

Book Reviews

Natural Highs: Supplements, Nutrition, and Mind-Body Techniques to Help You Feel Good All the Time

by Hyla Cass, MD and Patrick Holford
Penguin Putnam Inc., 2002
Hardcover, 336 pages

A "natural high" is a state of feeling well and happy that is based on having well-balanced body and brain chemistry. This also refers to certain activities as well as healthy nutrients that nourish the body and brain, creating a sustained and healthy high. The title "Natural Highs" is very appealing. Most people in modern society are not well enough to enjoy that good feeling of well-being and physical fitness which can be achieved by following the principles described in this book. There is therefore a huge market for compounds which can induce some of the qualities of the natural high. This accounts for the enormous sales of the xenobiotic patented drugs on the market such as the relaxants, the antidepressants, the uppers and the downers.

This is not a recent phenomenon. In the 1950s the common uppers were the amphetamines and the common downers were the barbiturates. It was not unusual to take huge amounts of these uppers to stay awake and alert, and then to take huge amounts of the downers to fall asleep at night. The prescribed regimes were downers into the night and uppers the rest of the day. The uppers and downers today are much more sophisticated and in my opinion also much more addictive.

In this book two of my friends describe the changes in lifestyle which will help almost everyone who reads this book and follows its principles to achieve what the authors call a natural high and which I consider the normal state of good health. The first thing is to find out whether you are up or down, and in the first portion of the book the authors present a series of questions which will help you decide. The second section describes a number of herbs and other safe products that

will help you relax so that you do not have to depend upon the powerful and dangerous drugs such as the benzodiazepines. The authors describe and recommend kava, valerian, GABA, passion flower and two amino acids, GABA and taurine. Instead of caffeine, sugar and patented stimulants they prefer ginseng and amino acids. Instead of antidepressants such as Prozac and others they prefer St. John's Wort, tryptophan and 5-HTP, the amino acids tyrosine, phenylalanine, SAME, omega-3 essential fatty acids and folic acid (My note: Folic acid is coming in as a very useful antidepressant in doses up to 50 mg daily).

The book uses the term "Connectors" to describe compounds which facilitate human interaction, such as alcohol, which is dangerous and the entheogens (psychedelics) which can also be dangerous. Cass and Holford prefer tryptophan, SAME, vitamins, kava and a new herb sceletium, from Africa, all of which are largely free of side effects.

The rest of the book ties this information together and provides a template which will further the natural high state. This includes nutrition, exercise, breathing, special relaxation such as yoga, meditation, biofeedback, positive thinking, natural sex, touch, music, aromatherapy and sleep.

I like this book. It is well-written and provides good information about the physiology of our moods and feelings along with the evidence upon which they base their recommendations. You won't be sorry if you buy and read this book. It may save your life and prevent you from falling prey to powerful patented drugs.

—A Hoffer, M.D., Ph.D.

Case Studies in Natural Medicine

by M.R. Werbach, MD
Third Line Press Inc. 2002,
Hardcover, 412 pages

(A diskette of the book is included)

Mel Werbach continues to publish books which report the latest findings in

the field of natural and orthomolecular medicine and psychiatry. This is a very important series since much of this material is ignored by the standard medical and psychiatric press and does not enter the holy computers in which all modern scientific news resides. With this new book Werbach flaunts the modern medical theory that only double blind controlled studies have any merit and value in medical discourse. He uses the old, and still the best pedagogical technique for imparting medical information, the case history, to illustrate what has been found for a large number of conditions ranging from Acne Vulgaris to Wound Healing.

For each of the conditions or diseases, simple and complicated cases gleaned from the literature are reported. For example, for Alopecia, Werbach reports the following, "A 27-year old woman complained of severe hair loss. Hair was falling out in clumps and she lost several hundred hairs a day compared to a norm of about 70 hairs. Her plasma amino acid analysis showed low cysteine and taurine, so she was started on 1 g of cysteine twice daily. As her hair loss was unchanged the dose was increased to 5 g daily. In one month, the hair loss stopped. *Bravermann, ER, The Healing Nutrients Within. New Canaan CT Keats Publishing 1987:91.*" This report would cause most academics to tear out their hair because it is anecdotal, and in modern medicine there is nothing worse than anecdotal. The fact that all of medicine was created by the transmission of medical information from one physician to another by means of stories or case histories seems not to have entered their minds at all.

An anecdote is defined as an interesting story or vignette. Every medical treatment began with one case, an anecdote, reported either orally or in the literature. If a physician started a new treatment and the first patients who were treated all failed to show any response, that treatment would no longer be used. When we started giving

our schizophrenic patients large doses of niacin we were surprised, and of course pleased, that the first eight patients all recovered. Our first one, a catatonic young male who had failed to respond to insulin coma or ECT and was dying, recovered when given niacin and vitamin C in 1952. Had he not recovered it would have dampened our interest to a major degree. Only after we had seen many more respond did we feel confident enough to start our double-blind controlled experiments; they were forced upon us if we were to obtain the research grant we needed to do any studies. But having admitted the first patient responded does not prove that we have at last found the universal treatment, for it is theoretically possible that out of the huge reservoir of patients with the same disease he was the only one. We are dealing with odds. If the first patient responds, then what are the odds that there will be another who will also respond? Suppose we give our AIDS patients a treatment recently recommended by Foster. (See book review in JOM 17/2/2002, i.e. selenium, l-glutamine, tryptophan and N-acetyl cysteine), and that patient recovers completely. This does not mean that every additional AIDS patient will also respond. But it does mean that there are others who will, and our problem is to discover who are these other patients. The odds that only one out of the vast field will respond is vanishingly low because by this one response the rule that only drugs will treat AIDS is broken.

Thus, case studies provide very important markers or flags that show us where we ought to go to determine how many more patients will respond. Ideally with these markers a larger number of patients can be treated and the results of the treatment compared with the results of the old and ineffective treatment. I do not recommend double-blind trials for many number of reasons, but I do agree that simple controlled experiments are relevant and important. I am therefore very pleased with

Werbach for swimming against the current of double-blind controlled ideology as the be-all and end-all of medical research. I agree with Dr. Werbach's arguments in favor of anecdotes in his introduction, but I am sorry that a modern book on medicine needs to have such an introduction.

There is so much of great interest. Here are two examples: (1) a 40-year old man with psoriasis for 28 years which had developed into lichen simplex was given selenium sulfide shampoos every other day. He was free of pruritis in 6 days. One month later it had not returned. He remains well on one application per week. (2) A 39-year old diabetic woman on a multivitamin formula containing 2 mg of pyridoxine had macular edema. After 22 months the dose was increased to 300 mg. Four months later the macular edema was gone.

I think this book should be by your desk, and whenever you have a patient with one of the diseases which has been unresponsive so far, you can use this book for ideas as to what you might try next. Your patients will not be harmed and the likelihood is very good that they will be helped.

—A. Hoffer M.D., Ph.D.

**Handbook of Complementary and
Alternative Therapies in Mental Health**
Edited by Scott Shannon, MD
Academic Press, Inc, 2002
Hardcover, 574 pages

Scott Shannon, MD, is a holistic child psychiatrist who is also the current president of the American Holistic Medical Association. As editor of this volume, Shannon contributes an integrated preface covering the principles of holistic medicine and provides the framework for contributions by 24 psychiatric/psychological experts on alternative treatments for disorders such as depression, anxiety, ADHD, and addictions.

The book is broadly divided into four

approaches: physical, mind/body, spiritual, and modern innovations. Chapters under physical therapies include cranial osteopathy, aromatherapy, diet, essential fatty acids and nutritional supplements. The mind-body section outlines the therapeutic potential of integrating of our physical and psychic spheres and includes biofeedback, meditation and qigong. Spiritual approaches address the existential aspects of mental health, balancing psychological health using therapeutic touch, medical intuition and spiritual psychotherapy; Some of the more significant modern innovations are given in the final section and include eye-movement desensitization, Hakomi body-centered psychotherapy and process work.

With so broad a net cast over the spectrum of alternative medicine, Shannon makes sense of it all by the consistent structure given through the book with each chapter organized into history, relevance to the health field, safety and scientific documentation. Such a framework allows the reader to compare therapies in context and serves as a valuable aid to treatment decisions.

Despite the ambitious nature of Shannon's opus, long-time readers of *Nutrition & Mental Health* will likely find this book to be woefully inadequate as a resource for nutrition and vitamin information. Janet Settle, MD, the lead contributor to the nutrition section writes a spotty and unbalanced survey of a vast field of orthomolecular-oriented psychiatry. She contributes two separate chapters to the handbook—one for essential fatty acids and diet, and another for nutritional supplementation, a curious division for a holistic book. The huge knowledge-base on essential fatty acids in mental health is primarily due to the life work of David Horrobin, yet there is not a single reference to this extremely relevant research. Much of the information given consists of epidemiological and correlative studies

showing how deficiencies are associated with mental illness. The few studies citing positive effects in schizophrenia and bipolar disorder are inadequate for the clinician wishing to create an EFA protocol for treating specific disorders. The summary of dietary therapy is also heavily influenced by correlative studies with no mention, for example, of the role of food allergies, sugar, fasting and detoxification in mental health.

Of the huge amount of current therapeutic information on vitamins, minerals and amino acids, the nutritional supplementation chapter of this book deals only with folate, B₁₂, SAMe and 5-HTP in any detail. All other vitamins and nutrients are summed up in a page with the obvious: that they are "especially important in maintaining optimal brain functioning and fighting psychiatric disorders." The abundance of research on amino acid therapy is simply absent from this handbook. The life work of orthomolecular leaders in the field—Abram Hoffer, Bernard Rimland, Carl Pfeiffer—constitutes a gold mine of practical therapeutic research, yet, oddly, none of their considerable research expertise is mentioned, even in passing.

The section on herbal medicine, as written by orthomolecular-oriented physicians Hyla Cass and Jerry Cott, shines, however. This is a well-rounded contribution covering research on using these traditional medicines. Herbs such as ginkgo biloba for dementia, kava for anxiety, valerian for sleep disturbances and St. John's Wort for depression are given a balanced overview in terms of efficacy as well as in context with the orthodox drug treatment alternatives. Cass and Cott underscore the importance of quality and standardization as a determining factor in treatment efficacy in this promising but still unregulated industry.

This handbook significantly brings together many diverse alternative medicine modalities. As a source of research and guide to nutrition and mental health it

would be preferable to rely on more specialized nutritional surveys such as Dr. Melvyn Werbach's excellent series of books. As an overview and therapeutic guide of the other alternative therapies (often sidelined in professional training programs) Shannon's handbook is quite thorough and well organized with an integrative message: knowledge needs to be applied with wisdom; psychiatric medications should be combined with psychotherapy, and an individual plan of personal and spiritual growth. This philosophical approach provides a useful read for patients and clinicians alike.

—Greg Schilhab

The Vitamin E Story

by Evan Shute, M.D., James C. M. Shute, editor. Foreword by Linus Pauling. Welch Publishing, 1985. 219 pages, softcover

The first course I ever taught, in 1976, was entitled "Forgotten Research in Medicine." Even by that time, there had been a strikingly large number of impeccably qualified researchers and physicians who had left drug-and-cut medicine behind in favor of a naturopathic approach. I had seen so much well-documented evidence for the safety and effectiveness of therapeutic nutrition against major chronic diseases that I figured it must presently be self evident to everybody. Surely, I thought, it could only be a matter of time (say twenty years at most) until all doctors shifted to natural healing, because word would spread like wildfire and all their patients would demand it of them.

I'd read a variety of articles documenting an incredibly bitter controversy which raged throughout the 1950s over the use of vitamin E (d-alpha tocopherol) for cardiovascular disease. Drs. Wilfrid and Evan Shute were at the center of this storm which en-

circled their work in Ontario, Canada. They were among the very first medical doctors to clinically employ large doses of the vitamin in place of conventional drug therapy. Like many pioneers, they caught all the arrows. Almost all of the positive articles I saw were based on case histories and came from the popular press, while most of the criticism came from the medical press, which seemed singularly resistant to even try the Shute's approach, let alone endorse it. Yet, somehow, their unwillingness to test the Shute's high-dose, natural vitamin E protocol did not seem to prevent them from dismissing it.

In the early 1950s, Canada was a hotbed of leading-edge nutritional research. Maybe there is something in the water up there. In Saskatchewan at about the same time, Abram Hoffer and Humphrey Osmond found that niacin was the best way to treat psychosis. The Shutes found that vitamin E was the best way to treat heart disease. One might think that the only possible professional response to such important discoveries would be grateful acceptance and widespread journal publication.

Just the opposite occurred. For decades it has been said that pharmaceutical medicine has little to gain from a cheap vitamin cure that cannot be patented and exploited for high profit. Observers have also witnessed what happens to medical doctors who have defected to drugless healing: they gain many grateful patients, and lose a lot of research funding. Few pharmaceutical companies willingly contribute to the competition.

The Shutes saw early that such would be the case, and paid their own way. They created their own research foundation and treatment facility (The Shute Institute), created their own journal (*The Summary*), and in so doing, some would say, created their own trouble.

The Vitamin E Story is Dr. Evan Shute's first-hand, ring-side account of the discovery that high-dose d-alpha tocopherol cures serious disease. It is also an unusually inter-

esting autobiography of an unusually interesting man. Evan Shute, an obstetrician by training, was a poet by inclination. He once delivered 25 babies in 17 days, yet he also wrote children's stories and published ten volumes of verse. Dr. Shute's professional character is perhaps best illustrated by his repeated efforts to credit medical student Floyd Skelton with major contributions to the development of vitamin E cardiovascular therapy. The Shutes' personal integrity is demonstrated by their maintaining a non-commercial stance and never profiting from the sale of the vitamin. Oddly enough, in 1948 they actually advocated making vitamin E a prescription item.

Perhaps this is understandable, given the spectacular, wonder-drug-style patient recoveries that the Shutes had already seen by mid-century.

Twenty Years of Ignored Shute Vitamin E Research: A Timeline

1936: Vitamin E-rich wheat germ oil cures angina.

1940: Vitamin E suspected as preventive of fibroids and endometriosis, and curative of atherosclerosis.

1945: Vitamin E shown to cure hemorrhages in skin and mucous membranes, and to decrease the diabetics need for insulin.

1946: Vitamin E greatly improves wound healing, including skin ulcers. Also demonstrated effective in cases of claudication, acute nephritis, thrombosis, cirrhosis and phlebitis. Vitamin E strengthens and regulates heartbeat.

1947: Vitamin E successfully used as therapy for gangrene, inflammation of blood vessels (Buerger's disease), retinitis and choroiditis.

1948: Vitamin E helps lupus erythematosus and shortness of breath.

1950: Vitamin E shown to be effective treatment for varicose veins, and in cases of severe body burns.

1954: The Shutes' medical textbook, *Alpha Tocopherol in Cardiovascular Disease*, is published.

1956: *The Heart and Vitamin E* is published.

It is not easy to see how such promise could be ignored for long. But it was. Dr. Shute's frustration with an unnaturally stubborn medical profession comes through starkly his text.

"It was nearly impossible now for anyone who valued his future in Academe to espouse Vitamin E, prescribe it or advise its use. That would make a man a "quack" at once. This situation lasted for many years. In the United States, of course, the closure of the JAMA pages against us and tocopherol meant that it did not exist. It was either in the U.S. medical bible or it was nought. No amount of documentation could budge medical men from this stance. Literature in the positive was ignored and left unread. Individual doctors often said: 'If it is as good as you say, we would all be using it.' But nothing could induce them as persons of scientific background to make the simplest trial on a burn or coronary" (p. 146). The American Medical Association even refused to let the Shutes present their findings at national medical conventions (p. 148-9). In the early 1960s, the United States Post Office successfully prevented even the mailing of vitamin E (p. 166). Linus Pauling wrote, in the book's 1985 foreword:

"The failure of the medical establishment during the last forty years to recognize the value of Vitamin E in controlling heart disease is responsible for a tremendous amount of unnecessary suffering and for many early deaths. The interesting story of the efforts to suppress the Shute discoveries about Vitamin E illustrates the shocking bias of organized medicine against nutritional measures for achieving improved health (vii)."

O that things were truly better today, but they are not. Yes, the American public can and does buy vitamin E (even by mail) without a prescription. Still, I am unaware of any burn clinic using topical vitamin E as their primary treatment. I am yet to see "Megadose Vitamin E Cures Cardiovascular Disease" commercials on TV. I have never seen a bot-

tle of vitamin E in an intensive care unit. It has now been nearly 60 years since vitamin E was seen to greatly help diabetics and cardiovascular patients and only very recently has medical research "discovered" a glimmer of the value of this vitamin.

Vitamin E is entirely too good for too many purposes. *Consumer Reports* trashed it in back in 1972, and often since. It didn't help matters that Evan Shute was "only" an obstetrician. (This obstetrician was, however, made a Fellow of the American Society of Angiology in 1969.) Today, vitamin E's very availability, and exceptional safety, seemingly render it unattractive for hospital use as the spectacular therapy that it is.

The Vitamin E Story surprised me with Chapter 12, a collection of rather funny real-life obstetrical experiences that Dr. Shute evidently just had to put down on paper. I'm glad he did, as the stories are both delightful and bizarre. There is the account of proof of ovulation in a 102 year old woman. Then there is the surgeon who smoked during operations, the cigarette ash getting into the wound. And let's not overlook the marriage ceremony performed during labor. "Uterine contractions imposed an odd punctuation to the responses, but the minister did most of the talking, fortunately."

This book is mostly the story of the Evan Shute who published over 120 medical papers; the doctor who was opposed to circumcision; the doctor who treated tens of thousands of patients with large amounts of vitamin E.

Tocopherol has been known and studied since the 1920s, generally in small quantities as a means to ensure a full-term pregnancy. Without the Shute brothers' high-dosage clinical work, especially in cardiology, no one at all would be megadosing with vitamin E today. We owe them our thanks, and our lives.

The Vitamin E Story is available for US \$14.00 (postpaid to US addresses) from the Shute Institute, 367 Princess Ave., London, Ontario, Canada N6B 2A7.