

Most miracle cures lack scientific testing

DR. GOTT



PETER GOTT, M.D.

DEAR DR. GOTT: I vacation in Arizona. Recently, a friend took me to a meeting where he stated miracles would happen. They claim the blind can see, the lame can walk, hypertensives can go off their medication, all because of KM-Matol. I understand this "medicine" is widely used in California, Nebraska and Arizona. The cost is \$1 per day. Now, I'm being pressured by my friends to make the investment.

Yesterday, I met a man from Calgary, Alberta, who claims he gets \$3,000 a month from his company as a "rake-off" from people selling this product. What's your opinion?

DEAR READER: This is a scam, a get-rich-quick scheme. As medical treatment, it's absolute baloney.

I am constantly amazed at how gullible people are. Folks of above-average intelligence line up to spend money on the darndest quack cures.

Don't you think doctors would break down doors to get KM-Matol if it had even a fraction of the benefits its proponents claim?

When a drug or other medical therapy shows promise, it is tested by the scientific community to determine its value and potential side effects. If, through investigation, it appears useful, it is released.

This is not the case with "miracle cures" that are sold as antidotes to almost everything. No scientific testing takes place. The product is promoted by money-grubbers who hope to reap huge profits, at the expense of an unsuspecting public, before the "cure" is found out to be a sham.

Be very skeptical about any treatment that purports to cure blindness, lameness and hypertension. Say "no" to your friends' suggestions; save your money and follow your doctor's advice about health issues. I'm the last person to claim that traditional medicine is perfect but, right now, it's the best system available.

To give you more information, I am sending you a free copy of my Health Report "Fads II - Herbs and Other Supplements."

DEAR DR. GOTT: My 26-year-old brother had a wisdom tooth pulled and was admitted to the hospital three days later with severe head, neck and chest swelling. His condition

was diagnosed as Ludwig's angina. Can you provide information on this?

DEAR READER: Ludwig's angina is a rapidly spreading infection of the upper neck. It can follow dental extractions, which allow bacteria from the mouth to enter and penetrate the tissues under the jawbone. As the infection spreads, it causes severe pain and swelling, difficulty swallowing, drooling and trouble breathing. If respiration is severely impaired, asphyxiation and death can result.

Before the advent of antibiotics, Ludwig's angina was a serious and dreaded consequence of dental extractions. Fortunately, with modern antibiotics, the infection is easily treated. However, during the treatment phase, patients must be closely monitored in the hospital for respiratory distress, a complication that can appear suddenly and without warning.

DEAR DR. GOTT: I took Ser-Ap-Es for 10 years to control high blood pressure. Then I found out the drug can cause Parkinson's disease and depression. Please comment.

DEAR READER: Ser-Ap-Es is a drug that has been used for many years to treat hypertension. It contains reserpine, hydralazine and hydrochlorothiazide. Unfortunately, each of these ingredients has danger-

ous side effects. Reserpine, in particular, commonly causes depression, slow pulse, deafness, headaches, dizziness and nightmares; Parkinson's disease is an extremely unusual complication.

Hydralazine can cause liver inflammation, fluid retention, angina, depression and bone-marrow damage. Hydrochlorothiazide is associated with potassium deficiency, worsening of diabetes, gout, vertigo, rash and weakness.

In my opinion, Ser-Ap-Es is no longer an appropriate medicine for hypertension; it has too many side effects and is more dangerous (and less effective) than the newer drugs for high blood pressure. Ask your doctor to prescribe more modern medication - such as beta-blockers, calcium-channel blockers or angiotensin-converting enzyme inhibitors - to lower your blood pressure without the risks of Ser-Ap-Es.

DEAR DR. GOTT: My 5 1/2-year-old daughter was diagnosed last year with epilepsy. She has petit-mal seizures and takes Zaronin. Her doctor says she will outgrow this condition between the ages of 8 and 12. When we took our second daughter, who is retarded but not epileptic, to her neurologist, he indicated that she will develop grand-mal seizures as she ages. Whom do we believe?

DEAR READER: Both doctors

may be correct.

From your description, I conclude that one daughter has petit mal, a mild form of epilepsy that most children outgrow, while the other daughter, because of her mental handicap, may develop seizures as she matures. The two situations are different.

Petit-mal epilepsy is characterized by brief episodes of bewilderment (called "absence attacks") and muscle twitching. The cause is unknown. Petit mal always begins in childhood; many patients are highly intelligent.

On the other hand, major motor seizures (grand mal), marked by loss of consciousness and violent muscle contractions, may appear at any age and are common in people who have a degree of brain damage, such as mental retardation. Of course, the neurologist is simply guessing that this condition will develop. Your handicapped daughter may mature normally and never have seizures.

Therefore, I think you are safe to adopt a "wait-and-see" attitude. If your retarded daughter develops grand mal, she can be treated; if she doesn't, the neurologist's prediction is incorrect.

To give you more information, I am sending you a free copy of my Health Report "Epilepsy - the Falling Sickness."

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