

An Idea Whose Time Has Come

Mark Worden¹

After reading the recently released Third Report to Congress on Alcohol and Health, I was impressed and excited by the variety of important research currently underway in research institutes throughout the country. The report describes the usual and conventional investigations into youth and alcohol, alcohol-related crime and traffic problems, and the effects of alcohol on the heart, liver, brain and other internal organs. But there's a new emphasis on pharmacological approaches to alcohol disabilities. One of these involves the search for an "amethystic agent", a sobering-up pill which would shift certain neurochemical gears, so to speak, and speed up the metabolism of alcohol in the body. This would enable the robust toper to get intoxicated at a party, where intoxication is the norm, then take an amethystic pill and become sober enough to drive home safely and legally. There would no doubt be a great demand for such a sobriety fix.

However, not all scientists agree with the direction undertaken by government-funded research as depicted in the NIAAA report. For example, I recently talked with Lemuel Quark, scientist in residence at the Addictive Conundrum Institute in Umpqua, Oregon. Dr. Quark disclosed that he has been working, without recognition, for the

past five years on a revolutionary concept. As Quark put it, "They are all on the wrong track. They are trying to find ways of modifying the drinker's body, the drinker's neurochemical processes to lessen the acute and chronic effects of alcohol."

As I understand it, Quark thinks this is a mistake because in order to be successful, other chemicals must be put into one's body. And these chemicals, these so-called sobering agents, would themselves have the usual unusual and unpredictable side effects and other long term consequences exhibited by other drugs.

"It also reinforces our already strong tendencies to deal with emotional and behavioral dysfunction by taking pills," Quark said. Quark proposed an alternative solution. "Work on the drug alcohol itself," Quark said. "That's the secret." I expressed surprise and Quark quickly explained that for the past five years he has been experimenting on the properties of a non-intoxicating alcoholic drink. Although he has not yet succeeded in perfecting this beverage he is confident that his research will yield conclusive results if he can just secure government funds.

It was when discussing the procedures of awarding research grants that Quark dropped his affable manner and became livid with rage. "It's all politics," Quark said bitterly. "I don't get a grant just because I am not attached to a well-known medical school and because I don't have a platoon of graduate students to collect data for me."

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However, Quark is confident his notions will be vindicated in the long run. As he pointed out, there should be a great demand for an alcoholic beverage that:

- does not intoxicate
- produces no hangovers
- will not damage the central nervous system
- will not cause unconsciousness or memory lapses
- will not impair muscle coordination and work performance
- will not damage liver, heart, pancreas, brain and other internal organs
- will not affect the development of the fetus in pregnant women
- will not promote the growth of carcinomas in the mouth and digestive tract
 - will not be addictive

"This beverage," said Quark, "will enable people to feel relaxed, comfortable, and sociable, and it will reduce mild anxiety, perhaps relieve adrenal stress and impede development of unsightly facial blemishes."

"Why not just eliminate the alcohol from drinks entirely?" I asked, bracing myself for a rapier thrust from his well-known mordant wit

He replied thoughtfully, "Just what my wife suggested, bless her heart. But, you see, it is important to leave alcohol in the beverage for a number of reasons. First of all, alcohol is a symbol to many drinkers. It is important to drink alcohol because it symbolizes youth, manliness, independence, and so on. In addition," said Quark confidentially, "let us be realistic. The alcohol industry is large and influential. It employs many people, has a strong lobby and the State and Federal government collect an enormous amount of revenue from the sale of beverage alcohol."

"But isn't it terribly hard to extract the

alcohol?"

Quark sighed. "You've missed the point. The object is not to get the alcohol out, but to leave it in and get the toxic factor out, or neutralize it."

"I'm not sure I understand."

"It's really quite simple," Quark explained patiently.

"Would you concede that there's a soporific quality in sleeping pills?"

Not wishing to appear ignorant, I quickly replied, "Of course."

"Ipso facto, there's an intoxicating quality in alcohol. All I need are plenty of Sprague-Dawley rats, a commensurate number of psych. 102 sophomore volunteers, and," he gesticulated vigorously, "and a quantity of pure grain C₂H₅OH."

"Q.E.D.?"

"Precisely. Q.E.D.," he said satisfied that we were now speaking the same language.

"Nevertheless," I said, "the picture looks pretty bleak for the future."

"Not so," said Quark. "I am rather optimistic about the future of my concepts. In fact I expect word soon from the National Institute on Alcoholism and Alcohol Abuse regarding my latest proposal. And there seems to be a new sense of social responsibility developing on the part of those who manufacture, distribute and sell alcoholic beverages. Think of the impact on prevention - no necessity for coping skills and values clarification, no need for taxation and sumptuary legislation." With a perceptible gleam in his eye, Quark concluded, "Let's face it, non-intoxicating alcohol - Nocohol, I call it - is an idea whose time has come." Quark smiled expansively as he finished his decaffeinated coffee and put out his lettuce cigarette. His smile was the determined, but beatific, smile of one who is definitely Onto Something Big.

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Life/Time

Dr. Jane F. Rittmayer

Exposition Press, 900 S. Oyster Bay Rd.,

Hicksville, N. Y. 11801

Price \$7.50, 127 pages

In the Introduction Dr. Humphry Osmond writes, "Inside accounts of severe illnesses are of great potential value to clinicians provided they learn how to use them. In medicine as a whole, and in psychiatry in particular, very little use is made of this valuable, easily read, and ever available source of information. My own studies have shown that not many medical students and residents today have suffered a serious physical illness or injury, because medical schools tend to favor those whose health has been good. Similarly, few psychologists social workers, nurses, and psychiatric residents have been psychotic. Consequently they have no first-hand knowledge of what patients experience."

Life/Time by Jane F. Rittmayer is another in a growing series of personal descriptions of the illness. More than this it has a desirable outcome: she became well. Patients do not need to be reminded of their experiences when psychotic, but they do need hopeful accounts of others who have recovered and by what means this was achieved.

The author outlines very briefly her pre-psychotic personality, the repeated episodes of depression especially after childbirth, and her breakdown. The symptoms such as the illusions

("everywhere I go people stare at me"), the thought disorder ("I must be very beautiful or very ugly"), the mood swings, anxiety, fatigue, the marked ambivalence, are all described by a series of apt and evocative poems.

Psychotherapy did not help, as contrary to her therapist there were no origins in her childhood for her neurosis, nor was she neurotic. Eventually she was forced to diagnose herself, and she did. She concluded she was schizophrenic, discovered sugar was toxic for her, gave up her therapist and sought out an Orthomolecular psychiatrist, Dr. Jack Ward. One year later she was well. Her recovery is also described by a number of poems, but even more her joy at re-experiencing a normal world and in reestablishing her relationships with her family is described.

Her story is a vivid anecdote, the kind of clinical material which has been and will continue to be the very essence of medicine and psychiatry. The last section details in a more usual way her recovery once orthomolecular treatment was started.

A.Hoffer, M.D., Ph.D.

DR. MANDELL'S 5-DAY ALLERGY RELIEF SYSTEM Marshall Mandell and Lynne Waller Scanlon Thomas Y. Crowell 10 E. 53rd. St. New York, N.Y. 10022, 1979. 288 pp., \$9.95 U.S.

Orthomolecular psychiatrists have corroborated the clinical conclusions reported by a number of pioneer clinical ecologists. Dr. T. Randolph was the first who directed attention, by means of many clinical studies, to the fact that the central nervous system is a target for allergic reactions. But we were unaware or indifferent to his work until Dr. M. Mandell and Dr. W. H. Philpott presented their findings to the Academy of Orthomolecular Psychiatry and the meeting of the Huxley Institute for Biosocial Research, and of the Canadian Schizophrenia Foundation.

Psychiatrists were not trained for allergy testing or treatment and we found it difficult to widen our range of ideas. This may have deterred many from using these concepts. This volume provides a useful outline of theory and practice of clinical ecology as it applies to medicine and psychiatry. It contains a large amount of valuable information in the form of clinical histories, description of symptoms and results of tests and treatment. The technique of fasting as a way of food testing is described, as well as tests for airborne allergens. No Orthomolecular psychiatrist should carry on without using these concepts. Those who have gone into it have been rewarded by the sight of their patients getting well. My practice has been simplified, has become more exciting, and even more has delighted my recovered patients.

From my own practice I can support Dr. Mandell's conclusions. Recently a patient with chronic multiple sclerosis became normal when all tobacco smoke was banished from her home. A non-smoker herself, she had been kept ill unwittingly by her smoking husband.

Clinical ecology and Orthomolecular psychiatry have established that the cause of an illness is more important in treatment than the

name of the disease. For schizophrenics, depressions and fatigue states have been found to be caused by allergies, vitamin needs, and mineral imbalances as well as other things. If both schizophrenics and multiple sclerotics can recover on a wheat-free diet, what do we have, two different diseases, or one disease expressed in two different ways? It is true, we do not know why one person develops one and not the other. Genetics must play a decisive role and for this reason we will need to retain both the descriptive and causal diagnosis to promote both theoretical and practical research.

I urge every Orthomolecular psychiatrist to read this book. It is informative, easy to read, and contains the information required to get started.

A.Hoffer, M.D., Ph.D.

WHOLISTIC DIMENSIONS IN HEALING A Resource Guide

Leslie J. Kaslof Doubleday & Co., Inc. 245 Park Ave. New York, N.Y., 10017, 294 pp., \$7.95

The advances made by allopathic practitioners over the past fifty years are very impressive. Many deadly diseases have been vanquished, the terror and risk of surgery have been minimized, and life for many has been extended. The public's expectation for relief from discomfort and pain has risen to a degree probably never before reached in human history; yet why are so many people sick today? Why are our hospitals crowded, doctors' offices crowded, and our governments continually facing one or another health crisis? Why are up to one half of our population suffering from one or more degenerative diseases? Why has the prevalence of cancer risen to an un-

precedented high rate? We have no ready answers, although I believe our modern food technology is to a large degree responsible.

Our public have asked the same questions and they have concluded that allopathic practitioners, the most numerous, most scientific, and best established group of healing physicians are no longer to be trusted as the sole dispensers of advice on prevention and treatment. As a result there has been an amazing development of theory and practice by practitioners of novel forms of therapy to whom the public is turning in large numbers. I have been more and more aware of this over the past decade and have often wished someone would, in a single volume, describe the numerous forms of other treatments available to the public. I suspect my patients have been more willing to let me know what types of treatment they have sought because of my interest in Orthomolecular medicine, also considered a fringe aspect of medicine by establishment groups.

Such a book has finally appeared. **Wholistic Dimensions in Healing**, by Leslie J. Kaslof is a resource guide to nearly every form of healing art available in North America. The modalities discussed range from well established medical systems such as osteopathy, with a large number of practitioners, to newer systems such as kinesiology which is just now beginning to develop.

There is a brief section on nutrition, a section dealing with the physical environment such as light; ions in the air. A large number of physical therapies such as acupuncture, Shiatsu, and Rolfing are discussed and a small proportion of the hundreds of forms of psychotherapy are included.

For each individual modality there is a listing of groups and associations, schools, centers and clinics, journals and publications, products and services. The book contains a valuable reading list at the end, classified for each major section.

It is obvious that no practitioner, no matter how holistic, could possibly be familiar with all the therapies listed and described in this book. For this reason this is a very useful and valuable volume. It can be used to introduce the

physician and patient as well to the amazing variety of factors and influences we are subjected to.

The book is neither critical nor laudatory of any particular treatment. Its only claim is that it is a wholistic health directory. The inclusion of any modality does not represent an endorsement. As in all areas the buyer must beware. Nor does this review mean this journal endorses all the modalities discussed. We believe Orthomolecular practitioners will be better physicians for being aware of the numerous ways our patients seek their health.

A. Hoffer, M.D., Ph.D.

ALCOHOL AND THE DIET

Daphne Roe
Westport Conn:
AVI Publishing Co., 1979.

Last year we interviewed an applicant for a counseling position. During the course of the interview, she expressed a great interest in nutritional aspects of counseling but admitted that her own nutritional health practices left much to be desired: she ate few regular meals, snacked on junk foods, avoided fresh fruits and vegetables, and largely subsisted on heavily creamed and sugared coffee. In addition, she chain smoked cigarettes and seldom engaged in any form of exercise. In short, like many other professional/ para-professional alcohol/drug counselors, she displayed many of the behaviors we find common in clients. As Mark Twain put it: "Nothing needs reforming like other people's habits."

Daphne Roe's latest book, **Alcohol and the Diet**, provides one of the most comprehensive reviews to date on other people's habits — focusing on alcohol and its multifarious effects on the nutritional health status of the drinker. In the process, she gives a number of good pointers on *reforming* the habits of others. Client *and* therapist.

Roe covers not only the usual neurological deficiency diseases, but addresses a large variety of other diet-related alcohol problems stemming from the direct toxic effects of alcohol and its metabolites (chiefly acetaldehyde and acetic acid) on nutrient absorption and utilization. One very important chapter is devoted to "Fetal Dysmaturity and the Alcoholic Woman," more commonly referred to as the fetal alcohol syndrome (FAS). Curiously, this book is written for a professional audience but does not stress the implications of research for policy and practice, as if the findings alone, austere and value-free, were the proper end of science. Roe quite rightly points out that alcohol and its metabolites cross the placental barrier, and she notes that "the fetus is at a biochemical disadvantage with respect to alcohol detoxication." The implications (not drawn by Roe): no safe alcohol intake limit has been established for pregnant women, and they should be warned that alcohol is a drug that can deleteriously affect fetal development. There is also evidence (again not cited by Roe) that FAS may occur in as many as one in 750 births, making FAS one of the most frequent anomalies in the infant population. Largely for the reasons noted above, the National Institute on Alcohol Abuse and Alcoholism recommends that if pregnant women must drink, they should consume no more than two mixed drinks daily, or the equivalent in beer or wine. The National Council on Alcoholism recommends complete abstinence.

Readers of this journal will be disappointed that Roe omits reference to the role of allergy and food addiction in alcoholics during drinking bouts and during the recovery process. She sees little need for vitamins in amounts exceeding RDA's, an orthodox position taken by most conventional nutritionists and dieticians. (If we have learned anything from Roger Williams' work on biochemical individuality, the conventional view is not merely misleading, it is wrong. For one thing, it confuses the suppression of flagrant symptoms with optimal functioning, a distinction lost on those who base nutrient needs on a statistically average "man.")

Again, Roe also avoids dealing with any of the heated controversy concerning proposed policies to require contents and health hazard warning labels on alcohol beverage containers. The closest she comes to exploring nutritional policy is when she ruminates on the advantage of adding vitamins to alcoholic beverages in order to prevent nutrient deficiency diseases. Yet her discussion here is rather superficial and fails utterly to take into account the trade-offs involved in the nutrification of a substance that has direct toxic effects on bodily organs and metabolic processes, not to mention other social and behavioral complications.

The majority of people working with alcoholic and problem drinkers are not medically trained professionals working in hospitals or clinics. People working with alcoholics and problem drinkers are a heterogeneous lot. They come from many different backgrounds, and they have varying degrees of tolerance for book-learning. Many of these alcohol workers, professional and functional professional alike, will find Roe's book on **Alcohol and the Diet** useful as a reference for many common and obscure alcohol/nutrition-related diseases. But unlike her earlier book (**A Plague of Corn: The Social History of Pellagra, 1973**), Roe's recent writings have become more technical, and for many prospective readers, no doubt more unreadable. Repeated use of technical terms without clarification—hydroxylase, vacuolation, erythrocyte glutathione reductase, serum pyridoxal phosphate, and so on—may limit the book's usefulness for those who are put off by sesquipedalian verbiage, in much the same way that impatient readers may quickly set aside bulky Russian novels with their Ivanoviches, their Raskolnikovs and Fyodor and Alyosha Karamazovs, to say nothing of their Dimitri Alexandrovich Aardvarrskis. Thus, the book may pose obstacles for the alcohol counselor who wants good straightforward information, something practical (i.e., pragmatic) written in ordinary parlance, (no, *not*: "See Dick and Jane Bibulous eat vitamins!")

Although Roe is often quite traditional and conventional in her approach, she must be

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commended for stressing the importance of the therapist serving as a role-model, a model not only for sound dietary practice, but for the general physical and mental well-being that comes from abstinence or attenuated drinking, avoidance of tobacco, and engaging in physical exercise. Significantly, Roe is one of the few authors who stresses this role-model function. Most frequently it's a case of "do what I say, not what I do," the solemn, if not pompous, reforming of other people's habits, while we are able to rationalize adeptly and remain serenely and majestically indifferent to our own.

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