

Book Review

Diagnosing and Managing Chemical Dependency. Fourth Edition.

Joseph D. Beasley M.D.

Addictionend.com Books, Amityville, N.Y.

Paperback, 515 pages.

Among those of us practicing orthomolecular medicine, Joe Beasley needs no introduction, ever since he released the amazing Kellogg Report in 1989. It recorded the impact of nutrition, the environment and lifestyle on the health of Americans. I think we Canadians would also fall into the same category. Joe is also an expert on the treatment of the addictions using the whole field of nutrition including orthomolecular medicine and psychiatry. The addictions have become his specialty and with this book we understand why. He has treated or supervised the treatment of over 20,000 patients and published a number of books detailing the treatment he is using.

In this impressive book he discusses the diagnosis and treatment of all of the chemical dependencies from alcohol to the opiates to the hallucinogens and more. I think this book should be a required text book for all workers in the field of the addictions, I immediately turned to the section on alcoholism, section 19, because this has been a favorite subject for me ever since I became a close friend with Bill W in 1960, but first I had to read the preceding section on general principles of treatment. This is a full medical text which describes everything from intake to follow up. Beasley tells you how to treat acute intoxication, the conscious and unconscious patient. This includes proper examination, the use of the correct laboratory tests and so on. All the complications of the addictions are discussed in detail. There is no doubt that Beasley has seen them all and knows how to treat them, but the most interesting part to me is his use of nutrition combined with psychosocial principles especially Alcoholics Anonymous as the main stay of treatment. I agree with this. In my

experience few alcoholics, no matter how well they are treated by other means, do as well as those who join and stay in AA. Nothing is overlooked. There is even a list of questions which should be asked of the patients. It is a thorough combination of all the medical, psychiatric, psychosocial and orthomolecular principles essential for the treatment of any disease.

The essential components of treatment of any disease, including schizophrenia, are shelter, nutrition, respect (decency and support) and orthomolecular treatment. The first three alone have yielded a fifty percent recovery rate in schizophrenia. When the fourth factor is used it is very much higher. The alcoholic patient in North America today does not receive these elements. The streets do not provide adequate shelter, nor do the institutions in which alcoholics are dumped until they dry out and then discharged. They seldom eat well due to lack of money, ignorance and other factors. They are not treated with dignity, respect and support except in Alcoholics Anonymous and only a few treated by Joe Beasley and a few other centers in the United States and in Canada are given the benefit of orthomolecular therapy. This is another reason why I so heartily endorse this book. Every family with alcoholics among them should read this book and insist that the professional dealing with their family member also read and know it.

What Really Causes AIDS

Harold D. Foster, Ph.D.

Trafford Publishing, Victoria BC

Paperback 198 pages. Free download at
www.geocities.com/fosterhd/ 2002

This is a remarkable book which I urge every physician, every person who has HIV and AIDS, their families and their doctors to read very carefully. For their lives may depend on whether or not they have read and accepted the arguments put forward

in this book. According to Professor Foster the world is now confronted with the worst pandemic, indeed the worst catastrophe ever. He calculates this using the Foster Scale, a log scale, as 11.5 by the year 2015. (For comparison World War II was 11.1). Foster argues that by 2015 the effects of the AIDS pandemic will be worse than World War II and the Black Death combined. That is, unless we do something about it immediately. We do not have much time. You all know the conventional view which is the basis for the billion-dollar AIDS virus vaccine industry. We may be infected by the HIV virus if exposed to unsafe sexual practices, or by the reception of contaminated blood either by using dirty needles or by blood transfusion. The HIV virus then hides somewhere in our bodies and slowly begins its relentless attack on our immune system.

At the onset of the pandemic it was confidently predicted that all HIV infected people would immediately die, say within a year or two. But over the years more and more infected people have lived their lives with no disease which is a terrible puzzle to the HIV supporters.

Foster points out that there is a smaller group who are looking at the same evidence already available in the literature concluded that HIV=AIDS cannot be the only factor. There must be other factors such as nutrition, lifestyle, single or multiple nutrient deficiencies which predispose or weaken the individual's immune system so that they can not resist the virus when it does attack.

The simple analogy is to the human cold sore virus which may lurk in our bodies but only now and then launches a full scale assault. I used to get cold sores. I have not had one in over 50 years. My cold sore virus seems quite happy to reside somewhere in my body without launching an attack on me. Why? The discussion of the controversy is very interesting. (I love medical controversies especially when other people are involved; I do not like quite so

much the one in which I have been involved since 1957), but even more exciting is Foster's solution. This too is based upon his vast reading of the literature since he is not a physician and has not treated any patients, but he has the unique ability to see the significance of the findings in the medical literature. Everything points toward a very simple deficiency, selenium, as one of the major factors. He does not call it the cause, but one of the causes since, in every biological phenomenon there are many causes. Our challenge is to find the causes that are the most relevant and which can be most readily dealt with. Selenium is one of the very important mineral antioxidants which participates in many reactions in the body. The evidence presented is most persuasive and I will not repeat it here as I want you to read the book in order to obtain the correct information. The most persuasive evidence is what is happening in one country in Africa. Dakar, in Senegal, is one of the largest commercial sex-centers of Africa. Senegal has a very high level of unprotected promiscuity. One would expect that AIDS would be very common as it is in surrounding countries. In Senegal the prevalence is less than 1% and the number of people who died in 1999 is 7,800, or less than one per thousand of the population. In the same year in Uganda, 110,000 died out of a population of 21,143,000. In contrast to its neighboring countries in Senegal, AIDS is spreading very little, if at all, even though all the conditions for rapid spread are present. In Senegal the soil is very rich in selenium. The evidence showing that people low in selenium are more apt to acquire HIV and die from AIDS is pretty clear and powerful but what is the mechanism? Foster describes that as well and it is based on the excellent work done by Taylor. Two of Taylor's original papers were published in the *Journal of Orthomolecular Medicine*.¹ Briefly, Taylor found that the HIV, and others as well need selenium. When HIV invades our bodies it will take

up the selenium it needs but if we are deficient it will cause a selenium deficiency in the body. If therefore we have enough selenium both we and the HIV virus can live in harmony provided we do not insult our immune system by some of the other elements which are cofactors in the etiology of AIDS, such as drug abuse, alcohol, poor nutrition and other infectious diseases such as tuberculosis. This hypothesis leads to the conclusion that the treatment of AIDS must include restoring what the body is lacking, not only the selenium but the enzymes that contain selenium and which are essential. I will not list the total treatment except to point out that the main nutrients include selenium, L- glutamine, tryptophan and cysteine. Evidence is presented, and I can confirm that in the very few cases I have seen the therapeutic results have been very good. It is interesting that the Brazil nut is especially rich in selenium and also in two out of the three other essential nutrients. Did the Garden of Eden grow Brazil nut trees?

This theory is now confronting the huge AIDS establishment. Will it ever be examined seriously? I think it will. The book is dedicated to Foinavon 444/1. That word puzzled me until recently when I had lunch with Harry Foster and Joe Campbell. The author explained that Foinavon was a jumper who won the 1967 Grand National in England. He was considered to be the worst horse in the race. His usual jockey could not make the weight and left to ride another horse. His owner and trainer were so convinced he would lose that they did not attend the race, and therefore there was no one in the Winners Circle to be photographed with the horse. Foinavon had a tendency to run slowly and to fall, virtually nobody believed it possible for him to win so his odds were 444/1. The race was a riot. On the second circuit some of the riderless horses who were still racing decided not to jump a low fence and ran along the width of the fence. Other horses coming behind

also refused, or slowed down and either fell or quickly stopped, throwing their jockeys over the fence. Other horses began to run back up the course where they came from. There was complete chaos and it appeared that not a single horse would complete the race. But Foinavon was so far behind the rest of the field that his jockey could see what was happening and guided his horse around the melee, jumped the fence and completed the course. Seventeen horses were remounted and finished the race, but only after Foinavon had stolen it.

Foinavon and Foster's elegant hypothesis may be compared in the sense that the other horses were considered superior. I see the AIDS establishment as all the other horses in the race, and I believe that in due course they will also all stumble and fall and throw their riders into scientific limbo and the real and correct treatment for AIDS, and for other difficult viral diseases, will win the race. Let us all hope so, and the sooner the better.

References

1. Taylor EW, Ramanathan CS: Theoretical Evidence that the Ebola Zaire Strain May Be Selenium Dependent: A Factor in Pathogenesis and Viral Outbreaks. *J Orthomol Med*, 1995;10: 131-138.
2. Taylor EW: Selenium and Viral Disease Facts and Hypothesis. *J Orthomol Med*, 1997; 12: 227-239.

Dr. Max Gerson: Healing the Hopeless
by Howard Straus. Quarry Press.
Kingston, ON. 2002 Softcover, 397 pages.

Really good conspiracies take decades to surface. In the case of natural-healing physician Max Gerson, M.D., attempts to discredit his vegetable juice, raw food and coffee enema cancer therapy were so effective that the whole story has never been told. Until now. Dr. Gerson's grandson, Howard Straus, has just published the definitive Gerson biography. It is fascinating reading, at times bordering on the unbe-

lievable. And what a story: a respected physician discovers a natural cure for cancer, and the medical-pharmaceutical lobby actively and relentlessly conspires to keep it from the public. All of it is provably true. Mr. Straus has gone far beyond requirements to research his subject and support his statements. And he has had a family “in” that no other Gerson biographer has: his mother, Charlotte Gerson Straus, the doctor’s daughter. Together, and with expert assistance from Barbara Marinacci, they have assembled documentation I believe to be sufficient to topple the tower of organized, politicized medicine.

For over sixty years, cancer treatment and research has been almost entirely restricted to cut, zap and drug: surgery, radiation and chemotherapy. Billions and billions of dollars have been expended investigating every cure but a nutritional one. Where is the real incentive to cure the disease, anyway? Business is good. It is now pretty much an open secret that more people live off cancer than die from it. The big money is to be made in disease, not in health. Dr. Gerson guaranteed his own ostracism when he dedicated his life to find out why patients lived, and what could be done to be sure they did. Then he went and did it. In sixth grade, Mrs. Palmer taught my class that debates are won when you present your case more compellingly and more factually than the opposition. This may be true in most endeavors, with the exception of medicine. Linus Pauling and Abram Hoffer, who each write favorably of Gerson’s work, pioneered and popularized widespread “megadosing” with vitamin C and niacin, respectively. They did this so successfully that the only angle left to their many critics was the *ad hominem*: attack the men, not the idea.

“Coffee Enema” Gerson was attacked in much the same way. It has been ridicule, not science, that has kept the Gerson therapy away from your local oncologist’s office. Try a simple test: ask ten doctors

what they think of using the Gerson therapy against cancer. Then ask the same doctors what they know of the Gerson therapy. I’ll lay good odds that about all they know is that the guy used coffee enemas. “Would you like cream and sugar with that?” a physician once said to me. And you’ll likely hear worse. Body temperature, fresh coffee enemas offer at least two vital benefits for a seriously ill patient: pain relief, and detoxification. One does not necessarily have to accept the second to appreciate the first. Gerson’s extensive medical experience taught him that both are accomplished. Patients and physicians who follow Gerson’s protocol have seen that he’s right. That is the only standard that is absolutely necessary. Too bad that some critic’s egos let them forget the true healer’s prime directive: “For the good of the patient, to the best of my ability.” If there is a down side to vegetable juices, I am yet to hear it. The worst reproach I’ve encountered is that, while harmless, vegetable juices have no special properties against cancer. How can that be, when doctors now know (and our grandmas have known for generations) that vegetables do in fact help prevent and arrest cancer. All vegetables are high fiber and low fat. Tomatoes are loaded with lycopene. Orange and green vegetables are tremendous sources of carotene. Broccoli, cauliflower, kale, Brussels sprouts and cabbage (the cruciform vegetables) are all heavyweights in the fight against cancer. How, pray tell, could their juices not have anti-cancer properties? Juice consists of the entire cytoplasmic contents of a vegetable’s cells, but without an unpalatable excess of indigestible fibrous cell wall. It’s the corn without the can; the nut without the shell; the cash without the bank. The two chief purposes of juicing is to increase the quantity of vegetables consumed, and to increase a patient’s absorption of what is consumed. More vegetables is good. Better utilization is good. Ergo, juicing is good, and Gerson was right. I find that, like a

method actor, it helps to get into character before discussing a book. To this end, I had two quarts of carrot juice for lunch and now I can feel the part in a big way. I am juiced up and in the groove. And for all my 20 years of juicing, for all the many miles on my juicers, I owe a personal debt of thanks to Dr. Gerson. He was pretty much the first physician ever to plainly set all this down into a clear-cut, specific therapeutic regimen. This is provided in great detail in two other books: *The Gerson Therapy*, by Charlotte Gerson and Morton Walker (New York: Kensington Publishing Corp. 2001. ISBN 1-57566-628-6) and *A Cancer Therapy: Results of Fifty Cases by Max Gerson* (Del Mar, California: Totality Books. 1977). In the next edition of *Dr. Max Gerson: Healing the Hopeless*, I would like to see paragraph by paragraph footnote references. Many a good-reading history book provides this for obsessive scholars who just have to challenge every statement. They are out there, and I think the tightest possible citation system is best suited for such a controversial work as this. I also think serious students of the Gerson therapy would appreciate a topic index. I liked the inclusion of photographs and an exhaustive international bibliography. I think translating the mostly German-language reference titles into English would be a worthwhile project.

Dr. Max Gerson: Healing the Hopeless is a tribute, an education, and a warning: there is a price to pay for true lifesaving innovation in medicine. The best possible review of Dr. Gerson's life story could not surpass what the great Nobel laureate Albert Schweitzer, M.D., wrote: "I see in Dr. Max Gerson one of the most eminent geniuses in the history of medicine. He has achieved more than seemed possible under adverse conditions. Many of his basic ideas have been adopted without having his name connected with them. He leaves a legacy which commands attention and which will assure him his due place. Those

whom he has cured will attest to the truth of his ideas." "Medical heretic" Dr. Robert Mendelsohn said that one grandmother is worth two MD's. Good fortune has favored Howard Straus. His grandfather was worth hundreds.

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