

# Book Reviews

***The Healing Nutrients Within. Facts, Findings and New Research on Amino Acids, E.R. Braverman with C.C. Pfeiffer***, Keats Publishing, Inc., New Canaan, CT. 1987, 478 pages, \$23.95 U.S.

A few years ago, I predicted that the 80's would be the mega amino acid era, following the megavitamin 60's and the mineral 70's. No great prescience was needed because the trends were so clear. This book, by Eric R. Braverman with C.C. Pfeiffer is the first systematic account of the amino acids, their role in maintaining health, and how they may be clinically useful. Being at the cutting edge of mega amino acid therapy, we should expect a small number of clearly established uses, a larger number of leads well worth pursuing now, and a larger number of suggestions arising from reports in the medical literature. Over the next decade these claims will be sorted out.

This book marks a very important first step in this process. I would hope the vast body of orthodox research\* will forget its fear of nutrient therapy and will assist in the process. The amino acids are grouped into structural groups which make sense, as structure helps determine function. These are the aromatics, sulfur-containing amino acids, the urea cycle amino acids, the glutamate group, the threonine group, the branched chain amino acids and a last group which yields important metabolites. Each amino acid is described in adequate detail with very useful descriptions of the biochemistry and physiological properties. The known correlates with disease are described and clinical uses are indicated as well as toxicities where there are any. As a clinician I found the clinical section the most interesting.

Knowing the biochemistry, it will be possible in some cases to predict function, for example, with the aromatics we know that phenylalanine and tyrosine are precursors of the sympathomimetic amines. We are therefore not surprised they are useful for

\* A contradiction in terms, for good research ought never to be orthodox.

treating depression and stress. It is, however, surprising that DLPA is so valuable for relieving chronic pain. Knowing that tryptophan increases serotonin, it is not surprising it is useful for inducing sleep and as an antidepressant. But optimum doses for the first two amino acids may be high, up to 6 grams per day, and tryptophan has been used at 12 grams per day for one or two manic cases.

I am not surprised this first really good book on the amino acids came from Dr. Carl Pfeiffer's Brain Bio Center — this is the premier Orthomolecular clinical and research group in the world. It is clear that it has retained its ability to carry on innovative research and apply it clinically. Unless you want to be stuck in the previous eras, that is the mega vitamin and mineral eras, it is important that you get this book and begin to practise some of the findings there. There is going to be a lot of progress, but much more can be done if readers of this journal will take it upon themselves to test out many of the ideas which are presented in this book. Within ten years, we will need three to four volumes to cover the same field.

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

***Third Line Medicine. Modern Treatment for Persistent Symptoms, Melvyn R. Werbach.*** Arkana Paperback. Routledge & Kegan Paul, Inc., New York, NY. 1986. 215 pp.

Dr. Werbach's book will appeal to physicians who are becoming third line practitioners, even if they are unaware this is what they have been doing. It may arouse interest in first and second line practitioners who are puzzled by the flow of their failures to so-called alternative or holistic practitioners, and it should not threaten alternative nonmedical healers to whom many of the failures gravitate.

First line practitioners are the general practitioners first consulted by most patients. Patients are people who are ill or who believe they are ill, or who wish to be advised how they can achieve and maintain a better state of health. In the war against disease, first line practitioners are the front line troops and are faced with the possibility of meeting any and every known disease. They have a duty to examine their patients competently, diagnose accurately and to determine whether they are competent to treat the disease alone or whether to call in the specialist — the second line practitioner. They will also advise their patient to consult a specialist and will advise which one they would recommend when the patient has not responded.

Second line practitioners are the specialists such as surgeons, neurologists, psychiatrists, oncologists, etc. They are intensively trained in a narrower field and expect to deal only with patients who have a disease within that field. Within this narrow field, their specialty, they will again reexamine and order specialized tests and recommend more specialized treatment.

So many patients have not recovered after first and second line treatment they have created an enormous demand for practitioners who will administer to their needs. Many have consulted ten to twenty first and second line practitioners, until they are forced to conclude there is no hope in further consultation. They are not prepared to live with the advice so essential fifty years ago, i.e., you must learn to live with your condition. They refuse to become chronic invalids. The demand is being met by so-called alternative practitioners. These are physicians practicing Orthomolecular medicine, holistic physicians, clinical ecologists, naturopaths, chiropractors, and many who have not gone through any formal training program and are not physicians.

Establishment physicians as represented by their governing bodies have always been opposed to alternative practitioners, but latterly they have found many of their colleagues in their ranks. They have treated their colleagues who practice alternative methods, as they see it, with hostility and anger. They have lumped them in with the group of non-physician therapists (unable by law to write prescriptions or be on hospital boards). They have failed to recognize that they are in the midst of a revolution in

medical theory and practise — the formation of a new aspect of medicine — third line medicine. I am convinced only third line medicine will protect first and second line practitioners from the increasing anger and wrath of failed treatment of patients and their families.

Werbach defines third line practitioners as physicians firmly steeped in the scientific tradition of first and second line practise and have practised these principles. We (third line practitioners) take on the failures from first and second line medicine. We are the link between first and second line practitioners on the one hand, and alternative practitioners such as naturopaths, chiropractors, and nutritionists, on the other hand.

Third line medicine renews interest in the ancient Hippocratic tradition — of dealing with the whole person. Factors which influence and shape us must be taken into account. These are physical, biochemical (once known as humors), psycho-social and environmental. Environmental factors cover all interactions between people and living and inert chemicals such as parasites, bacteria, poisons, toxic metals, and so on. It is the ancient humoral theory reconstructed by two thousand years of reflection and research.

The Hippocratic philosophy of medicine was eclipsed over the past 100 years by the doctrine of specific etiology. This is the idea, first developed by bacteriologists, that each specific bacteria causes a unique disease such as pneumococcus causes pneumococcal pneumonia. This was later carried over into nutrition with the pernicious one-vitamin-deficiency/one-disease dogma. This simplistic one-cause/one-disease idea has, however, been very helpful in treating and controlling many infectious diseases. First and second line medicine has based almost its entire hope on this simplistic theory.

In spite of an enormous medical industry (disease generated industry), and an enormous expenditure (ten percent of GNP), we are worse off today in many areas. Enormous numbers of people are ill and remain ill. It can be shown that about half of any population have one or more chronic degenerative diseases. Nor has diagnostic accuracy improved much. Between 1960 and 1980 diagnostic errors have not improved when autopsies are done. Only two percent of all laboratory tests cause any change in

therapeutic programs. The average age at death is higher because fewer infants and children die, but one's life expectancy having reached age 50 is little better today than it was in 1900. It is doubtful first and second line medicine have made major contributions to the better average age at death. This was achieved by public health measures such as better sanitation, cleaner water, screens on windows and doors, and flush toilets.

Third line practitioners do not reject science in medicine, nor first and second line medicine. They are not better. Just as specialists are not better than general practitioners, we are not superior to our first and second line colleagues. All are essential. In fact, third line doctors depend upon first and second line doctors to cull out patients who can be adequately treated by first and second line doctors. If third line practitioners were forced to practise first and second line medicine, it would be almost impossible — no single physician can at the same time be a first, second and third line physician. Third line medicine does not have as its objective the destruction of first and second line medicine. It is a natural extension of theory and practise, a natural reunion of Hippocratic theory with modern, specific etiological theory made possible by 100 years of dedicated research and its application.

I will not abstract the material in Werbach's excellent book. This must be done by each reader. But I hope by this brief discussion to indicate how important his contribution is. For this clear exposition of what has happened and where we are going, all doctors — first, second, and third line — ought to be grateful. Perhaps this will help heal the wounds generated between first and second line medicine and the newer third line medicine.

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

Nathan Keats continues to publish brief reports on a variety of topics as part of A GOOD HEALTH GUIDE, series. These reports highlight information available about these topics. The information in the area of nutritional medicine is growing so rapidly, it is becoming difficult to keep up. Reports such as these certainly make life

easier for those of us who wish to keep abreast.

The other day, five new booklets arrived from Keats:

1. **Selenium Update** by Richard A. Passwater, Ph.D., reviewed the studies which demonstrate how important this trace element is in both preventing and treating cancer. It has antioxidant properties, i.e. helps protect the body against free radical damage. Not surprisingly, it is also therapeutic for heart disease, arthritis, and has anti aging properties.
2. **Coenzyme Q-10** by William H. Lee, R.Ph., Ph.D., describes another antioxidant which has become available and is attracting a lot of interest. Co Q-10 is essential for every cell, especially rich in heart muscle. It is very safe. It is being used for cardiovascular disease, especially in promoting heart muscle efficiency, and is helpful in congestive heart failure, cardiomyopathy, hyperthyroid heart failure, mitral valve prolapse and hypertension. Other uses are discussed. This should whet our appetite for more information referred to in the review.
3. **A Beginner's Introduction to Homeopathy** by Trevor M. Cook, Ph.D., provides a very brief introduction to homeopathy. The vast majority of patients have never even met a homeopathic physician. But there are a few practitioners scattered here and there. Patients interested in consulting one will find this little booklet helpful.

Dr. Jeffrey Bland, Ph.D., has written two new companion reviews for THE SELF-CARE HEALTH LIBRARY — *Evaluate Your Own Biochemical Individuality*, and *Assess Your Own Nutritional Status*. In the first Dr. Bland emphasizes that every individual is unique. This is well known to readers of this journal, but must be emphasized repeatedly. In the second he provides a guide which we can use to determine what are our optimum nutritional needs. This is a fine pair of nutritional books.

Both THE SELF-CARE HEALTH LIBRARY and A GOOD HEALTH GUIDE are published by Keats Publishing, Inc., New Canaan, Connecticut.

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