

Book Reviews

Nutritional Influences on Illness: A Sourcebook of Clinical Research by

Melvyn R. Werbach, M.D. Third Line Press, Inc., 4751 Viviana Dr., Tarzana, CA 91356. Hardcover, 498 pages, \$49.95 U.S.

Third line physicians are interested in and practice a blend of orthodox and unorthodox medicine. They consider various aspects of alternative therapy, not as alternatives but as basic components of a practice which uses any treatment shown to have been therapeutic, provided that patients are not harmed. Nutrition and the use of supplements is not antagonistic to medicine. It is an essential part of every therapy. Healthy people, when they do become sick, respond much better. Patients respond better to surgery and heal more quickly. No one can argue with these essential facts. Orthodox doctors do not argue with this either. They do, however, assume that every one of their patients is already eating a nutritious diet and do not need any additional advice.

For a description of third line medicine, see Dr. Werbach's previous book, *Third Line Medicine: Modern Treatment for Persistent Symptoms*, published by Arcana Paperbacks, reviewed earlier in this journal.

Orthomolecular physicians are the best modern examples of third line medical practitioners. We are the forerunners of the medicine of the future. One day the terms 'Orthomolecular' and 'third line medicine' will be redundant, for every physician will be an example.

Medical advances are agonizingly slow. Physicians practicing between 1930 and 1945 were much more open to third line medicine. They incorporated the use of vitamins and minerals into their practice very soon after these nutrients were identified and became available. In 1947 at the medical school, University of Toronto, we were given a course in therapeutics. All the treatments available for each disease were discussed, and this included what kind of diet the patient should be on. However, vitamins and minerals were then not known

to have any value except for classical deficiency diseases and were not discussed. Since then, interest in clinical nutrition rapidly vanished, probably because of two main developments: (1) the rapid development of powerful drugs which promised to cure almost everything; (2) banishment of nutritional education from the clinical years of medical education to the preclinical years and to non-medical biochemists, dieticians and nutritionists. Clinicians do not need to know the clinical structure of Vitamin B-12, for example, which they had to learn and quickly forgot. They do need to know when and how to use it. Today, any physicians interested in and using nutritional therapies had to master this information after graduation, on their own.

Third line physicians do not wait for perfect proof before using nutritional methods, for they know patients sick now can not wait forty years. They are concerned only with safety and a high probability that the nutritional therapy will work. If a nutrient in large doses helps 5 out of 10 who have not been helped by other treatment they will try it, even when there are no double blind experiments. Orthodox physicians wait for official sanction, and this means they may have to wait up to forty years.

The demand for controlled experiments is often a device to avoid looking and acting upon present data. It avoids a lot of work and study. It is difficult to move over, for the information they need is not available in medical journals and most medical libraries. It is available in a few specialty journals and in many hard- and softcover books. Establishment medical journals routinely have rejected all reports and studies from ortho-molecular physicians, thus forcing the necessity of other publications.

Aspiring third line physicians spend a lot of time gathering and studying this material. A few have participated in training sessions sponsored by the Huxley Institute for Biosocial Research, by the American Association of Orthomolecular Physicians, and others. I am convinced that up to 10 percent

of all physicians are ready to join us except they are deterred by this difficulty. We need textbooks which contain information they can use. The large number of excellent books already available deal with theoretical principles of nutrition, supplements, and with psychiatric implications. We need books which are aimed at clinicians which start with diseases or symptoms and provide clues how these might be helped with nutritional and nutrient information.

Dr. Werbach is Assistant Clinical Professor, School of Medicine, U.C.L.A., Los Angeles. He has started. This book is one of the first books which will appeal to third line physicians. It contains a listing of a large number of symptoms or diseases from acne rosacea to wound healing. For each condition references to the literature are given which indicate how nutrition and nutrients impinge on these conditions. Thus cancer (pages 98 to 116) is described. By referring to nutritional factors which are therapeutic and to substances which are toxic, one can develop a program for prevention and treatment. A basic therapeutic diet is described as low fat, low in cholesterol and high in fiber. It may be vegetarian. Fruit and vegetables are helpful. Alcohol, smoked meats, sugar and eggs are avoided. Eggs are avoided because they may accelerate ovarian cancer growth. Also one should avoid olive oil and partially hydrogenated oils. It is best not to be obese. Beneficial nutrients are beta carotene, Vitamin A, folic acid, Pyridoxine, Vitamin C, Vitamin E, B-12, calcium and Vitamin D, iodine, magnesium, selenium, zinc, essential fatty acids, garlic and onion. Carcinogens include fluoride and cadmium. Recently I found this book very helpful in writing a brief report on the nutritional requirements of our immune system.

Dr. Werbach's book is a practical and handy source book for Orthomolecular or third line physicians. They should keep it in their office and refer to it whenever they have a patient who has one of the diseases described. There they will find useful hints for treating their patients with nutrients and nutrition. I often refer to one or more books with patients in my office when I want to make certain I will not forget important nutrients. No physician is expected to know everything all the time.

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

Mental Illness and Schizophrenia: The Nutrition Connection by Dr. Carl C. Pfeiffer. Thorsons Publishing Group, Ltd., 1987. Paperback, 128 pages, \$12.95.

If you were to ask me what has happened to schizophrenia, I would reply "It's gone scientific." It has changed its nature from a single disease, difficult to pronounce (dementia praecox) and impossible to treat, to The Schizophrenias — a family of diseases which appear to be the same but are caused by different nutritional biochemical factors. They are cured by the appropriate biochemical treatment, i.e. by Orthomolecular treatment.

This transformation began about one hundred years ago when it became difficult to distinguish between schizophrenia caused by pellagra, by scurvy, or by brain syphilis, from others who were not pellagrin, scorbutic or suffering from general paresis of the insane. The process accelerated rapidly over the past twenty-five years, coinciding with Dr. Pfeiffer's entering the field. About 1960 the first modern tentative division of schizophrenia occurred when a chemical, mauve factor, was found in the urine of some schizophrenics. Dr. Pfeiffer, with the help of his associates, showed that this chemical bound with Pyridoxine and zinc to produce a double deficiency and a subset of the schizophrenias called pyroluria. Pyro-lurians require these two nutrients in optimum amounts even when they are large. Orthomolecular therapists are not constrained by archaic ideas represented by RDAs, which were never meant to apply to patients, but only a theoretical healthy population. Members of such a theoretical population are becoming scarcer each year. A little later, Dr. Pfeiffer began to examine histamine levels, reporting that schizophrenics high in histamine need different programs than those low in histamine. The schizophrenias today and their treatment is described in this little book, which is an excellent review. Any person knowing little about schizophrenia but following the treatment outlined in this book will cure more patients than the best modern psychiatrist who knows everything about psychiatry but nothing about Orthomolecular psychiatry. I

Book Reviews

know several intelligent people, not physicians, in England, Canada and the United States who have helped many patients recover after they had failed to respond to the best modern tranquilizer treatment.

In this volume, Dr. Carl C. Pfeiffer summarizes the enormous amount of work he and his associates have done and published into a small, clear, informative outline of the schizophrenias. But he has not forgotten other serious psychiatric problems such as the mood disorders (anxiety and depression), and behaviour diseases, and senility. This book is a state-of-the-art exposition.

Naturally, treatment which corrects biochemical imbalances in sick people will be even more effective in keeping them well.

Dr. Pfeiffer has helped change modern psychiatry from mystery, confusion and dogma to a respectable subdivision of scientific medicine. Unfortunately, most psychiatrists are ignorant of his work. Their successors in psychiatry will one day wonder at this strange state of affairs.

Don't wait for this happy day. Schizophrenia is too serious a syndrome to be placed on a shelf in a tranquillized stupor while we psychiatrists play out our common game of resisting all new ideas when they are biochemical. Get yourself, or your relatives or friends if they are ill, on this treatment right away. First, read *Mental Illness and Schizophrenia*.

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