

Book Reviews

Cell Therapy

A New Dimension of Medicine

by Dr. Franz Schmid

Ott Publishers, Thoune Switzerland U.S.
Distributor: Medicina Biologica, 4830 N.E. 32nd Ave., Portland OR 97211, 1983, 455 pages, \$79.00 U.S.

Dr. Franz Schmid is not a stranger to members of the Canadian Schizophrenia Foundation who attended our meeting in Victoria, B.C., several years ago. I can still recall his lecture, and the hush which descended on the audience when Dr. Schmid showed his before and after slides. There was no doubt that there had been a dramatic change in the Down's syndrome children he had treated using a program which included cell therapy.

But cell therapy is not very readily available in North America, and too few families know about it or are able to fly to Germany for treatment of their children. For this reason I am particularly pleased to review his new book entitled, *Cell Therapy*, for I hope to stimulate interest in the treatment of Down's syndrome which differs from that developed by Dr. Henry Turkel, primarily because it does include cell therapy. I do hope that one day our university research establishments will become scientific enough to really run a comparison of the treatments developed by Dr. Henry Turkel and by Dr. Franz Schmid.

Cell Therapy describes in scientific detail the structure of the cells, and also a very comprehensive outline of immunology as it applies to cell therapy. These are covered in the first half of the book. The second half is the clinical half and describes in detail how the treatment is given and the results of treatment for a large number of diseases including those mostly considered untreatable, for example degenerative diseases, endocrine disorders, cardiovascular disorders and more. But I am particularly interested in the section dealing with Down's syndrome. Here, Dr. Schmid's conclusions are based upon 1780 cases observed over the past twenty-five years.

Because Down's syndrome affects the entire organism, treatment is aimed at recovering every

physical and mental process which is not developing properly. Thus, on page 213, the author lists the six main steps needed in a therapeutic program. These include: 1. to regulate the balance of the endocrine glands in such a way as to reduce or stop endocrine deficits, 2. to reduce or stop the processive deficit of brain growth, 3. to treat the lowered resistance to infection, 4. to remedy the weakness of the connective and supportive tissues, 5. to prevent the deprivation elicited by the therapeutic resignation as an additional injury to the child, and 6. to develop and to use consistently a pedagogy adjusted to the outcome obtained.

The comprehensive treatment program includes hormones, stimulators of metabolism, immunotherapy, implantation by injection of the cells, social training and pedagogy, and medicogymnastic treatment of the whole body, a stimulation program, and finally speech therapy.

I will not describe in detail the treatment because it is very comprehensive and is available to readers of this book. However, the results of treatment are extremely important, and according to Dr. Schmid, the following results have been achieved: 1. an increase in stature, 2. an increase in the circumference of the skull and therefore an increase in brain volume, 3. an increase of twenty units in I.Q., 4. an improvement in general performance, 5. a decrease in morbidity and 6. a decrease in mortality so that their mortality is now normal. The most striking changes of course are the improvement in appearance so that Down's children almost lose their characteristic facial appearance, and even more important the general psychosocial improvement which is present in all these children.

Dr. Henry Turkel in his books, which have been reviewed here, and in his papers, has shown equally dramatic changes. The important thing now which scientists will have to discover is which treatment provides the best over-all approach, what are the indications for particular types of treatment, and so on. In the meantime, if I had a Down's syn-

drome child, I would not hesitate to try Dr. Franz Schmid's treatment, even if it meant sending my child to West Germany, to follow the principles laid down by Dr. Schmid, and also to incorporate into my treatment program many of the essential principles, if not all, of the ones developed by Dr. Henry Turkel.

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

***Are Your Dental Fillings Poisoning You?* by Guy S. Fasciana, D.M.D.**

Keats Publishing, Inc., New Canaan, CT. 1986, Pp. 224, U.S. \$12.95

Luckily, doctors too become sick, and of the large number who become ill, a small number are not content with the way they have been treated, nor with the quality of their recovery. There is nothing which creates open-mindedness in physicians as well as becoming sick. I have found that doctors whose sons or daughters become schizophrenic are much more open to Orthomolecular methods. A colleague of mine who once violently opposed the use of vitamins, saw the response of his child brought to me by his wife against his wishes. Soon he was an enthusiastic user of megadoses of vitamins. Within a few years he had started 700 patients on Vitamin B-3.

Fortunately for us (and eventually for himself), Dr. Fasciana, a dentist, became ill from mercury poisoning from his own teeth. He was forced to discover on his own why he was so tired and so allergic, and what to do about it. This book is the happy event culminating from his misery.

This book is a fair examination of the mercury problem in dentistry. As such I am pleased to bring it to the attention of our readers. This journal has published reports on mercury toxicity for several years and has thus brought it to the attention of physicians and dentists.

Dr. Fasciana presents both sides of this question: the pro-mercury position of the American Dental Association and the anti-mercury position published previously in this journal by several authors.

This book is recommended by three physicians whose judgement I value. Dr. Alfred V. Zamm who writes, "It is a 'how-to' book:

how a dentist should practice, how a physician can make a diagnosis and how a patient can get well." Dr. Lawrence D. Dickey likes this book but cautions that mercury toxicity is only one of a number of toxic chemicals in our environment. Dr. William G. Crook agrees. He writes, "You should read it if you're troubled by a chronic health disorder, including candidiasis...especially if you aren't improving on a comprehensive treatment program."

If you have mercury amalgams in your teeth, if you are sick and no one can find out why, consult an Orthomolecular physician or dentist and think mercury. It may not be the reason, but again it may be, and if it is the cause and this is not corrected, you will not recover. You might buy two copies of this book, one for your own library and one for your favorite dentist. If he values you and your loyalty, he will read it and even become interested.

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

***Nutrition and Your Immune System* by Carlson Wade.** Keats Publishing, Inc., New Canaan, CT. Paperback. 159 pages. U.S. \$3.95. 1986.

This is a good little book for anyone interested in understanding the importance of nutrition and the immune system. There is sufficient information here for every patient and for all but research physicians.

Wade quotes R.K. Chandra, "There is an intimate relationship between nutritional status, immune response and infection. When nutritional deficiency and infection coexist, the former is often chronic and precedes the latter acute process." Wade sums up the situation when he writes, "...the complete galaxy is necessary to promote immunity effectively..." when discussing nutrients.

But even when all the nutrients are present, some in larger doses will be much more important in enhancing immune resistivity above normal levels. We should strive for optimal levels. We are surrounded by a host of infectious and contagious invaders, perhaps more than ever, for we as a society have allowed our population to become weakened

by massive malnutrition and by other massive environmental manipulations we do not fully understand.

Since we do not want to, nor can we go back, we must all become responsible for keeping our bodies' defenses on alert at all times. This book by Carlson Wade will help us to do so.

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

A Year in Nutritional Medicine
— ***Second Edition 1986***

Editor, Jeffrey Bland, Ph.D.

Keats Publishing, Inc., New Canaan, CT.
Hardcover. 343 pages. \$U.S. 39.95. 1986

This is the second review of advances in Orthomolecular medicine published by Nathan Keats. The contributors are medical scientists who represent what might be called the second phase in the development of this major transformation of medicine into Orthomolecular medicine. Some day when the only medicine is Orthomolecular, this term created by Linus Pauling will be dropped, for it will have served its main purpose. The second phase represents the detailed examination of many aspects of Orthomolecular medicine mapped out in rough by the pioneers who, against the usual pressures of orthodoxy, have established it as a valid development.

Jeffrey Bland describes an essential aspect of nutritional therapy. There is little point in swallowing the most advanced formulations if they pass untouched through the bowel. Nutrients in food are absorbed slowly by a gastrointestinal system which has been perfected over millions of years. It did not evolve on pills, capsules, synthetic salts or compounds. But we can not do without them. The ideal is to prepare nutrients which are absorbed slowly and efficiently from areas of the intestine most specialized to absorb them, and without harm. In the first chapter, Dr. Bland discusses the attempts underway to achieve these objectives.

Alan S. Stewart's chapter, "Medical Applications of Nutrition," is aimed at the orthodox medical establishment and is very helpful. The views therein are well known to Orthomolecular practitioners but will be considered almost heretical by the uninformed. It will also be very useful in providing physicians with

information they can use in arguing with their colleagues.

B.A. Chowdhury and R.K. Chandra in, "Nutrition, Immunity and Resistance to Infection," demonstrate the vast importance of good nutrition in maintaining our immune defense systems. Even marginal deficiencies of essential nutrients such as Vitamin C can compromise the immune defense system. One would hope AIDS research scientists would consider this.

Derrick Lonsdale's chapter, "Free Oxygen Radicals and Disease," and Jeffrey Bland's chapter, "The Nutritional Effects of Free Radical Pathology," might have been placed together in this book. They both deal with free radical pathology and how it can be prevented and treated. Free radical theory is booming in medicine, involving aging, cancer, immunity and, in my opinion, almost every reaction in the body. Schizophrenia is a free radical disease. This is not surprising as we breathe air containing 20 percent oxygen, and oxygen is the best chemical known for burning things, i.e. for making free radicals. What is surprising is that it took so long for free radical theory to be accepted. I am wrong; it is not really surprising at all, for modern medicine is notorious for the speed with which it translates discovery into practice — about forty years and increasing.

Guy E. Abraham's chapter on "Premenstrual Tension Syndromes" is very interesting. There are four subtypes of PMS:

- (1) PMT-A (for anxiety) with anxiety and secondarily depression the major symptoms;
- (2) PMT-H, characterized by fluid retention and weight gain (maybe this should have been called PMT-B for bloating);
- (3) PMT-C for craving for sweets followed by symptoms of hypoglycemia;
- and (4) PMT-D for depression the main symptom.

Of course there will be much overlap. Abraham provides treatment for each type. For type A, Pyridoxine is the main component, but he cautions against giving B-6 in combination with large doses of progesterone. Conversely, one should be cautious in giving progesterone with Pyridoxine. Neither is toxic but they must be used intelligently. There is one error in the references, item 120 does not contain a journal title. PMT-H treatment is designed to

prevent bloating, especially by using magnesium with B-6. PMT-C requires magnesium and B-6 combined with a good sugar-free diet, and for PMT-D he recommends tyrosine and /or 1-tryptophan. My suggestion for the busy general practitioner is to use good nutrition plus magnesium and B-6 as described. This should help all four subtypes, but for PMT-D an antidepressant is also required in many cases.

Nikolay V. Dimitrov's chapter discusses the relationship between beta carotene and cancer. Beta carotene is a Vitamin A precursor. Cheryl K. Ritenbaugh and Frank L. Meyskens in their chapter, move along to the connection between Vitamin A and cancer; there is a relationship. In my opinion it is prudent to ensure we have enough beta carotene and Vitamin A in our food and to use supplements to prevent and treat cancer.

Leo D. Galland's chapter, "Nutrition and Candida Albicans," is one of the best chapters. There can be no doubt that any time we harbor an organism in our bodies which competes with us for the food we eat there will be a nutritional problem. There is a most intimate and complicated relationship between Candida and our nutritional health. Knowing this relationship we can help to keep our Candida in our gut under control by starving them while not starving ourselves. The intricate connection is detailed by Galland.

M.B. Serman tackles a new area — the connection between epilepsy and nutrition. He is disturbed that neurologists do not use nutrition in treatment, even though only 50 percent of epileptics are really helped by anticonvulsant therapy. If neurologists were, by some miracle, to read his chapter, maybe they might begin to think more about nutrition. One of the anticonvulsant nutrients not discussed by Serman is niacin, which is a good anticonvulsant potentiator. I have used it for thirty years to bolster the power of standard anticonvulsants which allows for better control and fewer side effects, as in many cases the dose of anticonvulsant can be reduced.

Ewan Cameron's chapter introduces us to carnitine, a nutrient found chiefly in meat and which may be an amino acid but one which is mostly made in the body; for this, Vitamin C is essential. Carnitine's main function is to promote production of energy. Cameron believes cancer cachexia is caused by a deficiency of Vitamin C which in turn causes a deficiency of carnitine.

Dr. Jeffrey Bland has brought to this volume a very important, useful collection of essays which will be most valuable to physicians who want their patients to achieve optimum health, as defined by the World Health Organization. Thanks, Dr. Bland!

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