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Letters

Drug defended, study panned

Karl Rickels' overgeneralization regarding progesterone and premenstrual syndrome ("PMS study pans popular prescription," SN: 7/21/90, p.37) is typical of psychiatrically managed studies. The population selection is not identified in his paper and is almost certainly biased to a university and psychiatric patient base. The form of progesterone is not identified and is almost certainly medroxyprogesterone rather than the actual hormone. The dose is almost certainly too low, and its timing is not empirically based on clinical lore but instead reflects the purely textbook assumption that every woman follows a clock set in the university. The composition of the delivery system—a suppository—is not described and is almost certainly not adjusted for progesterone's notorious inability to remain in solution. There is no report of any cofactor given with the suppositories, and most clinical reports indicate that treatment will not be

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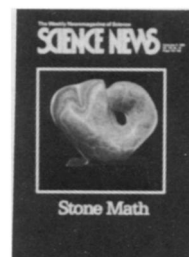
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Cover: Mathematician Helaman Ferguson creates mathematically inspired sculptures as a way of conveying the beauty of theorems. Carved out of onyx, the sculpture shown here represents an intriguing geometric shape known as a Klein bottle, accompanied by a topological feature called a cross-cap. (Photo © Helaman Ferguson)



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efficacious without multivitamins, magnesium and relatively large doses of pyridoxine.

Moreover, there is no indication of the kind of PMS studied. There are at least five varieties, each with its own biochemistry: PMS characterized by agitation, anger and anxiety; PMS with headache and food cravings; PMS with bloating and water retention; PMS with severe depression; and PMS with mixed symptoms.

The antiscience bias of psychiatry cannot be exaggerated. Note that Rickels concludes, on the basis of one misconceived and narrow study, that "emotional" factors are more important than physical ones.

For at least 10 years we have treated PMS using high doses of natural progesterone and cofactors appropriate to the type of PMS each woman suffers. These women do not need appetite suppressors and will be made worse by such a chemical assault. Some do need antidepressants.

In our practice, women keep returning for the so-called progesterone "placebos." If only

other disorders responded to placebos in such a dramatic manner as does PMS. . . .

George von Hilsheimer
Neuropsychologist
Associated Health Professionals
Maitland, Fla.

Keeping documents alive

Ivars Peterson notes in passing the difficulty of deciphering information stored by extinct computer systems ("Electronic Grapevine," SN: 8/11/90, p.90), but he perhaps is not aware that in the future we can expect this problem to be alleviated to a very considerable degree. What is needed is a standard, system-independent way to represent the structure of the information contained in documents that are stored electronically.

The International Standardization Organization adopted in 1986 a method for storing

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