

Book Reviews

Clinical Chemistry and Nutrition Guidebook, Volume One, edited by P. Yanick, Jr., Ph.D. and R. Jaffe, M.D., Ph.D. Volume Two, edited by L. Sargent, D.C.T & H Publishing, P.O.B. 472, Lake Ariel, PA 18436. Softcover, Vol. One 470 pages, Vol. Two 91 pages, 1988.

I suppose no medical specialty is established until it has its textbooks and journals and is taught in medical schools. Orthomolecular medicine and psychiatry are specialties not yet recognized by the majority of physicians. It has its journal, (this one), has a textbook — *Orthomolecular Medicine for Physicians*, written by me¹, and has a large number of excellent books written by the many key scientists in this field. We do not yet have one massive volume like our textbooks of medicine. This will happen as soon as all of medicine becomes Orthomolecular — as it will — there is an inevitable movement in that direction. The term "Orthomolecular" will vanish when it is no longer needed, when every practitioner is Orthomolecular and when it will be malpractice not to be. This book by Yanick and Jaffe adds to the collection of valuable books necessary in building this new medical specialty.

I found Sections 1 and 2 in Volume One particularly interesting. It is a guide to our blood chemistry. The various chemical assays are listed. Diseases apt to increase or decrease these values outside of the normal range are discussed and reference is made to other tests which might clarify these findings.

Section 3 describes Orthomolecular treatment of a few diseases such as epilepsy, chronic fatigue, atherosclerosis, hypoglycemia, cataract, macular degeneration, Candida, and others. Atherosclerosis is not considered a disease caused by an excess of cholesterol in the diet. It is a malfunction of lipid metabolism caused by systematic

1. Hoffer A: *Orthomolecular Medicine for Physicians*. Keats Publishing, New Canaan, CT 06840, 1989.

general deficiencies of our modern high-tech diet. Dr. D. Rudin is convinced all these diseases present various aspects of a general disease common in high-tech societies and caused by a major corruption of our food. We no longer eat foods to which we have adapted over the past 100,000 years.

I was pleasantly surprised to find grounds for optimism in the treatment of macular degeneration, which appears to be a combination of hypothyroidism and malnutrition, and for tinnitis which may respond to sodium fluoride or to zinc.

Section 4 provides in good detail ways of measuring the state of our immune system. The discussion of vitamin assays, tissue mineral analysis, and analysis of amino acids should be helpful. There is also a discussion of oxidation/reduction measured by the quantity of serum peroxides.

Physicians will find Section 5 harder to understand, for it deals with techniques and assays more commonly used by chiropractors, naturopaths, and other nonmedical therapists. These are muscle testing, pH analysis, to list a couple. There appears to be a convergence of ideas and practises among these various healing professionals. We should read each other's literature and become familiar with each other's techniques.

Volume Two is a compilation of conditions from acne to vitiligo. For each one adjunctive support products are listed, associated nutritional and clinical correlations discussed, followed by a list of synergistic products. Finally for each section a list of references, mostly to the medical literature, is given. Again a large number of products are listed, unfamiliar to physicians. Their sources are also provided. Volume Two is not a treatment manual but does provide useful information, especially to physicians already familiar with the field who find this type of reference material helpful.

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

Homeopathic Medicine Today by

Trevor M. Cook, M.S., Ph.D., FRSC, MHMA.
Keats Publishing, Inc., New Canaan, CT, 1989.
Hardcover, 228 pages, \$29.95 U.S.

Trevor M. Cook is convinced homeopathy is again enjoying a resurgence of interest, even in countries where it has had a particularly rough time. The theory and practise of homeopathy was originated by Dr. Samuel Hahnemann, 1775 to 1843. He was a remarkable physician and person who early in his medical career turned away from the standard treatment. He had concluded that bleeding — surgically or by using leeches — and emetics, purgatives and enemas, killed more people than they helped. Instead, he became interested in natural, non-toxic remedies in combination with fresh air, sanitation, and good food. Remedies which in allopathic doses were toxic he used in such diluted doses that they were no longer toxic.

The only non-toxic remedies available were extracts of plants based upon folklore. Women and men had conveyed to their children remedies they had learned, used, and found helpful. In England, mothers would give their daughters a little book containing a list of things to do, remedies to use. In one such book the treatment of The Scurvie was described and did work because it recommended scurvy grass and some fruit (ascorbic acid).

Hahnemann developed his theory of similars, i.e. that one should use as treatment very tiny doses of the plant extract which in larger doses created the same syndrome in normal volunteers. This concept is not strange to clinical ecologists who can produce various syndromes, even behavioural disorders, by giving patients doses of allergens, and can then reverse the reaction in minutes by giving much smaller doses of the same allergen. These are called desensitizing doses. Another example is vaccines.

Using this theory, Hahnemann and his colleagues and followers systematically took or give to normal volunteers plant extracts in varying doses. The signs and symptoms, the syndrome, produced were carefully studied and described. The same extract would be used in

much smaller doses to treat the same syndromes found in patients.

Much smaller doses does not reflect accurately how tiny the doses really are. The original extracts are diluted so much that it is unlikely any of the original molecules extracted are present. This enormous dilution has been a main stumbling block to the acceptance of homeopathy. How can any plant extract be therapeutic when none of it is present in the diluted solution?

Controlled studies have provided some evidence for homeopaths, who do not need it as they are already convinced, but they have been unconvincing to allopathic physicians. They have no acceptable theory which can accommodate the claims that minute doses of something will cure people made sick by larger doses. Perhaps we should de-emphasize theory and get on with clinical facts. In my opinion, the medical profession has been hurt by their incessant desire to be "scientific", which it defines as knowing how and why something works. This would be desirable, but excellent therapy exists even in the absence of scientific explanations. We should depend much more upon reproducible good clinical observations and use whatever works, provided it is less harmful than the disease being treated. We can leave it to our scientific colleagues to develop after-the-fact hypotheses. These will change each decade anyway because no hypothesis is secure from new observations unless we know it all. Theories should be used to guide research, not to suppress facts.

Homeopaths use an hypothesis — the law of similars — to develop treatment. There is nothing wrong with that and it has worked well for homeopathy. I hope homeopaths will not be wedded too firmly to their hypothesis and will allow other explanations for the clinical results they see.

The only facts in medicine are accurate clinical observations. The description of epilepsy made 2000 years ago is a fact, and is just as accurate today. The EEG changes seen in the convulsing brain is a fact and will remain a fact in the future. But the explanations and treatments used 2000 years ago are no longer valid today, and will be entirely different in the next 100

years. Theories and hypotheses are evanescent, changing as new facts accrue. We need the best possible clinical facts. If a herb in a very dilute concentration is claimed to help certain diseases, this should be acceptable as a fact if other observers see the same response on the same type of patient, and it should do so in the future. In the same way, Vitamin C will cure scurvy today, as it did 300 years ago, as it will do in 1000 years.

In this book, Cook provides a brief history of homeopathy which I found very interesting. After reading the book I have an understanding of homeopathy for the first time. Homeopathy has retained a major role in healing in many countries but was almost suppressed in Canada and the U.S.A. It appears to be making a strong comeback.

After the historical section, Cook considers the fundamentals of homeopathy and its pharmacy. This is followed by an outline of research and development, and by a long section on treatment.

I am not a homeopath but have been interested in it for some time. Its concepts have been foreign to my training and experience in chemistry and medicine. I have accepted the view that knowing how something does or does not work is not sufficient reason to discard clinical claims. If we demanded that we know how everything works, we would destroy almost all of modern medicine. To be fair to the readers of this review, I asked a homeopathic physician to read this book and give me his opinion.

He told me the book added new insight into Dr. S. Hahnemann, his life and times, with material not available in other texts. He believed that the discussion of homeopathic pharmacy was clearer than it is in most other books, and provided a good outline of principle, therapy and pharmacy, as seen from a modern perspective. He concluded, "It could be a very useful text to those interested in or studying homeopathy."

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

Beating Alzheimer's by Tom Warren.
Alzheimer's Treatment, Research and Education

Foundation, B-147, 2916 Commercial Ave., Anacortes, WA 98221, 1988. Paperback (**hardcover avail.**), 116 pages.

Beating Alzheimer's by Tom Warren is a book which describes one man's successful fight against Alzheimer's. The best proof is the fact that he wrote this personal account of his own recovery several years after he had been diagnosed. This may be the first book ever written by a recovered Alzheimer's patient, certainly it is the first one I have seen.

Alzheimer's is accepted as an irreversible degenerative disease which varies only in the rapidity with which the patient becomes totally incapacitated and dies. Organic brain diseases are not reversible: when a chunk of brain has gone, it can not be rebuilt, when neurons are destroyed, they will not regenerate. That is what we believe. But this dogma may not be true, and is beginning to be questioned. Thus, bird brains lose a large number of neurons after the breeding season when they no longer need to sing, and regrow a new batch the following spring in preparation for singing and breeding. Perhaps one day we will regenerate neurons.

I have not yet treated any Alzheimer's patient successfully. I have spoken to an Alzheimer's patient in New Zealand after he had been given twenty intravenous chelation treatments. His wife's description confirmed he had Alzheimer's. After treatment he was well, except that he believed he was poor when he was not. I have seen non-Alzheimer's cases of senility improve and even recover, but I consider these more in the area of cerebrovascular senile states; often their cholesterol levels are elevated. Usually they are not in Alzheimer's.

When anyone claims to have recovered from Alzheimer's disease it is essential the evidence be taken seriously. It does not establish the cure has been found, but it does suggest that if one recovers using generally available treatment, others will be found who can also recover. It is unlikely Tom Warren is the only member of a class of treatable Alzheimer's.

Critics will protect the view that no Alzheimer's patients recover by questioning and disbelieving the diagnosis. Mr.

Warren presents enough clinical and x-ray evidence to settle the question. If he did not have it, the disease does not exist. But it is clear Mr. Warren realized his fate before it overcame him. He was still able to remember enough to learn from his reading what he could try. Had he waited too long or had his neurologist failed to recognize it, he would have been doomed. His treatment was Orthomolecular in its most modern sense. He removed all possible toxic chemicals from his environment as recommended by clinical ecologists. He used good nutrition supplemented by vitamins and minerals as recommended by Orthomolecular physicians, but above all, he had all vestiges of his mercury amalgams removed. The latter was the key factor. I had not advised my Alzheimer's patients to do so. The rest of the program I tried. There is no doubt mercury is very toxic. What is debated is how much mercury can a person tolerate? The dental profession is convinced that mercury amalgams, which they call silver amalgams, as commonly used, are non-toxic. Yet dentists are cautioned about the careful use of mercury to minimize their own exposure to it.

This Journal was among the first to carry reports on mercury toxicity when the mercury is derived from mercury amalgams. The evidence is very powerful that many patients do react adversely to mercury. It has been shown

to induce a variety of unpleasant and dangerous symptoms. Warren's recovery suggests mercury toxicity is a factor in causing Alzheimer's disease. After all, mercury in the air in the mouth can easily travel up the olfactory nerves to the brain, as it is suspected aluminum does. His recovery suggests one should suspect all heavy metals including silver, copper, cadmium and lead, as well as aluminum. At autopsy, brains from Alzheimer's patients should be searched for all these toxic metals.

Mr. Warren's recovery opens up a number of very important questions. There are several M.D. and Ph.D. dissertations awaiting the scientists who explore them: (1) can one use mineral analyses of tissues, hair, blood and urine to predict the onset of Alzheimer's? (2) do people who have no mercury amalgams develop Alzheimer's? (3) after removing the mercury, what is the most effective way of clearing these metals from the body: chelation (EDTA, cupri-mine, desferoxamine), extra zinc, extra selenium, much ascorbic acid and Vitamin E? Also high fiber diets? The most effective B vitamins?

To all persons suffering memory disturbances not explainable by other factors who show other evidence of senile changes, I recommend they read Tom Warren's little book. It may save their sanity, which to many is more important than saving their life.

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