Vitamins and Minerals: Help or Harm*, by Dr. Charles W. Marshall (George F. Stickley Co.; 1985; $10.95).

If you are one of the millions of Americans who dose themselves with vitamins and minerals, you need sound, authoritative information on the benefits you gain and the risks you run. This volume is valuable in separating the wheat from the chaff. Written by a biochemist, it was named the best book of 1983 by the Science Writers of America.


If you are interested in herbs, it is important to know the good and the bad. Most writings on herbs are dangerous because they tell the story from a definite point of view. The *Honest Herbal* is objective and includes extensive scientific evidence collected by Dr. Tyler, one of the world’s leading authorities on medicinal plants.

Besides reading books, you also might want to subscribe to a consumer health newsletter to keep up with current information. Two of the best that share a reputation for accurate information:

• The *Harvard Medical School Health Letter*, 79 Garden St., Cambridge, Mass. 02138; $18 a year.

• *Mayo Clinic Health Letter*, Mayo Clinic, Rochester, Minn. 55905; $24 a year.

*Take Care of Yourself* is the primary source of medical advice for millions of families. It has a unique flowchart format which allows you to make decisions like when you should consult your physician and when you can apply home treatment. It is one resource which covers areas like nutrition, fitness, sports injuries, eating disorders, stress management, and mental health.
PART VIII:
You and Your Doctor: Making the Relationship Pay Off
What is a “good doctor”? For many patients, it is the doctor who is available when needed and does not keep them waiting too long during an office visit. For some, it is the genial doctor who takes time to talk to them. Other patients figure that a good doctor is the one whose treatment makes them well in short order and at a reasonable charge.

Convenience, courtesy, and cost are certainly important when evaluating a physician: but even more basic are the elements of caring and competency. These appear to be quite different and separate qualities, but in practice they intertwine much of the time.

The doctor who takes time to explain your problem and your treatment is not only demonstrating his concern for you but also is involving you as a partner in your care. That partnership improves the likelihood of an effective outcome.

Caring and competency go hand-in-hand in many other routine practices of the doctor who delivers high-quality care. Although he has bad days just as anyone else, generally a good doctor:

- Spends enough time with you and gathers enough information to assess your problem thoroughly.
- Listens carefully when you describe your symptoms and when you respond to the questions he asks.
- Acknowledges you as an individual—more than a body with signs and symptoms.
- Makes you feel comfortable so you will be honest and open about your concerns.
- Explains his findings and diagnosis, then makes certain you understand your treatment plan and what to expect from it.
• Discusses legitimate optional treatments when there are choices and tells you the advantages and disadvantages of each so you can make informed choices.

• Explains his reasons for recommending tests or procedures and describes the risks and benefits involved. If you decide to go ahead with a test or procedure, he makes sure that you have enough information to be physically and psychologically prepared for it.

• Encourages you to ask questions and answers them in language you can understand.

• Sticks with a treatment plan for a reasonable length of time.

• Recognizes his limitations and suggests consulting with other physicians if your problem is particularly complex or requires a difficult medical decision.

• Emphasizes preventive medicine, so that you will be helped not only to get well but also to stay that way. (A clue to his interest in preventive medicine will be “no smoking” sign in the waiting room.)

• Keeps good medical records. (For example, he records and takes into account all the medicines prescribed for you by all the doctors you see.)

• Runs a practice that is reasonably well organized and has a staff concerned with giving you quality care.

• Maintains confidentiality of all patients.

All of these prime indicators will be evident in your encounters with a good doctor, but, how do you judge his over-all medical competency? How can you gauge his knowledge, skills, and experience?

This is a difficult task for a patient. Perhaps the best way is to take advantage of formal and informal judgments made within the medical community.

Hospital privileges are the single most valuable way to evaluate a specialist, according to Lewis Miller.
Mr. Miller says the reason is that a doctor's peers elect him to membership on the staff of a hospital and determine the extent of his privileges to take care of patients.

Board certification also can be an important criterion because a physician can legally practice in a specialty without advanced training. If he is board certified, you will know that he has taken several years of advanced training and passed a comprehensive exam in his specialty, making him a diplomate of that board. Board eligible means that the physician has trained in the specialty but not yet taken the exam.

There are 22 medical specialty boards, including the primary care fields of internal medicine, family practice and pediatrics as well as obstetrics, surgery, and others.

You can check credentials by contacting the physician's office, and you can verify them with the hospital where he is affiliated or the local medical society. Membership in a local medical society allows peer review of a doctor, and it is the only place for a formal grievance procedure for patients. Diplomates of the various specialty boards also are listed in two volumes available at large public libraries, *Directory of Medical Specialists* and the *American Medical Directory*.

On a more informal basis, you can seek the opinions of other physicians in your community. Both emergency room physicians and pathologists are particularly aware of professional competency.

Continuing education is highly important for maintaining competency in the constantly changing field of medicine. It has been said that medical knowledge doubles every seven years. Hospitals require physicians to attend medical education meetings.

Honorary organizations with specialties, known as "colleges," are primarily concerned with continuing education. By meeting certain qualifications, a doctor may be elected a fellow of the college and will use the initials (for example, FACP, meaning fellow of the American College of Physicians) after his M.D. degree.
In terms of keeping up-to-date, there are other positive signs. A physician who is involved in teaching medical students or residents is most likely to be familiar with the latest techniques. Many private physicians donate time teaching these physicians-to-be and physicians-in-training. Also, a physician who regularly attends statewide or national medical meetings stays abreast of developments in diagnosis and treatment.

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Making Good Use of a Good Doctor

After you've found a physician you can be happy with, make the most of his or her expertise. Adopt these strategies:

• Let your physician provide your primary care and coordinate your care when you need the attention of other physicians.
• Visit your physician when you are well.

Although the annual physical is no longer routine, periodic prevention-oriented checkups make sense for your health and your pocketbook. Ask your doctor how often you should be evaluated and find out how you can monitor your health problems between checkups. If you have high blood pressure, you may want to learn to take your blood pressure readings at home.

• Ask more questions and become a more assertive patient.

When treatment is necessary, make sure you understand what is happening to you. If you cannot handle this role yourself, find a relative or friend to help.
• Keep good records about your health as well as your expenditures for it.

Most patients are careful to save pharmaceutical and medical treatment receipts for insurance claims and/or income tax deductions. Few are wise about maintaining health records. Not only should you keep a diary of your own medical history but you also should be familiar with your family’s medical history.

If you can provide your doctor with full information, you may be able to avoid repeating tests unnecessarily. The illnesses that your parents or relatives have had may provide important clues about which tests should be run first when you develop puzzling symptoms.

• If you think you are getting sick, get in touch with your doctor early.

Some untreated problems are likely to become more serious and require longer and more expensive care. It is especially costly to be treated in the hospital emergency room rather than your physician’s office.

• Use the telephone.

Avoid running to your doctor’s office every time you become slightly ill. Most doctors do not charge telephone advice. The better your doctor knows you or your children, the more likely he will be able to provide effective help on the phone.

Learn how to report your symptoms concisely so the doctor or nurse can help you manage an illness at home and instruct you about developments that might require an office visit.

• Don’t push for unnecessary treatment or tests.

Antibiotics won’t cure your cold, and tranquilizers won’t help your nerves as much as learning how to manage your stress.
• Stick with the advice you pay for.

If your doctor prescribes an impractical treatment program that you cannot or will not follow, let him know so that you can work out an option. If a treatment doesn't appear to be helping you, don't drop it on your own. Tell your physician so that adjustments can be made.

• When reporting symptoms, don't forget the emotional side.

If you are experiencing emotional trauma or stressful situations in your life, don't try to be brave. Let your physician know how you feel.

Some physicians are good at eliciting depression, but it is a commonly overlooked illness. Often a doctor treats the symptoms and fails to get at the underlying problem. Then the depression or stress shows up in other physical forms.

Think of symptoms broadly, as any changes you (or others) notice in your body or mind.

• Let your physician know your concerns about health care costs.

It is reasonable to ask questions about fees and charges for procedures. If you must have diagnostic tests or procedures in the hospital, ask whether they can be scheduled on an outpatient basis.

• Ask your physician to provide written information about your health problem or to recommend other reliable sources of information.

Written information about medication, for example, lessens the chances that you will take your prescription incorrectly and end up
needing further treatment. (The American Medical Association and the American Academy of Family Physicians offer their members this type of information for patients.)

• Lead a healthy lifestyle.

The way you live your life affects your health and your costs of maintaining it. If you need help with any aspects of healthy living—sticking to a diet, developing an exercise program, cutting out a smoking habit—ask your doctor for guidance.

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When and How to Switch Doctors

One of the most difficult decisions for some people to make is the decision to change doctors. The longer a patient and a doctor have had a relationship, the more difficult it may be for the patient to consider relating to a new physician.

Think about the possible reasons for deciding to change physicians:

• You surmise your doctor will retire soon.
• You've heard good things about a new doctor in town.
• Your employer's benefit options don't include your doctor.
• You want a new opinion about your illness.
• Your doctor's staff made you angry the last time you were in.
• Your doctor is too busy to answer your questions.
• Your doctor won't talk on the phone when you call.
• Your doctor's charges are higher than you want to pay.
• You are behind in paying your bill and feel embarrassed.

For whatever reason a patient decides to switch, here are guidelines that may be helpful in making the change:

• Be sure your reasons for the switch are not problems that also will occur with the new doctor. In fairness to your current and your prospective physician, talk it over with a person whose opinion you value before you make the switch.

• Be open and honest with your doctor about the reasons for your change. If you are uncomfortable with communicating your thoughts in person, write them in a brief but candid letter. Send it to your physician marked "Personal," especially if it contains information pertaining to his office staff. Perhaps you will get a response that will clarify the situation for you to your satisfaction and you then may decide not to switch.

• When you change doctors, don’t forget to sign a release form for medical records transfer. A summary of your records, or copies of their contents, should be sent to your new doctor. Some physicians and some patients believe that making such a request will cause hard feelings, so they avoid doing so.

Because numerous patients move as well as physicians, record transfers have become a routine occurrence in medical practice. Continuity of management is vital to high quality care and both depend on a comprehensive patient data base.

Reconstructing your medical history from memory may not be as accurate as it should be. For example, forgetting about an allergic reaction to a medication may have serious consequences.

Transferring old records also can save you money by preventing duplicative diagnostic tests. Until a new doctor can get to know you and your responses to his medical care, your records are the best resource available for guiding his or her treatment plans.
• If you are changing doctors because of your membership in a new health plan, make sure you become knowledgeable about the plan and the full range of services it provides. Some insurance plans have a heavy physician turnover history, and many patients end up returning to their original doctors. Consequently, avoid "burning bridges" with physicians who have served you well in the past but for reasons beyond either party's control can do so no longer.

• Try to define your expectations of a new physician before making the change so that you can be as specific as possible about how you want the relationship to work when your entry visit takes place. Try to have a face-to-face meeting with your prospective physician even if you have to pay for an office visit. It may be worth it.

Switching doctors can be upsetting or can make you feel comfortable, depending on the level of self-awareness and emotional detachment you experience in the process. "Satisfaction guaranteed" may not be a realistic expectation in every physician-patient relationship. Nevertheless, it is worth striving for that goal.
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The Life You Save, by Lewis Miller, Berkeley Publishing Corporation.

The Medicine Show, by the editors of Consumer Reports, Consumers Union, Mount Vernon, New York, 1980.


Additional sources of information include these newsletters, journals, and publications:

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Annals of Internal Medicine
Journal of the American Medical Association
Journal of Gerontology
Journal of Nutrition Education
New England Journal of Medicine
Postgraduate Medicine
Western Journal of Medicine

Newsletters:

Consumer Nutrition Alert
Harvard Medical School Health Letter
The Medical Letter
Nutrition Forum
Tufts University Diet & Nutrition Letter
University of California, Berkeley Wellness Letter

Publications:

“Arthritis: Unproven Remedies”, Arthritis Foundation
Consumer Reports
FDA Consumer
The Skeptical Inquirer
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About the Author

John H. Renner, M.D., is a family physician, health educator, and consumer advocate who for the past seven years has been alerting health professionals and the lay public to the dangers of quackery and health scams. He is the President and Medical Director of the Consumer Health Information Research Institute, a not-for-profit health organization in Kansas City, Missouri. He is also on the Board of Directors of the National Council Against Health Fraud, Inc.

A native of Indiana, Dr. Renner received his B.A. in Chemistry and Zoology in 1954 from Dartmouth College, and in 1958 received his M.D. from George Washington University School of Medicine. He currently serves as Clinical Professor of Family Medicine, University of Missouri-Kansas City.

Dr. Renner has been awarded the FDA's Commissioner's Citation for "exceptional efforts in combatting health fraud." He has also recently testified on the problem of health fraud telemarketing before the Senate Commerce Committee. He is a member of medical organizations such as the American Medical Association, the American Academy of Family Physicians, and the National Council on Patient Information and Education. He serves as an advisor or trustee of local, state, and national health organizations such as the National Osteoporosis Foundation and the National Chronic Fatigue Syndrome Association. He has addressed hundreds of audiences, both professional and lay, on health misinformation and patient education topics. He is the author of more than twenty-five publications in clinical and lay journals, and also serves as editor of The Greater Kansas City Medical Bulletin, a publication of the Metropolitan Medical Society. This book represents a compilation of articles originally written for Dr. Renner's weekly "Health Bulletin" column in the Kansas City Star.
"The book is essential for patients and physicians alike. It provides important information on how to stay healthy and how to sort through the often confusing mass of health information that confronts us. It is a necessary addition to everyone's personal health library."

**Herbert F. Young, M.D.**
Director, Scientific Activities Division
American Academy of Family Physicians

"HealthSmarts puts the reader on the alert. The Older Adult is vulnerable and are victims of 60% of fraud and quackery. This book will make you more responsible to seek information and good professional help."

**Reverend Elbert Cole, Th.D.**
Founder, Shepherd's Center of America

"Effective doctor/patient relationships are not one-sided—a patient's well-being cannot be dependent solely on the health care provider. This book offers the 'smart' health advice needed to form such a partnership."

**Orvalene Prewitt**
President, National Chronic Fatigue Syndrome Association

"The information in this book will help many potential victims preserve their cash and their health by steering them away from fraud and towards validated sources of health care. Medical quackery has no more determined foe—and the vulnerable patient no greater ally—than Dr. Renner."

**Robert L. Edsall**
Editor, *Patient Care*