

# What Effects Do Corrective Nutritional Practices Have On Alcoholics ?

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A cross-over double blind study was made of a group of 20 alcoholics to determine if diet and supplement corrections would, in fact, make any changes in their subjective symptoms, and if testing would also reveal a change.

This information was needed before another research project could be completed.

A sample group of 20 subjects was placed on vitamins and minerals to correct any apparent deficiency. Their individual deficiencies were determined by Trace Mineral Analysis-Hair, Doctors' Data, Chicago, Illinois. The nutrient deficiency questionnaire of the International Institute of Natural Health Sciences, Inc. of Huntington Beach, California, was also used. The diet analysis was taken from a seven-day food log and run through the computer of MineraLabs, Inc., Hayward, California.

Group A of 10 alcoholics — The diet was corrected to meet all the R.D.A. requirements using the new basic American Diabetes Diet guidelines; B complex was given where Serum B tests showed deficiencies. The amounts given were adequate to bring the individual up to the set normals.

No mega vitamin dosages were given to

the subjects.

The group B of 10 alcoholics received placebos and were given diet corrections to meet the R.D.A.'s.

All had completed physical examinations prior to entering the project. All were essentially normal with only slight deviations of liver profile due to the alcohol.

A battery of psychological tests was performed, such as the H.O.D. (Hoffer Osmond Diagnostic Test), the M.M.P.I., etc.

These tests were repeated every two weeks. At the end of 90 days, Group A subjects subjectively reported having more energy, less confusion and felt "mellow". The psychological test also showed improvement as did the TMA-H-Nutrient Test, Nutrient Test, vitamin levels; and the diet analysis was normal in this group. Group B had essentially no improvement except for two subjects who stated they had more energy.

The groups were then switched for 90 days. Group A deteriorated to its original state at the end of the 90 days. Group B showed improvement to normal limits on all tests, just as Group A had previously.

When the pharmacist pulled the codes from the manufacturer that supplied the supplements, it was discovered that the group receiving the supplements was the one showing improvements. The group receiving placebos remained unchanged with the exception of the two subjects who

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claimed to have more energy.

A control group of non-alcoholics that the tests revealed had no vitamin-mineral or dietary deficiencies went through the same procedure. The group receiving the vitamins stated during the first 30 days only that they had more energy. All tests remained normal — no other differences were noted between the placebo and vitamin-mineral group.

When all the alcoholic groups were placed on the supplement and dietary regime, the psychologist and alcohol counselors reported the group's therapy was more productive and proceeded at a faster rate than those on the normal halfway house diets.

Apparently alcoholics are sufficiently depleted nutritionally that bringing the nutrients to R.D.A. levels results in both subjective and objective changes.

**Note:**

All the supplements were from Miller Pharmacal except the Alkonil which is from Research Pharmacal, and the Chromium from General Nutrition Corporation. We

used only one tablet of Alkonil for this experiment. Normally we use from three to nine tablets per day. (Three tablets contain 1000 mg vitamin C, 1000 mg niacin and 1000 mg glutamine).

All subjects including controls were on Milco-B (each tablet contains 30 mg vitamin B1, 30 mg vitamin B2, 60 mg vitamin B6, 200 mg niacinamide, 73.2 mg pantothenic acid, 10 mcg vitamin B12, 300 mcg biotin and 1 mg folic acid). All subjects including controls received three tablets daily of Ragus (three tablets contain 27 mg magnesium, 100 mg vitamin C, 580 mg calcium, 450 mg phosphorus, 25 mg L-lysine, 50 mg DL-methionine, 5000 units vitamin A, 400 units vitamin D, 10 IU vitamin E, 20 mg vitamin B1, 3 mg vitamin B2, 5 mg vitamin B6, 9 mcg vitamin B12, 80 mg niacinamide, 5 mg pantothenic acid, 20 mg iron, 1 mg copper, 2 mg manganese, 2 mg zinc, 10 mg potassium, 1 mg iodine. The alcoholics received Chromium, the controls did not. There were a few other minerals that were used individually as needed.

**20 Subjects**

GROUP A (10)—(supplements and Diet)	Reports More Energy	Psych Test	Vitamins
Subject No.	Scale of 1-10		<b>TMA-H</b>
1	10	Improved	Improved
2	9	Improved	Improved
3	9+	Improved	Improved
4	10	Improved	Improved
5	8	Improved	Improved
6	8+	Improved	Improved
7	7+	Improved	Improved
8	9+	Improved	Improved
9	Slightly more energy Tires easily 4	Improved	Improved
10	10	Improved	Improved

0 --no change  
10—maximum improvement

GROUP A ---- (Placebo and Diet)

Subject No.	Reports More Energy Scale of 1-10	Psych Test	Vitamins TMA-H
1	3	Decreasing to original test result levels	Decreasing to original test result levels
2	2		
3	1		
4	0		
5	0		
6	1		
7	2		
8	4		
9	0		
10	1		

GROUP B (10) — (Placebo and Diet)

Subject No.	Reports More Energy Scale of 1-10	Psych Test	Vitamins TMA-H
1	2	Same	Same
2	1	Same	Slight Improvement
3	1	Same	No change
4	0	Same	Worse
5	0	Same	No change
6	1	Same	No change
7	8	Same	Slight Improvement (zinc only)
8	0	Same	No change
9	8	Same	Slight Improvement (zinc only)
10	1	Same	No change

GROUP B ---(Supplements and Diet)

Subject No.	Reports More Energy Scale of 1-10	Psych Test	Vitamins TMA-H
1	7	Improved	Improved
2	9	Improved	Improved
3	10	Improved	Improved
4	10	Improved	Improved
5	8	Improved	Improved
6	7+	Improved	Improved
7	10	Improved	Improved
8	9	Improved	Improved
9	10	Improved	Improved
10	6	Improved	Only Moderate Improvement

CONTROL GROUP - NON-ALCOHOLICS

GROUP C 1 (Supplements and Diet)

Subject No.	Reports More Energy Scale of 1-10	Psych Test	Vitamins TMA-H
1	7	Normal - no change	Normal - no change
2	10		
3	6		
4	9		
5	8		
6	10		
7	9		
8	9		
9	8		
10	5		

**GROUP C -1 — (Placebo and Diet)**

Subject No.	Reports More Energy Scale of 1-10	Psych Test	Vitamins TMA-H
1			
2			
3			
4			
5	No change....	Normal ....	Normal ....
6			
7			
8			
9			
10			

**GROUP C - 2 ---(Placebo and Diet)**

Subject No.	Reports More Energy Scale of 1-10	Psych Test	Vitamins TMA-H
1			
2			
3			
4			
5	No change ....	Normal ....	Normal ....
6			
7			
8			
9			
10			

**GROUP C • 2 - -(Supplements and Diet)**

Subject No.	Reports More Energy Scale of 1-10	Psych Test	Vitamins TMA-H
1	No change		
2	No change		
3	5		
4	6		
5	8		
6	8	Normal ....	Normal ....
7	10		
8	9		
9	8		
10	6		

**BRAIN ALLERGIES. THE  
PSYCHONUTRIENT  
CONNECTION**  
**W.H. Philpott  
and D.K. Kalita**  
**Keats Publishing, Inc.**  
**New Canaan, Connecticut**  
**1980,229 pages, U.S. \$15.00**

Orthomolecular psychiatry began with our use of Vitamin B3 and Vitamin C for treating schizophrenia. This led to a greater interest in nutrition and in supplements with other vitamins and minerals. Drugs are also used. With this approach the recovery rate improved substantially, but we were still confronted with patients who failed to respond or who responded only partially. Obviously they were being made ill by factors we were not aware of.

As a result of Dr. W.H. Philpott's work we understand why we still had so many failures. These failures were not because they needed extra supplements but because they were suffering from cerebral allergies. For many years psychiatrists knew that patients could have physical allergies. They also "knew" that schizophrenia and these allergies could not co-exist. A schizophrenic patient could have asthma, for example, but it would not be present when psychotic. This idea became a dogma which has seriously impeded research in this area.

Dr. Philpott was the first psychiatrist to question this dogma. He found that the majority of the patients he treated were allergic to foods such as wheat, corn, milk, etc. Later he demonstrated that removing the offending foods would lead to recovery. His observations have been confirmed by a large number of physicians. Anyone who has seen a patient become normal after a four day fast can not doubt this conclusion.

In this book Philpott and Kalita describe the theory and practice of clinical ecology as applied to psychiatry. The addition of this theory and practice has increased greatly our ability to treat schizophrenics successfully. It applies equally well to all psychiatric disorders. Any psychiatric disease can be caused by cerebral allergies.

This is a book every orthomolecular therapist will want to read. Introducing even a portion of the practice of clinical ecology will increase the number of patients who can be helped.

We do not know the proportion of schizophrenics who are primarily victims of cerebral allergies as no large scale survey has been done, but it is certain that chronic patients contain a greater fraction of cerebral allergies.

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