

BOOK REVIEWS

VITAMINS: THEIR USE AND ABUSE

J. V. Levy and P. Bach-y-Rita, Liveright Publishers, 500 Fifth Avenue, New York City, \$6.95 Hardcover.

Most books written on vitamin supplementation today are either strongly pro or strongly con. This book takes a more moderate tone. It is intended for the general reader.

A persistent theme is the danger of self-medication with large doses of vitamins. The authors point to cases of individuals developing hypervitaminosis D after following the advice of well-meaning but ill-informed health food salespersons. Articles in health magazines have been emphasizing the importance of vitamin E and selenium in doses hundreds of times in excess of the RDA. Misguided individuals, assuming that if some is good, more must be better, may be inclined to take such large amounts without proper medical supervision. A recent article in JAMA strongly implicated selenium in the etiology of Amyotrophic lateral sclerosis. On the other hand, toxicity from the water-soluble vitamins has not surfaced to any extent despite usage by millions of people.

The authors write that vitamin deficiencies will not occur in a well-balanced diet and a need for larger doses occurs only in times of stress, pregnancy, and certain other

conditions. Although still referring to the traditional role of vitamin C in scurvy, they mention that larger amounts may be useful in a variety of stressful conditions, a notion which the major medical nutrition textbook considers too controversial to discuss. High levels of vitamins are also needed in diseases such as pernicious anemia in which the dosage of B12 during the first week is 100 mcg/day, about 1,600 times the RDA. Pyridoxine-responsive sideroblastic anemia requires megadoses of B6 to induce remission. Pauling has theorized that there may exist deficiencies in the transport or utilization of certain critical nutrients causing suboptimal amounts being present. For the well individual, it is true that a normal diet will provide the RDA; however, a recent USDA report indicated that 50 percent of the American population consumed less than an optimal diet and 20 percent of diets were grossly deficient. The authors note that the RDA is not applicable to everyone, but that the needs of different individuals vary considerably. Williams believes that the need for certain nutrients may vary 1000-fold.

In a field such as human nutrition in which so much research needs to be done it is very undesirable to make absolute statements regarding the value of vitamin supplementation. For example, the amount of human clinical research on vitamin E is very meager. A recent computer search of the medical literature (MEDLINE) on lithium and manic-depressive illness yielded a list of over 800

references for the past 10 years. A similar request for papers on vitamin E and cardiovascular disease produced a mere 11. And yet, despite lithium's acceptance by the psychiatric establishment, a paper to be published in the near future asserts that based on examination of 22 randomized double-blind trials the grounds for lithium are still shaky. Another problem with research on vitamins is that, as Szent-Gyorgyi has recently pointed out, the effects take many years to develop.

Regarding Orthomolecular psychiatry Levy and Bach-y-Rita say that at present it is a very much experimental therapy. Although they are familiar with the APA report their book does not consider the rebuttal by Dr. A. Hoffer and Dr. H. Osmond,* as it was published after **Vitamins: Their Use and Abuse** was in press. While writing that orthodox medicine discounts the value of this mode of therapy, the authors spend a full page arguing how this by no means implies that the final word has been said. New research, they assert, may completely overturn contemporary dogma. In the last century the notion of an extraterrestrial origin for meteorites was met with scorn. The French Academy of Sciences said "stones cannot fall from the sky." Along a similar vein one reviewer may interpret the data for a particular theory in one way while another, using the exact same data, may come to the opposite conclusion.

The majority of physicians today have not been trained in nutrition. A JAMA article noted that only 19 percent of American medical schools have a required course in nutrition. The authors say that they changed many of their preconceived notions after reading the literature available. This book is an important step in bridging the gap that exists between those physicians who are actively involved in nutrition therapy and the much larger number who discount its value.

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•Megavitamin Therapy: In Reply to the APA Task Force Report on Megavitamin and Orthomolecular Therapy in Psychiatry. Canadian Schizophrenia Foundation, 1976.

GOING SANE: AN INTRODUCTION TO FEELING THERAPY

Joseph Hart, Richard Corriere, Jerry Binder, Jason Aronson, Inc., New York, 472 pp., 1975

The main theme of this book is that everybody is crazy and the only way to become sane is to bring out your true feelings ("source feelings"), to recognize, understand, and act on them. The authors describe the system they developed to help bring out the source feeling and give dramatic accounts of members of the group discovering these feelings. The book describes the problems in recognizing our real feelings and the confusion and distortion of our personalities as a result of these failures.

There is a description of the full process involved in "transformation" ("transformation is metamorphosis; the person who transforms his life emerges from a cocoon of nonfeeling and partial feeling"). There are descriptions of terms used in the process such as counteraction, abreaction, integration, and proaction.

The philosophy of the system described has a strong Freudian-related and psychodynamic orientation. Childhood traumas and experiences are dramatically relived in the therapy in order to discover and recognize the true feelings.

This book presents a somewhat different approach from the variety of individual and group therapies such as T groups, encounter groups, and transactional analysis. Of course, in general, any interest shown by others is therapeutic as it makes the person get attention and consideration, and therefore makes the patient feel better. But the book does not answer such questions as what proportion were helped, how much they were helped, and how long the beneficial effects lasted.

It would appear that the holistic approach, instead of a specialized therapeutic system, dealing with one aspect of human feelings, would produce much better and more lasting results. Man's feelings are not the whole man as the trunk of the elephant is not the whole elephant. The six blind men

who went to "see" the elephant taught us an important lesson. The whole being is often not the sum of its parts, and one cannot ascribe to one part of the organism responsibility for all its parts.

The subject of human feelings is a very complex one. What determines and influences our feelings? How does one determine which of our feelings are true and whole, and which are false and partial? Further, feelings are not a stable commodity. Our feelings and attitudes change from time to time and are subject to many influences such as hunger, fear, illness, alcohol, and many external and internal facets of our environment. For example, our attitudes and feelings to ourselves, to others, and to past experiences can change with a good meal or a stiff drink. Our thought, perceptions, and feelings can be influenced to a great extent by such disorders as schizophrenia, allergies, and low blood sugar. In addition, when our health situation changes, there are usually changes in our feelings generally. Our attitudes to past events can change with our health situation, with more recent experiences, and as we become more mature.

It would therefore seem that a more holistic approach could be more scientific and would have a much greater chance of providing a successful therapeutic approach.

Nevertheless, I feel that this book has something to offer. It is performing a service by providing a dramatic illustration of the importance of our feelings and the necessity of having integrity in these feelings and in our personal attitudes and frame of mind. It is well written, it is interesting and dramatic, and it is not too technical. It probably could be much more useful when used in conjunction with other therapies so that it could provide a holistic approach.

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**DR. NEWBOLD'S REVOLUTIONARY NEW
DISCOVERIES ABOUT WEIGHT LOSS**

H. L. Newbold,
Rawson Associates Publishers, Inc.,
New York, N.Y. 1977, 274 pp.

Progress in medicine advances in waves with a surge forward and a lesser regression. The forward surges are made by physicians of conviction, while the counterreaction arises from establishment physicians led by professors. One of the main reasons for this is not that physicians want to impede advances, but because of two different ways of using evidence. Generally promoters of change reason on the basis of direct evidence, while the resistance is based upon hearsay evidence. More of this later.

Dr. H. L. Newbold is one of the pioneer physicians who is more convinced by direct evidence, his own observations, than he is by hearsay evidence, the opinions of others. In this book he outlines a new theory of the relationship of allergy to obesity. This view has been gradually coming into medicine, but primarily in the field of clinical ecology. This is that branch of medicine which considers the relation of the whole animal, man, to the total environment, biophysical and psychosocial. But this is the first volume which deals in a comprehensive way with obesity as one of the symptoms of allergy.

Dr. Newbold knows how to present even complex medical issues in a simple and entertaining way. It is obvious to me that he has written this book with great care. What he has shown is that the majority of obese people are allergic to one or more substances with which they are in contact either externally (dust, fumes), or internally (foods, additives). This theory goes way beyond the simple-minded but correct explanation that obese people eat too much. It delves into the more important problem of why they do so. They are allergic to a variety of substances which eventually make the person addicted to them. An allergy to sugar creates an addiction and a craving for sugar. An allergy to milk causes an overconsumption of milk. An allergy to the complex solution of alcohol (beverages) causes alcoholism.

According to Newbold these substances turn off those cells in our brain which shut down our appetite. They signal that we have had enough. His term "appostat center" refers to these important cells, somewhere in the brain.

When the allergic substances are removed from the environment the body will cease to react, and after a few weeks or months the craving or addiction will vanish or diminish to tolerable levels. Extra food will no longer be consumed, and obesity will slowly go away. This is what Dr. Newbold has observed. It is his direct evidence. But so have many others, including myself. I have observed patients separated from the substances they were allergic to for reasons having nothing to do with obesity, such as schizophrenia, depression, or anxiety. Those who were obese began to lose weight until it became normal, even though overweight had not been discussed and no comment was made about any possible weight loss. Dr. Newbold's book had not yet appeared, and my patients could not have known of such a relationship. In my current practice of Orthomolecular medicine I conclude that every obese patient has an allergy problem until I have found that they do not. The latter is very rare.

Dr. Newbold outlines how to determine what these allergies are. These are standard techniques based upon testing foods or extracts after a period of food deprivation. Then he outlines the various treatments which have proven effective. These include diets which are free of foods to which the person is allergic and/or changes in the physical environment to decrease contact with airborne pollutants. But they also include the use of optimum amounts of vitamins and minerals as supplements. These optimum amounts may be several hundred times larger than those required simply to prevent deficiencies.

Orthomolecular medicine is a rapidly developing aspect of medicine. This volume is another important addition to the medical literature. I recommend it to everyone interested in newer advances, especially to those who are too fat. They may be pleasantly surprised to find not only that they will lose weight, but that they may lose their depression, irritability, and anxiety

as well.

The establishment has already reacted, and the N.I.H. has announced that this is all rubbish. There is no evidence, they declare. But this is what we expect—we expect them to play the traditional role.

There are two main types of evidence. The first is direct evidence, what has been observed by a person. But since different people tend to observe the same event in different ways, one is more certain an event has occurred if several people have been there to witness it. They will all agree that something has happened, but may disagree in the description of the details of the event. This is direct evidence, the kind acceptable in courts. Lawyers and judges spend many hours debating whether evidence is direct and admissible, or hearsay and not admissible. When the Wrights first flew their plane, those who saw it knew that they had seen a new phenomenon. Their conclusion was based upon their own observations reinforced by the observations of the few others also present.

Hearsay evidence is a statement made by anyone about a subject not directly witnessed by him, but which merely repeats a statement made by others. It is a secondhand statement. This kind of statement is inherently less reliable because it depends upon the direct evidence made by others. There are many excellent and accurate observers whose statements tend to be right, but there are many more who are not able either to witness accurately or to describe what they have witnessed reliably. This is why lawyers cross-examine witnesses. They hope to bring out the truth, thinking the truth will benefit their own client. Hearsay evidence is not acceptable in court unless there is no direct evidence available.

We have the same division of evidence in science and in medicine. A physician who tries a treatment and finds it works has direct evidence. As a medical student his or her evidence was hearsay, based upon statements of professors and instructors. It becomes direct only when he or she tries it out. But the treatment might be found of little

value. Here we have the elements of a medical controversy—direct evidence by a newcomer confronting hearsay evidence of the establishment.

We can divide those physicians engaged in a polemic into two camps: (a) The observers who base their conclusions on direct evidence. They have earned the right to participate in the fun and games of the polemic by sheer hard work for to make direct observations requires interest in new ideas, work, and study in mastering them, and blood, sweat, and toil in trying them out. And in most cases this must be done in relative isolation from one's colleagues. It may be very dangerous to be a pioneer as any student of the history of medicine can see. (b) Those who make no observations of their own and depend entirely upon hearsay evidence, upon the statements of others. This technique is much easier for it makes no demands whatever on the physician. He/she will not have to read since this was done by others, will not have to spend time in study, will not have to alter his habits of practice, and can remain secure in his belief that the new treatment has no value and probably is quackery. I have known psychiatrists who became convinced in a 30-second conversation in a hospital corridor with a colleague that Orthomolecular medicine was bunk. These doctors are disturbed only when their patients demand the newer treatment. This invariably arouses great anger, since most physicians are aware they are depending upon hearsay and not upon their own direct evidence.

The Orthomolecular polemic is between

physicians like Newbold who depend entirely on direct evidence, and those who have no direct evidence whatever and depend solely on hearsay. The best examples are the members of the APA subcommittee on megavitamins and Orthomolecular psychiatry. No one had any personal or direct evidence since none had ever used the basic therapy as practiced by Orthomolecular psychiatrists. In my opinion no physician has the right to enter into these polemics unless he/she has earned that right by entering the group who depend solely on direct evidence. They will not be taken seriously by scientists and others familiar with the logic of evidence, nor should they be. Only when they have made observations themselves and have used the recommended treatment will their opinions and conclusions be considered of value. In this polemic the opinions of the hearsay camp are trivial.

I have taken advantage of Dr. Newbold's excellent book in order to clarify the nature of the debate. Readers of this Journal will now know that before they seek any opinion from anyone, including their own favorite physician, they will determine whether this opinion is based upon direct evidence or upon hearsay. You are after all paying your physician, and you have the right to subject him/her to cross-examination.

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