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It Just Ain't So

In which medical misinformation is uncovered

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They say that if you hear something often enough, it becomes the truth. Many health beliefs, from what causes a particular disease to how to prevent or treat an illness, are based on faith, not fact. Believing is one thing, but acting on some faith-based medical conviction can delay effective treatment or even cause harm.

“Myths are usually based on tradition, anecdote or art. Most contemporary medical myths are in the category of ‘old wives’ tales,” says Dr. Alvin Merlin, a urologist who teaches a popular course on classical mythology at the University of New Orleans.

Explaining the origin of the expression he adds, “Historically, women have always been our healers. Women minister to the sick and offer advice on health. Midwives were always just that – wives, not husbands.”

Area health care workers were informally polled for their favorite myths from the trenches of providing care.

A hard-to-break scheme, first proposed in the 1920s: All adults should have a yearly physical examination. The American Medical Association first proposed the annual check-up in the 1920s to detect early tuberculosis. Larger hospitals and clinics morphed and marketed yearly medical examinations into executive wellness examinations. All are now passé, and for good reasons.

Current best practices call for periodic health surveys based on age, sex, family history and other underlying medical conditions. Not everyone needs to go through a yearly battery of senseless, uniform tests. For women, the United States Preventive Services Task Force does recommend a Pap test every one to three years beginning at age 18, and a mammogram every one to two years beginning at age 40, but there’s no need to continue these at advanced years. Both sexes should have occasional blood pressure checks, but these can easily take place during any medical encounter. The Task Force recommends a cholesterol check every five years beginning at age 40 and screening for colon cancer after 50 or so years of walking the earth.

Specialty medical groups often advise more extensive testing, but the Task Force bases their recommendations on statistically significant outcome differences. Their recommendations are minimal and don’t reflect underlying conditions or family histories. For example, a person with a strong family history of colon cancer should be screened at an earlier age. A person on medication for hypertension or diabetes needs to check a variety of blood parameters at least yearly.

The Task Force has data to prove that the time and expense of annual screening medical tests is much better spent when aimed at specific interventions to address a person’s own unique situation – cigarette cessation, alcohol and drug use and nutrition.

Toothache: A wad of cotton stuffed in the ear on the affected side keeps wind off the affected side and eases the pain. This myth was reported by Dr. Richard Vinroot, a local emergency medicine physician who also volunteers with Doctors Without Borders everywhere from Haiti to Kenya. As any biology student knows, there’s no wind tunnel connecting the ear to a throbbing tooth. Other myths reported by Vinroot include “vinegar lowers the blood pressure, getting wet or rained on gives you pneumonia, and tobacco helps with pain and swelling following a bee sting.” He also reports persistence of an old myth, that amulets placed around a child’s ankle can ward off various threats to their health.

Yo Mamma on those rare frosty New Orleans days: Put your coat on before you go outside or you’ll catch a cold. “Cold weather causing a cold is a myth,” says Ochsner nurse April Brabham. “Common colds are caused by viruses ... the best way to prevent the spread of germs to others is to wash your hands after you cough or sneeze.”

The average adult has two or three colds a year, and summer colds are common. Not heeding your mother’s advice to wear a coat on chilly winter days may make you shiveringly cold, but being cold doesn’t increase your chances of catching a viral respiratory tract infection.

Tabasco on raw oysters will kill any germs. “There is a bit of rationale here but it isn’t borne out in clinical practice,” emails Tulane University School of Medicine infectious disease

specialist Dr. Susan McLellan. The Food and Drug Administration agrees with McLellan: “The active ingredients in hot sauce have no more effect on harmful bacteria than plain water.”

The public dissemination of this myth began in 1993 with a paper titled “Louisiana hot sauce versus *Vibrio* species: never eat oysters without it?” A team of Louisiana State University researchers added various condiments to test tubes containing live pathogenic *Vibrio* bacteria. Dr. Charles Sanders reported that ketchup, lemon juice and horseradish sauce all retarded bacterial growth but praised a one to 16 concentration of Louisiana hot sauce as a knockout ingredient, killing all bacteria within five minutes. Sanders never published his study in a peer-reviewed journal and backpedaled in later years after other reports showed the LSU results couldn't be duplicated when the *Vibrio* germs were suspended in homogenized oyster slurry.

“The secret of the sauce is probably not the chilies but the vinegar,” wrote a Chicago Tribune writer who interviewed Sanders the following year. And Sanders answered “no, sir” when asked in published proceedings if he knew anyone who could ingest Tabasco at a dilution of one to 16.

A common vision misconception: Reading in dim light ruins your vision. “Reading in dim light doesn't damage the eyes,” Dr. Bruce Germer e-mails from Spain, where he was preparing for his run with bulls in Pamplona and an annual party that he hosts there with his wife, Denise. When at work, ophthalmologists spend their days looking into eyes with open ears. These are some things on which Germer, the eye myth-buster, must correct people on a regular basis: “Sitting very close to a TV or computer monitor doesn't damage the eyes. Straining one or both eyes doesn't damage the eyes. Macular degeneration doesn't cause total blindness. Macular degeneration isn't immaculate degeneration. A cataract isn't a Cadillac. A retina isn't a rectum.”

A worldwide classic: You can catch gonorrhea from public toilets. The skin on your buttocks comes in contact with toilet seats, but the hide on your butt is a damn good barrier against infectious diseases. Decades ago Gladys Clark was a legendary nurse at Delgado Clinic, our local sexually transmitted disease clinic. She had a stock reply for the almost-daily question from a patient as to whether he or she could have contracted “it” from a toilet seat: “Not unless you were having sex on the toilet.” Public toilets, no matter how dirty or smelly, aren't playgrounds for disease transmission – except for Typhoid Mary wannabes who defecate and return to food preparation with unwashed and feces-laden hands.

It all began in the VD clinics: Don't drink alcohol while taking penicillin. There is no reason a person taking penicillin-based antibiotics needs to abstain from alcohol. Alcoholic beverages don't deactivate antibiotics or make them less active. In general alcohol doesn't interfere with antibiotics. One common exception is Flagyl, an antibiotic more related to Antabuse than to penicillin. Some folks taking Flagyl who drink alcohol have an Antabuse-like reaction with nausea, vomiting and flushing. I have seen these warnings also issued with Bactrim, but most folks who take Bactrim report no such occurrences.

The widespread belief that antibiotics and alcohol don't mix dates back to the days when penicillin was widely used in public venereal disease clinics. “No drinking and no sex for a week” was a standard warning for patients with gonorrhea and syphilis when I worked in the city's venereal disease clinic on Tulane Avenue in the 1970s.

“Dr. Lutz, you want them to get drunk and catch it again? We always tell them that,” said a senior public health nurse when this then-greenhorn physician suggested we should be giving more evidence-based discharge instructions. As a fast learner, I was soon dispensing the same advice.

Dr. Alton Ochsner discovered the link between cigarettes and lung cancer. Dr. Alton Ochsner is a regional medical legend with many accomplishments, but he himself never claimed to have discovered the link between cigarettes and lung cancer. Yet Ochsner's so-called discovery is repeated so often it has become local medical lore. Earlier this year a press release from the medical complex that bears his name began with this sentence: “In 1939, Dr. Alton Ochsner discovered the link between tobacco use and lung cancer.”

In his writings Ochsner credited a German physician in 1923 for opining that “the increase in incidence of pulmonary carcinoma was due to the incidence of cigarette smoking.” In reviewing the world's literature, Ochsner and his colleagues cited at least five clinical papers and eight experimental studies linking tobacco smoke to cancer that were published

between 1911 and '37. He cited a '29 published work of another physician who believed “the inhalation of tobacco smoke is a responsible factor in the increase of bronchogenic carcinoma and that such carcinoma in many cases can be prevented by abstinence from smoking.”

Three studies finally published by others in the early 1950s conclusively established cigarette smoking as the causative agent of lung cancer and other health problems. Ochsner's earlier publications were more about the surgical treatment of lung cancer and not its etiology. What he and Dr. Michael DeBakey did do in '39 was to promote surgical removal of the entire lung rather than just resection of the cancerous lobe. Their “radical pneumonectomy” remained the standard of care for persons with lung cancer until the early '60s.

Ochsner often faced hostile audiences when he spoke before medical groups in the 1950s. Dr. John McDonald wrote in the Archives of Surgery: “Once Dr. Ochsner lectured in Mobile, Ala., on the relationship between cigarette smoking and lung cancer. Afterward someone stated that he had found that patients with rectal cancer were more likely to be smokers. Could Dr. Ochsner explain that? Ochsner replied that he could not, unless people in Mobile inhaled much more deeply than those in New Orleans.”

As an early and tireless anti-smoking spokesman, Ochsner helped set the stage for the Surgeon General's pivotal 1964 report on smoking and health. Ochsner had significant accomplishments and influence, but he wasn't the first person to link cigarettes and lung cancer.

The sun versus your skin: A few sessions in a tanning bed before a beach vacation will protect against sun damage.

“Tanning beds are never safe.” That is the message from most dermatologists, including Drs. Deirdre Hooper and Sarah Jackson, who practice in Uptown New Orleans. Normal human vitamin D production is dependent on a certain amount of sun exposure, but too much ultraviolet light, whether from the sun or sun lamps in tanning salons, accelerates skin aging and may help explain increasing skin cancer rates in some segments of the population.

“Tanning beds are more likely to cause skin problems for redheads and those with fair skin,” says one local physician who has owned tanning salons in the past and wishes to remain anonymous. “I think there's some sort of genetic interplay going on here. What might not be good for a pale red-headed Irishman isn't necessarily bad for an Aristotle Onassis-looking Greek.”

When exposed to excess ultraviolet radiation, certain skin cells whip into action manufacturing excess melanin to protect from additional damage. This melanin excess shows up as the tan, a fashion statement of waning popularity.

At most, a tan provides a Sun Protection Factor of two to four, which is far below the 15 recommended by health experts to protect from UV lights' long term ravages – excess wrinkles, liver spots and skin cancers.

These are some other skin care myths debunked by Drs. Hooper and Jackson during a recent lecture to the ladies of the Orleans Club:

- **You don't need sunscreen on a cloudy day**
- **More expensive products work better**
- **Organic is better**
- **Makeup removers and toners are a necessary part of cleansing**
- **You can't use moisturizer on acne-prone or oily skin**
- **Cold rinses help your skin**
- **You should switch products once in a while**
- **Greasy foods cause acne**

- **Vitamin E fades scars**
- **Creams can remove cellulite**

Near-death by choking: Peppermints are too dangerous to pass out in restaurants. Postprandial peppermints are an area seafood restaurant staple from Fury's in Metairie to Galatoire's in the French Quarter. Most local Japanese restaurants adopted the custom, but I didn't see any mints lurking in their usual spot near the cash register of a popular Japanese restaurant on Veterans Memorial Boulevard.

"Sorry, no more peppermints. Too dangerous," said the proprietor. This correspondent, a faithful follower of the adage "you can't bullshit a bullshitter," pressed for additional details: "A teenage boy sucked one down his windpipe. They had to rush him to the emergency room at East Jefferson last year. He almost died. Sorry, no peppermints."

Foreign body aspirations usually involve infants and young children who swallow much smaller objects, such as shelled peanuts and loose Mardi Gras beads. The teen years are rife with risks, but if the teenager entered respiratory arrest from a peppermint, it would be an event worthy of publication in a medical journal.

A physician friend at East Jefferson General Hospital queried the emergency room staff for me. No one remembered a teenager that had choked on a peppermint. An acute sushi deficiency a few weeks later propelled me back to the scene of the near-death by peppermint. Same proprietor and same story, "Sorry, no peppermints, boy almost died."

"Are you sure?" I pressed, telling him that none of the ER staff at East Jefferson remembered the incident. He then changed his story, saying that the boy received the Heimlich maneuver and didn't have to go to the hospital after all. And no, he had no idea who the boy was as neither he nor his family had ever returned.

Bottom line: Thick peppermints the size of two or three quarters glued together are too large to lodge in a teenage trachea. But rounder hard candies, the size of small grapes or a piece of half-chewed sushi, could cause an aspiration.

A New Orleans oldie: Vicks VapoRub in your nose will help cure a cold. Vicks VapoRub is a gumbo mix of camphor, menthol and other chemicals. It is a top-selling over-the-counter treatment for colds and coughs, especially for children. "I often recommend Vicks for younger children and it does seem to decrease nighttime cough," says Dr. Jimmy Treadway, a popular pediatrician who practices near East Jefferson Medical Center. "But Vicks in the nose is a no-no. It should not be applied to the face or nose as skin and eye irritation can occur."

A recent communication in The Journal of Pediatrics confirmed what Treadway and other pediatricians have long advised: A single application of Vicks VapoRub on a child's chest and neck decreased nighttime coughing from head colds and improved sleep for children and their parents compared to plain Vaseline on the chest or to no treatment. Bottom line: Vicks VapoRub can help decrease cold symptoms, just don't rub it on the face or inside nose.

Other Health Myths:

Eating eggs will give you coronary artery disease.

Health supplements are proven to work by the FDA.

Watermelons are good for the kidneys.

There's nothing like a good enema to rid your system of toxins.

Everyone needs a daily bath.

I don't need a primary care physician, my [insert specialist here] handles everything.

Chewing gum promotes cavities.

Putting a silver spoon in an epileptic's mouth during a seizure will stop him from swallowing his tongue.

Back pain should be treated with bed rest.

Cancer treatment – more is always better.

Diabetes – the tighter the glucose control the better.

PSA testing for prostate cancer saves lives.

Hair and fingernails continue to grow after death.

Shaving hair causes it to grow back faster, darker or coarser.

Please let us know your favorite health myths or why you think what some folks call a myth is really true by emailing info@MyNewOrleans.com. For the subject line use: Health Myths. Or, write Health Myths, c/o Renaissance Publishing LLC, 110 Veterans Memorial Blvd., Metairie, LA 70005.