

# Book Reviews

**The Many Faces of Yeast** by Andrew Wm. Sereda, M.D. Amaranthine Press, P.O. Box 8130, Edmonton, AB T6H 4N9. 84 pages, paperback, \$6.50 U.S., \$7.95 CDN.

Many years ago, Dr. Orian Truss told me that he had seen patients treated for chronic *Candida albicans* infection freed from depression and psychosis at the same time they got their yeast infection under control. I was intrigued by his observations and promptly invited him to present his findings at the next annual meeting of the Huxley Institute for Biosocial Research, and later at the annual meeting of the Canadian Schizophrenia Foundation in Toronto. I suggested he prepare his report for an audience interested in psychiatric illnesses and how to improve treatment results. His early reports appeared in this journal. Later he published his book, *The Missing Diagnosis* (1983). I realized the vast importance of his work but could not envision that the ideas he had generated would sweep through the North American scene as quickly as they did. It created a wave of hope and enthusiasm among sufferers from many chronic diseases, and of course created a wave of shock, antagonism, and attack from the medical profession. Fortunately, that hostile wave is receding as more physicians overcome their initial skepticism and begin to treat *Candida* adequately.

Two best-selling books, by Crook, and by Trowbridge and Walker, helped spread the information widely, thus fuelling both waves. Other books written by different authors have appeared. The desire for information is insatiable.

Dr. Andrew Wm. Sereda has written a brief book which I think will appeal to physicians. In this he describes the syndrome, discusses how yeast allergy can cause illness, and discusses treatment. He has prepared good accounts of the role played by the immune system.

Dr. Sereda, a neurologist, is surprised that discoveries such as this have such a

difficult time being accepted. In his last paragraph, he writes:

"One finally might raise some important questions: What about Dr. Mac-Pherson Brown and his numerous published observations since 1939 regarding the postulated link between mycoplasma infection and rheumatoid arthritis that were published and ignored until his ideas were finally published in popular format in 1988 as *The Road Back?* What about Dr. Livingston-Wheeler's ideas, or Max Gerson's or Johanna Budwig's observations regarding the nature of neoplastic illness, and the numerous other ideas that don't quite fit our preconceived notions of reality: the many novel theories and ideas that are quietly published, discredited and lie stillborn, that might have been pertinent to the resolution of numerous chronic illnesses that are presumed to be incurable. Can we, our society, our patients and our own families continue to afford the luxury of such rigid skepticism that prejudices before new ideas are even entertained?" I hope readers of this journal will get a copy of this book and tell their friends about it. For surely in any network of relatives and friends there are bound to be one or more suffering from chronic candidiasis. They can then seek a physician willing to overcome his/her skepticism and proceed to rid themselves of this easily treated, but seriously debilitating, disease.

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

## **Chronic Mercury Toxicity: New Hope Against an Endemic Disease**

by H. L. Queen. Queen and Company, health communications, inc., Colorado Springs, CO 80919-9938, 1988. 301 pages, hardcover, \$67.50 U.S.

In the United States alone, dentists use more than 100 tons of mercury per year in

making silver amalgams. But these amalgams should, more properly, be called mercury amalgams, since there is usually more mercury than silver present. About 40 percent of all Americans have amalgams in their teeth, many more than one. One should not be surprised that all this mercury seeping slowly into the tissues of the mouth and then into the rest of the body, might be toxic for some. The proportion of people hurt by mercury is not known as no extensive survey has ever been done.

The dental profession has maintained for decades that amalgams are safe for their patients and for themselves. However, they are becoming more careful about their own exposure to mercury, and a tiny minority are becoming much more concerned about their patients. The controversy has come into the open. This journal has carried some of the first reports dealing with the potential toxicity of mercury, and we are pleased to review this new book which has just appeared. This is another volume in a series which has examined the issues very carefully and seriously.

The author examines the sources of mercury which include both natural and man-made. Natural sources are found in soil, water and in food, and apparently go back even before prehistoric times, because fish examined from so many years ago still contain excessive quantities of mercury. However the industrial use of mercury has been the main factor in the major increase in mercury pollution. There is also a section on the recognition of the syndrome, and a particularly comprehensive treatise

on the treatment of mercury intoxication. A large number of treatment options are described in detail and the roles of various chemicals, for example Vitamin C, are also examined.

Vitamin C is recommended in very large dosages, either by mouth or intravenously, for detoxification of mercury. The section on the Vitamin C toxicity might leave the impression it is more toxic than, in fact, it is, even though the author concludes it is safe. The occurrence of toxicity is very rare, and if the precautions outlined in this volume are followed, they should be non-existent. The author makes a statement that it has been recommended that Vitamin C should be given between meals. This might have been a recommendation, but I myself have never followed it and have found it best for patients to take it right after meals. A few patients have found it very difficult to cope with the sour taste and the acidity if it is taken in-between meals. I also disagree with the statement that patients with gout should not take more than 50 mg of Vitamin B<sub>3</sub> per day. Over the past thirty years I have given a few patients with gout up to three grams per day for other reasons, without any problem. However, it does not have any therapeutic effect on gout, nor does it have any effect in making it worse.

By and large there are very few errors of this type. They arrive from the author's wish to be as careful as possible and to minimize any potential source of danger.

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