

Book Reviews

Medical Mavericks, Volume III

by Hugh Desaix Riordan, M.D.

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Like soldiers in battle, orthomolecular pioneers stand as warriors for their patients' health. The trailblazers of nutrition therapy, including Hugh Riordan, M.D., were warriors who stood up against medical dogma. Their stand continues today. For a warrior, it is not about living to enjoy the victory, but the mark you make in your time. Hugh Desaix Riordan has left an indelible impression, both in the journals and in the layperson's understanding and appreciation of orthomolecular medicine. One way he did so was through his three *Medical Mavericks* books, each a collection of article-length biographies of history's most important, and often most unorthodox, medical innovators.

Although people often don't learn from history, Dr. Riordan is one doctor that clearly has. Hugh Riordan's joy in his subject permeates his writing, along with a generous selection of superb quotations and plentiful anecdotes. *Medical Mavericks III* is so well written that you forget it is a history book. That is no small achievement for an author. Years of careful preparation make *Medical Mavericks III* a considerably larger work than either *Medical Mavericks I* or *II*. Although lacking an index, it is admirably presented including small but handsome black and white photos of each of its individual subjects.

Medical Mavericks III is also more confrontational than its two predecessors. Every physician or researcher profiled in *Medical Mavericks III* is an uncompromising, outspoken orthomolecular nutrition advocate. That takes courage. Conventionally trained scientists who have embraced vitamin therapy know that they have forever crossed the Rubicon. As Hugh said, "'Orthomolecular' is not the answer to any questions posed in medical school."

"Hugh relished a good fight," writes Dr. Abram Hoffer in the book's introduction. "He was challenged legally when he wanted to treat his patients with high-dose vitamins in the hospital. He won. Hugh was one of the medical mavericks who fought hard and consistently on behalf of orthomolecular concepts. In doing so, he became a member of an elite group."

While such a group is the topic of all the *Mavericks* books, in volume three, attention is specifically focused on the 20th century pioneers of nutritional medicine. Those profiled include Robert Cathcart III, Emanuel Cheraskin, Carl Ebnother, Ruth Harrell, Abram Hoffer, Masatoshi Kaneko, Linus Pauling, Carl Pfeiffer, Bernard Rimland, and Roger Williams. The book also includes a chapter on Dr. Riordan.

Perhaps the most personal tribute is offered to Dr. Fowler Border Poling, the brilliant but largely unknown practitioner who first introduced Hugh to nutritional medicine and became Hugh's mentor. Dr. Poling died in 1963 at age 48 in a car accident. Hugh's affection for his great teacher fairly rushes from the pages:

"Dr. Fowler Poling was not afraid to defend his beliefs. He was also a man of supreme compassion and understanding. To this day, his daughter's last memory of her father was when the two of them stood in front of the picture window of their house one night, when the window acted as a reflecting mirror, and he practiced his daughter's cheerleading jumps with her. This was their last experience together before he died." Dr. Riordan adds: "One additional factor is helpful for the Truth to prevail: physical survival."

This statement is all the more touching considering Hugh's own untimely death at 72. I'd had a conversation with Hugh the very morning of the day he would die. He called to tell me he was just completing *Medical Mavericks III*. Later that day, he had literally put his pen down when he collapsed, his last written words being these:

“What we learn from these superb observers and orthomolecular doers can literally change our lives for the better. That is why *Medical Mavericks III* has been written.”

General George Patton said that the only proper way for a warrior to die is by the last bullet in the last battle. The last battle has already been fought, has already been won, for all those who know the healing power of nature and fully utilize the tools of nutritional medicine. For every physician who has verified this, for every patient who has experienced it, Dr. Samuel Hahnemann’s words come to mind: “And when you get better, remember.”

—Review by Andrew W. Saul,
JOM Contributing Editor

Welcome to the Dance: Caffeine Allergy-
A Masked Cerebral Allergy and Progressive
Toxic Dementia
by Ruth Whalen
Foreword by Abram Hoffer, M.D., Ph.D.
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A popular series of 1950s magazine advertisements for decaffeinated coffee depicted husbands so afflicted with “coffee nerves” that they were more like beasts than men. One such cartoon illustration actually showed the husband in a cage, raging and railing against his terrified family from behind bars.

But it’s not funny. Caffeine, the most common and most unrestricted of stimulant drugs, has diverse and adverse effects on the human body. Ruth Whalen, a medical lab technician, learned this the hard way. She suffered for over twenty years from various psychoses which, she discovered, disappeared when she eliminated caffeine. *Welcome to the Dance* is her story. The book is an intensely personal and medically comprehensive look at just how severe caffeine’s

negative effects can be. Admittedly I am biased; I published Ms. Whalen’s first two papers on the topic (Caffeine Induced Anaphylaxis: A Progressive Toxic Dementia; and Caffeine Allergy: Past Disorder or Present Epidemic?) in 2002. They remain among the most read articles at my website, www.doctoryourself.com. Her work has subsequently appeared in medical journals, including *The Journal of Orthomolecular Medicine*.

I recall my first pharmacologically memorable encounter with caffeine. I was in my teens, in London, and spotted a little old lady going down a long flight of steps with a cane in each hand. It was the classic Boy Scout opportunity, for it truly looked as if she was going to topple over any second. I caught up with her (that being easy) and helped her across the street. Across the street turned out to be her hotel. She graciously invited me, the touring Yankee, to have coffee with her in the hotel’s elegant sitting room. I had seen red-coated waiters and dazzling silver tea services in the movies but now I was living it. She turned out to be a real hoot and a brilliant conversationalist. Hours went by, and in that time I downed eight cups of coffee. I felt just great.

Back at my hotel that night, I went to sleep, sort of. It was not long before I awoke, my eyes opened wide. I tried to close them, and they instantly opened again. It was as if my eyelids were on springs. This went on for some time, as I lay there and figured out, eventually, what might have transpired. I’d had about 1,000 milligrams of caffeine. And it was working.

Caffeine, an alkaloid methylxanthine, is incredibly well absorbed when taken orally: ninety-nine per cent of it goes straight into your body. It passes easily through the blood-brain barrier. It would stand to reason that any drug that is a central nervous system stimulant, a skeletal muscle stimulant, a cardiac stimulant, that induces hypoglycemia;^{1,2} and that

causes agitation, insomnia, altered mental states, rigidity, tremors and seizures would be more suspect. The familiar is often the last to be seen.

Nothing is more familiar than caffeine. Caffeine is consumed worldwide at an estimated 120,000 tons per year. A Medline search for "caffeine" yields over 19,000 results; "caffeine toxicity" will bring up more than 900 journal articles. One review paper, describing how caffeine causes birth defects in rodents, states: "Maternal exposure to caffeine induces also long-term consequences on sleep, locomotion, learning abilities, emotivity, and anxiety in rat offspring."³ One study indicated that nine out of ten high school students consumed caffeine, mostly from soft drinks.⁴ Another paper recognized caffeine as a major cause of bedwetting.⁵

We could go on and on about this, and Whalen does. That is good. Citing study after study, she builds the case from all directions. Her book provides a thorough 42 pages of medical references, plus an additional 30 pages of recommended reading material. I like her writing style, which alternates between review textbook and tell-all memoir. The author is almost painfully honest as she narrates how she lost 27 years of her life to unrecognized caffeine-induced psychosis. And then she cured it, not by taking an exotic pharmaceutical drug, but by refusing to take a common dietary drug.

Caffeine is said to have a half-life in your body of three to seven hours. Not only does that vary among people, it also needs a comment. Using five as the average of three and seven, this means that 10 hours after consumption, 25% of the drug is still in you. At least. Women on the birth control pill take twice as long to metabolize caffeine as women who are not. Some persons are vastly more sensitive to caffeine than others.

If you are going to use a drug, caffeine is certainly better than nicotine, co-

caine or narcotics. Adults can freely choose to have their blast of caffeine in their morning coffee. Coffee is not the only caffeine culprit. Tea, chocolate, many pain relievers, and soft drinks contain caffeine. An increasingly large number of children are having that same xanthine blast as Mom and Dad. "Nearly three-quarters of all children over the age of 6 months regularly use caffeine," writes Jean Carper.⁶ The Center for Science in the Public Interest has reported that about half of all children drink soda pop; those between ages six and eleven drink nearly a pint a day. Twenty percent of toddlers drink soda pop, nearly a cup daily. Of the seven best selling soft drinks, six have caffeine in them.⁷

Lendon Smith, M.D., frequently said that if your child craves something, it's probably not good for him. Caffeine is a stimulant, not as powerful as Ritalin or amphetamine, but a stimulant nonetheless. Where, exactly, does "just say no to drugs" begin? By law, nicotine use is prohibited until age 18. Alcohol use is prohibited until age 21. There is never a legal age for dangerous street drugs, such as crack, PCP and heroin. Yet I know of no age restrictions on caffeine.

If there were an age restriction on caffeine, it would have to start before birth. Caffeine crosses the placenta, causing overactive fetuses in pregnant mothers. The developing baby gets as much as the mother. Babies so affected cry more and sleep less. Women who drink more than a cup of coffee every day are only half as likely to conceive as those who drink less than a cup a day. If women down more than two and a half cups daily, then they are nearly 5 times less likely to be able to get pregnant as women who drink none.⁸ Furthermore, if a pregnant woman drinks 2 or 3 cups of coffee each day, she is more likely to have a premature baby, or a full-term infant with low birthweight.

The list of troubles related to chronic caffeinism is very long. I do not think Whalen missed one. From anxiety, anorexia,

anaphylaxis and ADHD to schizophrenia, suicide, vertigo and violence, *Welcome to the Dance's* 123 compact chapters provide ample variety to keep the reader's interest.

If you are an adult caffeine user and your life is fine, I am not out to change you. But if you or someone you care about is a caffeine user and life is a mess, read Whalen's book before things get any worse. If a person is psychotic, bipolar or suffers from obsessive compulsive disorder, perhaps the answer is not to take more drugs, but to take fewer. Start by stopping caffeine.

–Review by Andrew W. Saul
JOM Contributing Editor

References

1. Cheraskin E, Ringsdorf WM Jr, Setyaadmadja AT, Barrett RA. Effect of caffeine versus placebo supplementation on blood-glucose concentration. *Lancet*, 1967; Jun 17;1(7503): 1299-300.
2. Cheraskin E, Ringsdorf WM Jr. Blood-glucose levels after caffeine. *Lancet*, 1968; Sep 21; 2 (7569): 689.
3. Nehlig A, Debry G. Potential teratogenic and neurodevelopmental consequences of coffee and caffeine exposure: a review on human and animal data. *Neurotoxicol Teratol*, 1994 Nov-Dec; 16(6): 531-43.)
4. Valek M, Laslavic B, Laslavic Z. Daily caffeine intake among Osijek High School students: questionnaire study. *Croat Med J*, 2004; Feb;45(1):72-5.
5. Jalkut MW, Lerman SE, Churchill BM. Enuresis. *Pediatr Clin North Am*, 2001; Dec; 48 (6): 1461-88.
6. Carper J: *Your Food Pharmacy*. Syndicated column, 1994; June 15.
7. Jacobson MF. Liquid Candy: How soft drinks are harming Americans' health. http://www.cspinet.org/sodapop/liquid_candy.htm Accessed June 2005.
8. Wilcox A, Weinberg C, Baird D: Caffeinated beverages and decreased fertility. *Lancet*, 1988 8626-7: 1473-1476, December 24/31.