NIXON GETS A DRUG TO PREVENT CLOTS

NYTimes SEP 25 1974

Injections Are Also Intended to Heal Veins Damaged by the Episodes of Phlebitis

By LAWRENCE K. ALTMAN

Special to The New York Times

LONG BEACH, Calif., Sept. 24 —Doctors at Memorial Hospital Medical Center here have begun giving former President Richard M. Nixon a series of injections to prevent formation of new blood clots in the phlebitis-damaged veins of his left leg and to help existing blood clots heal.

Mr. Nixon's doctors hope that the use of the anticoagulant drugs, combined with bsd rest, leg elevation, hot soaks, elastic stockings and other measures, will alleviate the symptoms from the damage that has resulted from Mr. Nixon's repeated episodes of phlebitis during the last month of his Presidency and the 46 days since his resignation.

Anticoagulatin is generally considred standard medical therapy for phlebitis and is a complex treatment. Because the dosage of the drug varies from paient to patient, repeated blood tests are usually required to make certain that the dosage is sufficient to achieve a biological effect, yet not too large to pose the risk of unwanted, dangerous bleeding anywhere in the body.

In a medical bulletin that Dr. John C. Lungren, Mr. Nixon's personal physician, issued this afternoon, the Long Beach specialist in internal medicine said: "Anticoagulation therepay was begun after Mr. Nixon's arrival at the hospital Monday and so far he has responded well."

Dr. Lungren also said: "Former President Nixon is in the process of having the series of special diagnostic studies to which I referred in my statement on Monday."

He gave no further information. Norman Nager, a hospital spokesman, said that Mrs. Nixon "spent a good deal of time" with Mr. Nixon. The former President also talked by phone to his daughter, Mrs. Edward Cox, last night. Mr. Nager said he was not authorized to say whether Mr. Nixon was eating hospital or specially catered meals.

Dr. Lungren said just after Mr. Nixon was admitted to the hospital yesterday that all his statements would be specifically approved by Mr. Nixon and his family in accordance with medical ethics.

Anticoagulant drugs are classified by the way they are administered—oral (like coumarin) or injected (like heparin). The medical bulletin did not specify what anticoagulant drugs Dr. Lungren had prescribed for Mr. Nixon.

Established Value

Most experts consider repeated injections of heparin, a drug that a medical student discovered accidentally in 1916, to be of established value in phlebitis therapy.

Heparin's name is derived from hepar, the Latin word for liver, because that organ was found to be source a rich of arin's use was limited because of dangers fro mtoxic reactions. But with vastly improved purification methods, toxic reactions are now rare.

Because heparin has no medical benefit when it is swallowed, doctors must inject it under the skin or into a vein. Its dosage is controlled by blood tests taken after the injections. Accordingly, it is much easier to give heparin in a hospital than at a patient's home. It is understood that this is among the reasons that Mr. Nixon was hospitalized.

Heparin is derived from the lungs of animais that are slaughtered for man's food. There have been conflicting stories in medical circles about a heparin shortage in this country because of changes in slaughtering practices last year.

The mechanism of Leparin's action is not precisely understood. But doctors have attributed its anti-coagulant effect to the drug's strong negative electrical charge, which allows it to form complexes with a wide range of organic materials, including the proteins concerned with blood coagulation.

Pharmacologists say that heparin exerts immediate biologic action after intravenous injection. In contrast, the oral anticoagulants take a few days before they work.

Accordingly, doctors often inject heparin at the same time they prescribe oral anticoagulants. Then, guided by blood tests, they taper the dosage of heparin as the body's biochemistry is influenced by the oral anticoagulant.

Though specifics are lacking, a general point emphasized by Dr. Walter G. Levine in Goodman and Gilman's textbook, "The Pharmacologic Basis of Therapeutics," applies in Mr. Nixon's case:

"The physician must exert proper caution in the use of anticoagulent drugs because the range between inefficient therapy and undue hemorrhagic [bleeding] risk is narrow" and and varies considerably from patient to patient. Individualized treatment and frequent observation are imperative for patients on anticoagulant therapy, who should be considered to be continually on the brink of a bleeding state."

Despite this biological phenomenon, patients like Mr. Nixon can shave daily without undue risk of bleeding.