

# BOOK REVIEWS

**Millbrook  
Art Kleps  
Benchpress, 1977  
Box 24635  
Oakland California 94623  
\$4.95 (paper)**

**Recreational Drugs  
L.A. Young, L G. Young, M.M. Klein,  
D. M. Klein, and D. Beyer  
Collier Books, 1977  
\$5.95 (paper)**

*Therapists have always had to deal with drug-taking patients, but it is only in recent years that the wide extent of recreational drug use has been officially recognized. In the 50's, all roads led to Miltown, or one of the "me too" variants. In the 60's, the psychedelic age of aquarius whelped the Flower Children, and it came to be dimly perceived that something was going on. The non-participant observer had to be struck by the evidence that recreational drug use was rapidly becoming a widely accepted cultural style. As we drift into the 80's, it becomes increasingly important for therapists to attend to the recreational drug use of patients.*

*The implications of ubiquitous recreational drug use for Orthomolecular practitioners are clear, but bear emphasis.*

*Drugs, of course, have a direct effect on behavior and drug effects may produce behavioral-psychological symptoms. Not so widely known, however, are the many ways in which recreational drugs and medications affect nutritional status, thereby setting the stage for numerous toximolecular effects, including subclinical deficiencies due to*

*impaired absorption and utilization of nutrients.*

*Two books reviewed here provide information about the recreational drug use phenomenon from two quite different perspectives: the one, a frenetic inside account by one whose neurotransmitters were bombarded with unusual chemicals; the other, a broad spectrum survey of recreational drugs.*

In the first toilet stall in the downstairs Men's Room at the International Dunes in Springfield, Oregon there is a partially obliterated line of graffiti that reads: "Nostalgia isn't what it used to be." True. Kleps' book of reminiscences is touted as "the true story of the early years of the psychedelic movement." If the book does not answer the question "Where have all the flowers gone?", it does provoke the thought: "Were those really flowers?" Tim Leary, now promoting real estate in space, was there and Dick Alpert, before he became Baba Ram Dass. Kleps provides fleeting glimpses of lesser luminaries, but mostly he gives glimpses of himself. Mercurial, witty, pedantic and pretentious, he makes us ""examine some of the closets, rattles the skeletons. There's intrigue (mainly about matters of pomp, circumstance, precedence, and territory), squabbles about money, petty arguments, snits, and subterranean rivalries.

A curious fact which seems to have been overlooked by most historians of that period is the prominence of alcohol, the drug most in use. Taking Kleps' habit (a self-admitted alcoholic) as a representative good bad example, alcohol was the drug most abused. Booze was his constant companion. Always looking for a bottle. Kept one beside his bed. He wasn't the only one: "It was a very oral group. Almost everyone smoked two or three different substances, drank three or four different beverages . . ." Land-sakes! even way back then, before it became popular, they must have had polydrug abuse!

Kleps, chief BooHoo of the Neo-American Church, takes great pride in having attained Enlightenment. For the uninitiated, "Enlightenment itself is sudden; learning how to play the games appropriate to an enlightened intelligence is a gradual and tricky business (and may the Devil take the hindmost!)" This somewhat ethereal state appears to be a kind of self-conferred credential, akin to that of the Kentucky "Colonel", a verbal distinction elevating the Enlightened One just an ineffable centimeter or so above the average rather mediocre and unenlightened clod. If Kleps' self-proclaimed enlightenment amounted to more

than a verbal distinction, it is more than a little difficult to figure out the payoff, the consequences of this singular nirvana. Following this robust transcendental occurrence, he became an alcoholic, got busted for dope, got busted for public intoxication, his wife ran off with another man ... but, of course, just think what could have happened if he had not been enlightened.

Kleps is more thoughtful about some of his visionary experience (boasting with adolescent macho bravado of over 50 heavy acid trips). "Many people who have never had visionary experience on acid learn just as much as those who do, if not more, and all the oriental folderol frequently shifts attention from the present and encourages all kinds of fanciful and paratoid notions. A succession of fantastic spectacles is all very well, but people must learn to ask the right questions before they can get any right answers. Sitar picking never sent any steamboats up the Ganges."

Yet he can write of these drug experiences as if a connoisseur of rare wines. "That was it. The trip lasted four hours and seemed to be pure solipsistic nihilism of the Yqqacra or Madhyamaka Buddhist type, which, as far as I'm concerned is the essence of mysticism." That's what I've always thought.

There's the usual smattering of old dope war stories, trips that were well, you know . . .wow. But most curious is the rapidity with which the sacramental use of drugs became an almost functional daily routine, used quite naturally to cope: Kleps, nervous about an upcoming TV performance, seeks Leary's advice. "Smoke a joint to make you high, Arthur," says avuncular Leary, "and take a little speed because it will make you feel good. Stay away from booze. That's what I do." And I always thought Tim was pure. Occasionally Kleps lapses into analytical and contrived philosophical revery, which adds very little to the true history of the psychedelic revolution, but I suppose, represents the quintessential musings that come with Enlightenment. For the connoisseur of humbug, arcane references to "solipsism" and

"synchronicity" spice up the reading. As Kleps points out, "I assert the convertability of mere phenomenological order, not the characterlessness of fate." OK. One can't be reminded too often, especially when one is trying to send a steamboat up the Ganges by plucking assiduously at one's sitar.

It is possible that **Recreational Drugs** by Young et al. comes as a direct lineal descendent of the early psychedelic years, and will be viewed with dismay by those daily drug users, misusers and abusers who want to reserve the term "drug" for those nasty illegal chemicals the kids smoke and the ethnics shoot up and peddle. And all the real down dopers will find it altogether too shallow a treatment of their favorite high. But there's a lot here, in **Recreational Drugs**, from alcohol to broom. Calamus, coffee, coleus, and mandrake. Tobacco (number one recreational drug), Valium (number one prescribed recreational drug), sage and yohimbe. Many of the drugs mentioned are exotic and rarely show up for street analysis unless one happens to be scoring on the banks of the Amazon. It is unfortunate too that the authors do not draw clear distinctions between sacramental drug use in religious ritual, the controlled experimental use by clinical investigators, and the feel-good, get-stoned, stay-stoned recreational use so prevalent today. One thing is abundantly clear, sacraments do not survive well in our culture.

The authors make some effort to list drug consumer safety rules for each concoction, but provide rather general information only and do not go into much pharmacologic detail about drug actions and the nervous system. The information^ may be useful for the general reader but it is not necessarily authoritative.

The careful, critical reader will likely spot many omissions. One of the fascinating recreational chemicals left out is bufotenin, a substance readily found when you pick up a toad and he sweats in your hand. Next time that happens, lick your hand, (or if you prefer, the toad) and kick back for a delightful, manageable, and (by all accounts) psychedelic trip.

Now you know why toadsuckers . . . Let's

hope the Drug Information Center doesn't have to issue a drug alert on an epidemic of tongue warts in that dauntless cadre of chemical frontiersman who fearlessly continue seeking new and delightful means of consciousness-expansion. I am looking forward to making a report on smart pills in a future issue.

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**TOTAL HEALTH: The Holistic Alternative to Traditional Medicine that Stresses Preventative Care, Nutrition and Treatment of the Whole Person Morton Walker  
Everest House, New York, 1979 276 pp.**

Over the past century traditional medicine has become exceedingly obsessive in its dependence upon "science/ but has a limited understanding of the scientific method. For traditional medicine a "scientific" explanation for the treatments they use is much more important than are the observations which usually lead to treatment. There are a number of reasons for this development in modern medicine.

For many centuries medical physicians have struggled with non medical therapists for the position which has been reached today, even though it is only in the past century or so that we, medical physicians, have been able to treat many illnesses with surgery and drugs more effectively than have our non medical competitors. Three hundred years ago, quacks (an epithet hurled at non medical therapists and at medical physicians practicing alternative treatment) were as effective as medical physicians. Neither group was particularly effective. The main difference was that

physicians prided themselves on diagnostics and prognosis; a skilful physican was prized because of his ability (there were few female physicans) to predict recovery or death, and when. Empiricists (therapist who based treatment on observations made by themselves and others) followed the rule that a treatment which appeared to help one individual would be more likely to help another person suffering from the same disease than would any other procedure. Medical physicians were also jempiricists but over the past fifty years have become more and more "scientific." They have depended more and more on a system of theory or logic which is no longer used merely to direct research and explain data gleaned by observation. It has become a closed system against which data is compared. If the data is inconsistent with the system it is rejected. There are many classic examples: asepsis was rejected because bacteria were unknown and the current system could not explain it. Anaesthesia was rejected. The use of antibiotics, tranquilizers—probably most medical treatments in use today were rejected for the same reason. Tranquilizers were not acceptable to psychosocial theorists and were introduced only after changing the top administration of the National Institute of Mental Health, Washington, and by dedicated drug companies who persuaded reluctant psychiatrists that tranquilizers merely improved their psychotherapy. Orthomolecular therapists' observations have been rejected for the same reason. The fashionable theoretical system has been unable to fit these observations into its framework.

Medicine's adoption of the scientific method, which it does not understand and has corrupted, gave it an enormous advantage, especially when the mystique of science was much less than it is today. But alongside the enormous benefits there have been negative effects which have retarded development of more effective treatment and which have allowed the creation of an enormous body of degenerative diseases affecting half our population. It is desirable to know how a treatment works because this may

lead to even better treatment, but it is not essential. There are two separate philosophical activities, observation and explanation; penicillin will work just as well whether one understands how it works or not.

The main philosophical error of modern medicine is to demand that observation must conform to the fashionable system of explanations. No treatment can be effective unless it is sanctioned by a fashionable system. The roots for this misinterpretation of science to go back at least three centuries; Sir Thomas Sydenham was challenged to a duel and nearly lost his medical license when he found that keeping fever down in smallpox patients saved lives. Classical theory demanded that smallpox victims should be heated up even more. A century ago medical hypnotism was roundly rejected by a committee of physicians in France because they found Mesmer's explanation of how it worked (animal magnetism) unacceptable; the phenomenon was rejected because its explanation was rejected. Biochemical treatments for schizophrenia were rejected because they conflicted with analytical and psychosocial theories.

Over the past two decades the reading public has become much more sophisticated about science in general and medicine in particular and will no longer as readily accept as dogma the interpretations of scientists and physicians. The public is much more interested in results of treatment and is unwilling to see these results only through the lens of the systems created by physicians. There has been a marked swing into systems of therapy for which modern medicine has no satisfactory explanation such as naturopathy, chiropractic and many others. The best current demonstration of this is the legalization of the use of laetrile for the treatment of cancer in a large number of states, against the massive opposition of the medical establishments.

The same trend away from treatments based upon dogma, scientific or not, is agitating the medical profession. It is called holistic medicine and it is becoming

increasingly popular. It is appropriate that this book, **Total Health**, which deals with holistic medicine is written by a non medical physician.

Dr. Morton Walker has written a wide-ranging survey of treatment systems covered by the term "holistic medicine." This ranges from treatments which restore normal biochemistry (nutrition, vitamin and mineral supplements), normal physiology (manipulation such as chiropractic, acupuncture) to psychosocial homeostasis (a variety of psychotherapies).

The following topics are covered. Orthomolecular treatment including nutrition, diagnosis (hair analysis, perceptual tests such as the HOD test and others). Clinical examples are given. Special attention is given to stress, clinical ecology and to anti-aging therapy. Chelation therapy and hyperbaric oxygen therapy are seldom discussed but are included here. The rest of this good book discusses the important role of physical fitness, and finally the more popular psychosocial therapies. There is even a chapter on natural healing.

Each reader will accept or reject much of the material depending upon his/her own philosophical system. But it is important not to accept or reject any system of treatment on the basis of any theoretical system, no matter how "scientific" it is claimed to be. Even practitioners of holistic variants tend to fall into the same error of logic, and many have roundly denounced even the effective treatments of medical physicians because of their own dogma.

If we will always judge any therapy by the practical test of "Does it work?" and leave to scientific explanation its role of ordering new research, we will have the best of both worlds. The world of observation and of explanation.

Morton Walker's **Total Health**, emphasizes results, as it should. I suggest that this is a good book to have, especially for practitioners who are too enamoured of explanation and dogma. Unfortunately, the physicians who most require it will be least apt to read it.

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