

# Book Reviews

**Candida, Silver (Mercury)  
Fillings and the Immune System**  
**Betsy Russell-Manning**  
**Greensward Press,**  
**P.O. Box 99472,**  
San Francisco, CA 94109  
1984  
**Available from Cancer Control Society,**  
**2043, N. Berendo St., Los Angeles, CA**  
**90027. The price, \$U.S. 15.95 + \$2.00**  
**shipping.**

This book is not the usual type of book. It is more like an encyclopedia, but more, for it provides the views and conclusions of a large number of physicians who have pioneered discoveries which implicate Candida and toxic metals, especially mercury, in interfering with the immune system. As a result, almost every known symptom or complex of symptoms can be produced, mimicking a large number of chronic diseases. For the average physician not able to scan the literature this provides a welcome series of reviews, abstracts and literature references. The subjects covered are Candida: causes, its diagnosis and treatment; mercury amalgam: its effect, the diagnosis and

treatment; and a few other environmental pollutants such as radiation and fluoride.

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

**Patient Beware! Cynthia Carver, M.D.**  
**Prentice-Hall Canada, Scarborough, Ontario,**  
**1984 184 pp., \$9.95**

Medicine, perhaps more than any other science, is in a continual state of flux. In order to implement new developments, doctors must keep abreast of reams of complex literature they receive weekly. Furthermore, physicians' workloads have mushroomed steadily since the introduction of Medicare some twenty-five years ago. Given the average doctor's harried schedule, it is not surprising, then, that many patients feel that their respective G.P.s view them more as diseases to be treated than as persons. This aura of depersonalization is one problem that Dr. Cynthia Carver addresses in her fine book, **Patient Beware!**

Dr. Carver is a medical practitioner with impressive credentials. Currently, she is

serving as the city of Regina's Assistant Medical Health Officer. In addition, she writes a monthly question-and-answer column entitled "Ask a Doctor", for **Chatelaine**, Canada's premier women's magazine.

As a lay patient, prior to entering medical school, and as a trained professional since, Dr. Carver has chronicled a formidable list of problems that can plague the doctor/ patient relationship. In addition to the problem of depersonalization, she observes how some physicians tend to customarily over-prescribe medication for many illnesses. This "sanctioned" form of drug abuse occurs most frequently with tranquilizers and anti-depressant medications, and women are more often than not the victims. It appears that many over-worked doctors feel that they have little time to sit and talk to distraught patients; rather they rely on mind-altering drugs to do the work for them. Other practitioners may elect to perform surgery, when the need for it is highly questionable.

In her insightful book, Dr. Carver explores a host of difficulties and misunderstandings encountered daily by an ailing public. For example, since she believes that "the most valuable thing your doctor has to offer you is information", the author comments on the critical need for simple, straightforward communication between patients and professionals. In these dialogues, patients should be informed about specifics of their illnesses, details of possible surgical procedures, and the actions and reactions of prescribed medications. Patients can, in turn, expedite their recovery by giving their doctors precise, relevant information regarding their symptoms and medical histories. Dr. Carver provides guidelines as to how patients can help to regain their health.

The scope of **Patient Beware!** is diverse yet encompassing. The author has included enlightening chapters on such issues as the "Hidden agendas of doctors", "Why women get the worst care", "Finding a good G.P.", "Keeping healthy", "Dialogues with specialists", how the medical system might best be improved, and much more. In the interest of fairness, Dr. Carver also considers "Patients doctors hate".

**Patient Beware!** was not written as a bitter indictment of physicians and the medical establishment *per se*. Rather, its 184 pages are filled with constructive ways in which the patient population can attain optimal health care, and offers suggestions as to how the medical community can best deliver health care.

Throughout her objective and revealing treatise, Dr. Carver never loses sight of the importance of the individual in relation to our mammoth, bureaucratic medical system. The author's wisdom and compassion are evident on each page, and she should be applauded for writing with such clarity and focus — two qualities often found lacking in para-medical literature. Because of this, **Patient Beware!** is not only a vital, easily-read work on consumer awareness, but also a cogent self-improvement manual for doctors, nurses, and others involved in the complex world of medicine.

**G. Charles Brown**

**The Minds of the Chinese  
People: Mental Health in New China**  
**Martha Livingston  
and Paul Lowinger,**  
**M.D. Prentice-Hall, Inc.,**  
**Englewood Cliffs, New Jersey**  
**237 pp.**

It is difficult to find in the West, any popular account of the people of China that does not employ the term "inscrutable". In fact, the aura of mystery surrounding the folkways of this most populous nation is legendary. Until recently, what little we knew about Chinese tradition stemmed from the writings of a few celebrated religious scholars, such as, D.T. Suzuki and Wilfred Cantwell Smith, and a handful of secular historians. And though the subtleties of Taoism and Confucianism, and the lineage of the Dynasties were welcome to our inquiring minds, aside from the practice of acupuncture, we have known little about the science of medicine in the People's Republic. Joyfully, then, we embrace Martha Livingston and Paul Lowinger's revealing treatise: **The Minds Of The Chinese People**.

**The Minds Of The Chinese People** makes for fascinating reading. Consider a

country which has doubled its population in the past three decades, yet during that same period has done wonders to eradicate starvation, widespread disease, and mass illiteracy. Obviously, these vital transformations were not accomplished merely by governmental decree. The Chinese have used their sense of community to effect great change in these areas, as well as in mental health.

Compared to the United States or Canada, China has an inordinately small mental health network. The authors argue that this is not the result of meagre health care allotments, but rather an overall lack of need for an extensive matrix of psychiatric services, due to community involvement.

We have often heard that you'll find few Chinese persons in prison or on welfare, since their society is predicated on mutual respect and the desire to assist one another in overcoming hardship. Livingston and Lowinger's findings suggest that this is particularly true in the realm of mental health. They write:

*How do the Chinese do it? Why are their mental health establishment and their need for mental health facilities so relatively small? Because social organization solves most of the people's everyday problems without their having to resort to the mental health establishment.*

In addition to this enlightened, grassroots form of shared support, one can easily observe other factors which work in concert to maintain mental hygiene in the Chinese populace: simple diets, high in vegetables, low in red meats and junk food, prove the theories espoused by Orthomolecular therapists the world over. The mental harmony and emotional discipline involved in T'ai-ch'i-ch'uan and other nationally adopted exercise programs, are superb stress-reducing physical fitness regimes. Though China boasts a population of one billion, the bulk of its farming is animal or people-powered; bicycles are the predominant form of mechanized transportation. The lack of airborne pollutants engendered by these methods is just cause for clinical ecologists to rejoice. The detrimental effects of staggering unemployment are unknown.

When mental illness does occur, the Chin-

ese do not reject the medical model. The authors quote Virginia Goldner (**The Politics of Mental Health in China**, State and Mind, Spring, 1978):

*They do not share, with the anti-psychiatry movement here, the notion that mental illness is a myth. They think it's an illness, which is to say "illness" in the literal, medical sense. They think it ought to be treated in a hospital by people called doctors, who wear white coats. There is no soft-peddling of the medical model in China. Mental health workers look and act like mental health workers. **The Minds Of The Chinese People** offers an erudite, encompassing view of China's mental health structure, both lay and professional. And rarely does one encounter such a harmonious blend of scholarship and items of general interest. The authors have included information on the prevailing psychiatric diagnoses and clinical treatments, discuss pertinent socio-political issues, and feature second-source material dealing with China, in addition to a full bibliography.*

Livingston and Lowinger's expertise and love of their subject become obvious from the outset of this work; hence it is a treat for general readers as well as for social scientists and mental health workers.

**G. Charles Brown**

### **Relatively Speaking**

**Chris Reading, M.D.**

**William Collins Pty. Ltd.**

**55 Clarence St., Sydney, N.S.W.,  
Australia**

The good clinician is a detective as was Sherlock Holmes, for each patient presents with a unique set of symptoms and signs. This uniqueness is set within a family which includes close and distant relatives. The greater the number of genes we share with our family members, the more apt are we to share biochemical and pathological problems. Thus, identical twins are more certain to share depression, manic-depressive psychosis and schizophrenia than are fraternal twins. Dr. Chris Reading realized that this principle could be used to help him diagnose

and thus to treat psychiatric patients more effectively. Physicians are taught to take a family history. This is usually a brief recitation of other members of the family with similar illnesses. Dr. Reading has gone much further. He uses a detailed family pathology tree to help diagnose, i.e. patients are asked to compile the illnesses found in all their relatives. An examination of this tree immediately points to a pattern of illnesses. The patient is a member of this family and is apt to share many of these problems.

A good clinician examines all relevant information. In this book Dr. CM. Reading and R.S. Meillon describe how one derives the family tree, how it is used to diagnose and treat, and some of the remarkable recoveries which follow.

When I first read this manuscript over a year ago, I was delighted and impressed with this novel, practical and scientific approach. I promptly urged Dr. Reading to publish this material as soon as possible. At last, here it is. It adds an exciting new dimension to Orthomolecular medicine. Further, it is possible to use these family trees to advise families where they are vulnerable and what to do about it. This is genetic counselling which surpasses any genetic counselling currently being offered at some medical schools.

This first Orthomolecular book on genetic sleuthing and treatment will be one of the classics of our time.

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

**Obsessive-Compulsive Disorders  
Pathogenesis-Diagnosis-Treatment J.A.  
Yaryura-Tobias and F.A. Neziroglu  
Published by Marcel Dekker, Inc., NYC.  
1983. 278 pages.**

Obsessive-compulsive disease is characterized by obsessions and compulsions which are primary, but victims also suffer from a large number of secondary symptoms such as anxiety, depression, phobias and aggressive behaviors.

It is present in about 0.1% of the population with an incidence of about 1 to 2%. Men and women are attacked in equal numbers. It begins after about age 20.

These authors have reviewed the medical psychiatric literature very carefully and in detail. The facts I have briefly listed and other attributes such as personality, classification and diagnosis are described. They discuss various treatment approaches including psychodynamic, behavioral, biological and psychosurgery. I was interested mainly in the biological treatment chapter. The best modern treatment uses antidepressants, of which the best is clomipramine (Anafranil). These authors did the first double blind controlled experiment with clomipramine. I, too, have seen its beneficial effect and routinely use it for all obsessive-compulsive patients who consult me. According to Yaryura-Tobias and Neziroglu, clomipramine acts three ways:

1. It suppresses the symptom,
2. Allows the patient to repel the obsession or to stop the compulsive act while the intensity of the urge remains the same,
3. Allows the patient to resist the obsession or compulsion by decreasing the urge.

They also use 1-tryptophan, 3 to 9 grams per day, niacin to 2 grams per day and Pyridoxine to 200 mg per day. They also use diets low in carbohydrate, especially the sugars, and high in protein, especially when hypoglycemia is present.

In the final chapter they discuss some biochemical hypotheses. Two are considered: the indolamine and catecholamine hypotheses. Their research favors the first. L-tryptophan elevates serotonin and clomipramine is a potent serotonin re-uptake blocker. Drugs which act on catecholamines may make them worse. These are drugs like amphetamines, neuroleptics, ritalin and alcohol.

Anafranil is not available in the U.S.A. A large number of Americans living near the Canadian border routinely get their Anafranil from Canadian drugstores under their own doctor's prescription. In Canada it has been freely available over twelve years. It is one of the very safe antidepressants. I even use it for paranoid schizophrenics in combination with Orthomolecular treatment because I had observed that I had not ever seen happy paranoids. If, therefore, it could remove their depression, it might also remove their paranoid thinking. It did.

This is a good clinical and research book

dealing with a complex disease. We need similar books for other psychiatric syndromes.

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

**The Cilento Way**

**by Lady Phyllis Cilento**

**Published by Queensland Newspapers**

**Pty. Ltd., Bowen Hills, Qsld., Aust. 4006.**

**159 Pages. 1984.**

My good friend, Lady Cilento, M.D., became interested in public health in 1929 when she began to write regular articles for the local paper, *The Daily Mail*, later *The Courier-Mail*. She became interested in nutrition in 1948-1949 while attending a nutrition clinic in New York. But she began writing about vitamins and nutrition in 1970 and today, when over age 90, is still vigorously presenting her Australian readers the nutritional information they will not get from their doctors, nutritionists or their journals.

This book contains 49 brief chapters dealing with a variety of topics from, "The Importance of a Hearty Breakfast," to "Alas! Those Poor Aching Feet." It is not possible to describe the contents of each chapter as this in itself would require a book. I am therefore reprinting the Contents page.

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Australia is rapidly becoming an Orthomolecular country, and Lady Cilento is one of the main reasons for this. I urge you to get and read her book, as it will add healthy years to your life.

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