

Book Reviews

The Natural Health Guide to Beating the Supergerms and Other Infections, by Richard Huemer and Jack Challem. Pocket Books, Simon and Schuster Inc, New York 10020. 352 pages. Hardcover, 1997. US \$14.00

Supergerms are old germs that we have been fighting to contain for centuries, and a few new germs which appear to have come from nowhere. The old germs are more adaptable than we are. They reproduce so rapidly that even if one killed 99% of every generation, the remaining 1% - if it became genetically resistant to an antibiotic - would soon take over the entire population of these germs. In this excellent book the authors, a pioneer orthomolecular psychiatrist, and an eminent orthomolecular journalist/writer, review the reasons why these supergerms are such a major threat once more.

The new supergerms may merely be germs that have launched recent attacks and against which we have not yet developed natural defenses. Syphilis was introduced into Europe several hundred years ago and was a true super germ, killing over 50% of the infected population. Within two generations the kill rate had dropped to under ten percent, and today it is much less. Our species also fought back by the survival of those who had a better natural defense.

Two factors are involved: (1) the virulence of the attacking organisms, and (2) the efficacy of the defending organism. These two factors interact. There has been an increase in the virulence of the bacteria we kept under control with a large variety of antibiotics over the past 50 years, and at the same time there has been a decrease in the efficacy of our defenses because a large number of pathological factors such as deterioration of our food quality, increased use of toxic chemicals to control undesirable plants and animals, and the increasing pollution of the earth by the thousands of chemicals made by the genius of our organic chemists.

Examples of bacteria which are more

virulent are the flesh eating bacteria, tuberculosis, meningococcus, bacterial pneumonia and ear infections. These are more virulent because we have pumped antibiotics too freely into our patients, into our animals, and thus into our food. This has encouraged bacteria to produce genetic variants that are not affected by the antibiotics. We have contaminated our bodies with mercury in our fillings. This decreases the efficacy of our immune system. We have lost the art of sanitation that was so skilled before antibiotics were developed. This makes hospitals more dangerous for infection than they should be.

Factors which decrease our immune system defenses include our diet, which has been getting worse over the past fifty years. They include invasion of our bodies by other pathogenic organisms which wear our defenses down, such as candida and other undesirable bacteria and parasites. They include using products which make it more difficult for the immune system to function such as too much free sugar, smoking, alcohol and drugs - street drugs as well as antibiotics.

The way to protect ourselves follows naturally once we have accepted the reality of these factors. First, we should do everything in our power to improve sanitation, to prevent spread of bacteria by proper cooking, to avoid excessive use of antibiotics and to stop giving them to the animals we feed upon. To improve our immune system we should better our nutrition, and since we can only go so far with this approach, we should use optimum doses of the nutrients that are necessary for the proper function of the immune system, these include ascorbic acid, vitamin A, the B vitamins, and others. It includes selenium which is now known to be important in defending us against virus infection. It includes CoQ10, garlic, in fact everything which makes us healthier. Recently it was shown that vitamin C will increase natural killer cell activity fourfold, a very desirable activity.

This book is well written, referenced, and complete. It should be read by every hospital administrator, every physician, in fact by everyone who values their own health. The biggest threat to our health is not the bacteria, it is our own ignorance and unwillingness to do what has to be done to ensure that we stay healthy.

Here is one example of how a single vitamin can help one of the supergerms go down in defeat. A surgeon called me several years ago. She suffered from tuberculosis of the pericardium and nothing was helping. She was so weak she barely had enough energy to dress and eat. Many years ago niacin was found to have bacteriostatic properties against the tuberculosis bacteria, i.e. it slowed down their rate of growth. Niacin cannot be patented. I assume that for this reason these early studies were dropped and attention was given to isoniazide, vaguely similar. I sent her the reprints. A few weeks later she was much better. A couple of years later I called her but she could not come to the phone. She was too busy in the operating room. One case is not proof, but it is a very important marker because it is statistically highly unlikely that she is the only human to so respond. We need to try the Huemer and Challem approach.

Aging Without Growing Old by Judy L. McFarland. Western Front Ltd, Palos Verdes, CA. 416 pages. Paperback, 1997

We cannot live forever, nor would we want to, but most people would like to be healthy until they do die. We would like to see very little correlation between adding years to our life and becoming old in a physical and mental sense. It is possible that if we lived in an optimum nutritional and psychosocial environment, i.e. optimum for the genes given to us by our parents, we would live much longer than we do. But I doubt this has ever occurred. Roger Williams pointed out many years ago how impossible it would be to provide each

cell with the optimum chemical environment. But we can aim for this objective, knowing we can achieve it only partially,

The same two sets of factors apply as they do in the problem of containing bacteria. With aging, bacterial infection probably plays a role, but there are more clear cut biochemical factors such as over oxidation which are much more relevant. All the factors which weaken our resistance against bacteria will weaken our resistance against the factors which age us prematurely. In the same way, we must do our utmost to improve our bodies' defenses against these factors.

We need a massive antioxidant program to contain the ravages of aging. There is not just one factor, but a large number. In *Aging Without Growing Old* these are described. They include vitamins, minerals, and herbs, all substances that are natural to our bodies. Some of these are better anti aging factors than others. These are described. Special importance is given to the cardiovascular system and to thyroid function.

Finally a nutrition program is recommended. Almost all the nutrition programs designed to reduce aging, to protect against bacterial infection, contain the following elements: (1) to optimize the diet for each individual; (2) to supplement with the important nutrients in optimal amounts. This is the main message of orthomolecular nutrition. When this approach is followed we will live longer and, even more importantly, we will be healthier while we are enjoying enhanced longevity. I have observed that orthomolecular physicians who practice what they preach live longer. They include Linus Pauling, who died age 93, Allan Cott, who died over age 80, Carl C. Pfeiffer, who died over age 80, and Emanuel Cheraskin who is over 80 and still very much alive. They were and are not as healthy physically as they were at age 50, but there was no indication of mental deterioration except with Dr. Cott. These scientists remained productive and shared

their scientific discoveries with the medical world until the end. If you want to live longer and feel better, study this book and follow the principles laid down.

Healing Depression by Catherine Carrigan. Heartfire Books, 500 N Guadalupe St, Suite G-465 Santa Fe, NM 87501. 272 pages. Paperback, 1997. US \$15.95

This book by Carrigan is mostly for people who have or are suffering from depression, and for their relatives and friends who do not understand what is happening. This probably applies to about 40% of the total population, for it is impossible to know and experience what really happens, unless people who have lived in and through it describe their experiences. Since many will suffer future depressions, learning about what is possible in advance will prepare them to recognize it more quickly, and to take positive action to abort or to treat the disease successfully. It will also protect them from extravagant claims made by many forms of psychotherapy and counseling which are not based upon the whole body - the chemical as well as the psychological.

I liked the manuscript which was sent to me by Carrigan, and therefore wrote the foreword which expresses my views about this valuable book. But before trying to persuade you why you should read this book, I should discuss the problems facing us all by the single word 'depression'. There are many words in native northern languages for describing snow. We also need many words to describe the enormous varieties of moods which are forced into the depression mold. This one word is asked to do too much. A person is depressed if their mother refuses them candy. A failed exam can lead to depression. Loss of a spouse or child will cause major depression, and the same mood appears even when there is no reason whatever why it should be there. The short lived episodes of depression which are a normal response to disap-

pointment or loss, should not be considered in the same category as the prolonged depressions which run on and on with a life of their own, even though they may have been precipitated by social and psychological events. These are the depressions which force patients to seek help from their counselors, psychotherapist, physicians and psychiatrists. These are the ones we see in our offices, and in my case make up about 25% of my practice. Another 25% are schizophrenics, but even they suffer from severe depression.

This book deals mostly with the major depressions, now being called clinical depression in an effort to set these apart as different from grieving, mourning, and other mood disorders which do not require medical or psychiatric help. It is based upon the depression suffered by Carrigan. Her depression forced her to seek the best possible help by reading, study, and consulting others, and impelled her to share what she had discovered with the rest of us. I wish many more people would do the same, as we learn so much more from these accounts than we do from the dry-as-dust clinical accounts in text books.

The first step is to discover why the depression is present. This means more than simply diagnosing that depression is present; this is not difficult. Most patients have already diagnosed themselves by the time they see their doctor. There must be a medical determination as to the probable cause of the depression. Unfortunately, psychiatry is the one branch of medicine that pays lip service to diagnosis since in most cases it does not matter what the diagnosis is, the treatment is invariant. For any of the fifty varieties of children with learning and behavioral disorders, the usual treatment is ritalin. For any of the psychoses the treatment is tranquilizers, and for every depression the treatment is one of the many antidepressants.

This book is an orthomolecular book which describes the many physical and psy-

chological factors which lead to depression, including allergies. How many people realize they are depressed because they are eating a staple food they love? I have seen hundreds of patients recover from their depression when these foods are identified and removed. Depression will accompany any and every physical disease, and if it does not there is something wrong. For years we were taught that patients with MS were inappropriately cheerful when they should be depressed. Depression may arise from any type of malnutrition, from a deficiency of calories (starvation), to a defi-

ciency of vitamins (e.g. pellagra), to a dependency on vitamins (e.g. schizophrenia).

Thus, the optimum treatment for depression is to recognize the causal factors, to deal with them rationally by altering the diet, by adding the correct nutrients, vitamins, minerals, essential fatty acids and more, and if necessary combining them with the antidepressants. These drugs have anti allergy properties. They are more effective when the orthomolecular approach is used, as described in this good book.

-A. Hoffer, MD, PhD, FRCP(C)