

# The FELIX Letter

No. 56

A COMMENTARY ON NUTRITION

1990

## A PROGRAM FOR ADDICTS THAT WORKS

Addiction is fast getting to be the favorite 'malady' on the celebrity Hit Parade. Wealthy movie and rock stars, champion athletes, the wife of a former president, and the wife of a presidential candidate all describe feeling as helpless in the face of their addictions as any broken wino on skid row. We owe them a debt of gratitude for braving public humiliation to come out of their lonely closets. We're beginning to understand that addiction is a matter of degree, not sin. Whether it's to alcohol, cocaine, heroin, crack, marijuana, stimulants, sedatives, painkillers, cigarettes, coffee, tea, or betel nuts, addictive substances are straws that people grasp at in their clumsy efforts to feel good or to keep going when the body says it can't. I'm thankful we're a little past the point where 'respectable' folks view addicts as the dregs of society. The well-known merchant in the splendid house on the hill could very well be hooked on cocaine, and his wife on alcohol or both. And now with cheap crack cocaine on the streets, the *children* of the rich, the middle-class, and the poor can be equal opportunity users!

Society is far from the stage of providing easy answers, but the very numbers and spread of addiction across all national and class boundaries reinforce the newer concept that *there is no such thing as an "addictive personality."* Psychiatrists and psychologists who based their approach on uncovering and uprooting the 'deep-seated' turmoil that drove an individual to drink or drugs have set the tone and gotten most of the funding up to now, but that's changing.

Julia Ross has been working with addicts since 1975 in public and private facilities. Relapse rates among patients were discouragingly high, and so was the burn-out rate among the staff. Important information was appearing about the probability of nutritional and biochemical imbalances, rather than lack of will-power or character, in a person's susceptibility to alcoholism and other substance abuse. Psychologist George Vaillant, who directed a 40-year study at Harvard, advised in his book, *The Natural History of Alcoholism*, Harvard University Press,

1983, that workers in the field *look outside of psychology* for solutions to the problem of addiction.

Julia Ross writes: "His advice came as a shock to many of us in the chemical dependency field. Although spiritual recovery was addressed in A.A. [Alcoholics Anonymous], most of our treatment tools were psychological". [1]

By the time she became executive director in the late 1980's of her own outpatient clinic, Recovery Systems (Mill Valley, California), enough data had piled up to make it possible for her to devise a treatment protocol that, amazingly, took most of the pain out of withdrawal.

*Endorphins are natural opiate-like chemicals made in the body that are thousands of times stronger than heroin.* Kenneth Blum, Ph.D. and other researchers are saying the children of alcoholics, for instance, *tend to produce lower than normal levels of endorphins.* "This implies that they have a subnormal sense of well being. This uncomfortable deficiency state creates a natural, biological urge to alter consciousness—to get high. Alcohol, drugs, and certain foods and behaviors give temporary relief from this depleted state". [1]



One of the key words is *food*. In her earlier work, Ross realized that, for clients who had been abstinent for long periods and then relapsed, "life in recovery was simply hell for many of them. Their depressions were often unbearable. Irritability, mental confusion, low energy and chronic craving also plagued them." It took a long while before she and other workers realized that their clients had substituted *addiction to certain foods* for their original chemical dependency(ies)! Refined sweets and starches were the most popular "drug-foods." As clients got fatter, they got hooked on binging, purging, and/or under-eating—all of which have been shown to raise endorphin levels!

She writes: "Fortunately, Dr. Blum and others have been developing new clinical tools for addressing the genetic, biochemical core of addiction. They have found that certain amino acids, vitamins, and minerals can quickly restore adequate levels of mood-enhancing neurochemicals. The use of these nutrients can dramatically improve addicts' experiences in detox and early recovery."

The worst fear facing any person who is addicted to *any* substances—whether prescription drugs, alcohol, cocaine, or food—is that abstinence and 'recovery' will be rewarded by a permanent state of craving and misery! The amazing thing I learned reading Ross's paper and talking to her is that, for the last four years, *she has seen cravings routinely eliminated within 48 to 72 hours.* "Detox is usually limited to four days of mild discomfort for food and alcohol addicts. The cravings, insomnia and depression of stimulant addicts take longer to eliminate, but are markedly improved in one week."

Treatment may utilize nutritional therapy, vitamin and mineral supplements, certain amino acids (glutamine, taurine, tyrosine, etc.), counseling, group support, 12-step meetings, specialized medical care, exercise, and/or relaxation training. "This combined program allows us to address broader physical issues that contribute to craving and relapse. Chief among these issues are hypoglycemia, food intolerance

(particularly to grains), candidiasis [yeast overgrowth], thyroid dysfunction, and stress.

"In programs like Recovery Systems, Health Recovery Center in Minneapolis, MN, and Comprehensive Medical Care in Amityville, NY, where biochemical restoration is fully implemented, long term success rates run as high as 70 to 83%." [1]

I will be reporting regularly on developments where biochemical and nutritional measures are being employed successfully. Addiction affects all of us, one way or another, directly or indirectly!



#### REFERENCE

[1] Julia Ross, M.A., prepublication paper, 1990.



### DOWN-TO-EARTH SHOPPING

Growing up as a depression kid in Los Angeles, I never learned to feel comfortable in postwar Beverly Hills and the other newly prosperous shopping enclaves. I'd look wistfully at the snooty displays and feel like a waif pressing her nose against a shop window. I thought about it the other day, when I was brandishing a big shopping bag and worming my way through the cheerful crowd at Oakland's Downtown Farmer's Market at 9th and Broadway, near Chinatown. It's early on market day, Friday, but the local Chinese, Vietnamese, Korean, etc. shoppers are out in force, bustling around stalls overflowing with green bok choy, dark red yams, and orange persimmons as pretty as any Christmas tree ornaments.

I feel right at home!

More weekly farmer's markets keep springing up to grace the Bay area, some featuring organic produce, all of them offering fruits, vegetables, eggs, nuts, honey, and flowers at bargain prices. The

farmers I talk to say they're doing okay, and they enjoy the hustle-bustle and sociability of the once-a-week event. Most of them are small producers—who knows, maybe the last holdouts from agribiz. They like eliminating the middleman and giving good value to customers who come back week after week.

I've been to street markets in Italy, the Netherlands, Mexico.... and now, Oakland. They beat anything Beverly Hills has for excitement, color, and good feeling! If you don't have a farmer's market in your area, maybe it's time to thump the drums for one. They can be a boon to small producers, including organic ones, and to the community. \*\*\*

### FEEDING THE INNER EAR

In FL #49, I wrote about a connection between clearing up a chronic ear condition and diet. Specifically, I had suffered from infectious drainage in an ear from the time when as a five-year-old I had middle-ear surgery for mastoid infection, until age 33, when I became a fired-up Adelle Davis convert. My jubilant crossover to supplements and natural foods paid off: better dispositions and hardly any more colds, sore throats, or tonsillitis for our family; for me, the extra bonus of a trouble-free ear; and for our dog and pet rats, no more mange!

Recently, the new specialist who checked the ear expressed pleasure at its pristine condition. He told me patients of my generation who had undergone the same surgery in their youth often have serious degeneration of tissues in the mastoid area. He was surprised and interested when I told him about the dramatic turnaround, some thirty years earlier, which I attributed solely to better diet and first-time use of supplements, including plenty of vitamins C and E. Healing-type nutrients are *not* a big item in most EENT doctors' treatment protocols!

Witness the case of a young woman I met through a hiking group. Chronic ear infections had been plaguing her for at least three years. The specialist routinely prescribed antibiotics, which had to be reemployed every couple of months. Antibiotics kill off good as well as noxious microorganisms—in her case those that protected her from vaginal yeast infections. The itching from these fungi was driving her bananas! She was unwilling to reinforce her habitually sketchy diet, other than to begin eating yogurt with the aim of restoring yeast-inhibiting bacteria to her intestinal flora. She was desperate enough, though, to

try a multi-vitamin/mineral supplement that provided the RDA for most of the essential nutrients. In addition, she began taking 400 IU of vitamin E daily, plus powdered vitamin C in fruit juice or water to give her about 4000 milligrams a day. At the first sign of an infection, she took 1000-2000 mg in water every hour or two; she also would take two or three 'hits' of 1/2 teaspoon bicarbonate of soda in water during the day and evening, to help her system to neutralize acidic products of metabolism, which tend to overwhelm the body at the onset of an infection.

To date, she has avoided further ear and yeast infections. I don't know what her ear specialist thinks.



### Birdsongs & Hearing Loss

A reader sent me an item from the Nature Sounds Society bulletin, summer 1989, written by Bill Gilbert who does field research on the singing of the Orange-crowned Warbler, "a small yellowish bird common to the Bay Area hills during spring and summer." One day, he suddenly realized he was hearing the song only with his right ear. "High frequency hearing had essentially vanished from my left ear during the past half year. How soon would high-frequency hearing be completely gone from both?

"Before the next field season I had my ears tested, confirming my hearing loss. The doctor's advice? Such hearing loss is 'natural,' and I eventually would have to wear a hearing aid. Great!

"Unwilling to accept this prognosis, I recalled reading...that some types of hearing loss were associated with the blockage of small blood vessels supplying the inner ear. Such blockages resulted from accumulation of fatty deposits, and were similar to those causing heart attack through blockage of coronary vessels."

Gilbert took his cue from a Finnish study where hearing loss in elderly patients not only was halted but to some extent reversed. Several weeks before his research season was to begin, he "launched into a strictly no-fat, no-cholesterol diet. By the time I hit the Tilden Park trails I was back to my high-school weight, looked like a committed anorexic, and, wonder of wonders, could again hear my Orange-crowns with both ears. Indeed, my hearing condition had reversed itself in just a few weeks of 'treatment'.

"Since that time, nearly six years ago now, I have detected no further loss in high-frequency hearing. To be sure, I cannot hear with the wonderful acuity I remember as a youth. But the important point is that my hearing has not worsened..."

Presently, he controls his hearing loss through a reasonable low-fat diet, emphasizing fish and chicken instead of fatty meat. My own thought is that concentrated sources of Omega-3 fats, such as fatty fish, fish oil, flaxmeal, flaxseed oil, and canola oil, will provide marked benefits to the circulatory system (*yes, even in the inner ear!*) with comparatively small amounts of fat; so that one can stay on a low-fat regimen and still meet the body's requirements for these essential nutrients.

Eleven to 18 grams daily of linoleic acid (LA) takes care of a person's Omega-6 [w-6] needs.

Four to eight grams daily of alpha-linolenic acid (ALA), EPA, and/or DHA covers one's Omega-3 [w-3] requirements. Here are some quick 'n easy foods that supply both:

	w-6 grams	w-3 grams
2 tsp flaxseed oil:	2 LA +	4 ALA
1 round TBSP flaxmeal	0.5 LA +	2 ALA
3.5 oz sockeye salmon	1.4 LA +	3 EPA & DHA
2 tsp canola oil	2 LA +	1 ALA
1 cup cooked soy beans	6 LA +	0.8 ALA
1 oz (approx 5) walnuts	9 LA +	2 ALA

### Hearing Loss & Tinnitus

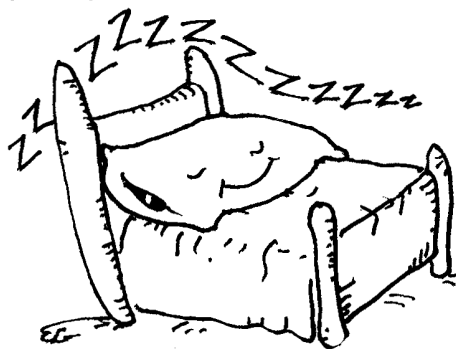
Here's an interesting if offbeat approach to head noises and hearing loss:

Two to four tablets of pancreatic digestive enzymes per day, given over a period of 12 months to ten patients with hearing loss and tinnitus (head noises), resulted in measurable improvement in eight subjects, but in none of the four 'controls' who didn't get digestive enzymes.

We have a lot to thank our own digestive enzymes for. Besides breaking down foods we eat into absorbable micronutrients, they help to dampen allergic reactions. When digestive enzymes don't do their job, poorly digested fragments of protein may enter the bloodstream from the gut. Circulating throughout the body, they can evoke allergic and inflammatory responses anywhere. Some of the worst are induced by a peptide hormone naturally produced in the body known as kinin which can cause reactions in the brain such as depression and hallucinations. Amazingly, pancreatic digestive enzymes secreted into the gut normally keep kinin-mediated reactions under control.

Many things can go awry when we don't make enough of these enzymes, or if because of too little alkalizing bicarbonate secreted from the pancreas, the gut is too acidic for the enzymes to work. Hearing loss and head noises could very well stem from allergic or inflammatory reactions that swell and irritate tissues in the inner ear. The supplemental digestive enzymes may have done the trick for the individuals in the study by keeping such allergic reactions from happening.

Once understood, the connection between digestive enzymes and improved hearing is not so far-fetched! \*\*\*



### SWEET, HEALING SLEEP

A Madison, Wisconsin reader asks for any helpful ideas about insomnia—a subject I've lost a lot of sleep over! In general for adults the capacity for deep, restful slumber appears gradually to lessen compared with infants and children, let alone adolescents and their infinite ability to recover from a sleep deficit by sawing away till 2 in the afternoon. But I suggest older persons who have simply resigned themselves to fitful, broken nights may be overlooking some nutritional options.\*

Perhaps the most familiar one is calcium, preferably calcium citrate which appears to be readily absorbed, taken in the evening before bedtime. I take my calcium with magnesium, about 200 mg of each.

As described in FL 52, my latest and most successful measure has been the use of tablets of pancreatic digestive enzymes. I take them along with 1/4 to 1/2 teaspoon of sodium bicarbonate (baking soda), or a mixture of sodium bicarbonate and potassium bicarbonate, stirred into a half-cup of water. The idea is to augment the body's own natural production of bicarbonate (from the pancreas). Bicarbonate, by alkalizing the intestinal tract, activates whatever digestive enzymes my system is producing, as well as activating the supplemental enzymes.

The above routine has improved the quantity and quality of my sleep, and of my dreams! Possible explanations: [a] Subliminal allergic and inflammatory reactions are diminished, making me comfortable enough to sleep more deeply.

[b] Taking small amounts of alkaline salts, i.e., potassium bicarbonate and/or sodium bicarbonate, causes less calcium to be lost in urine and more retained and recirculated in the blood. Calcium has a calming effect and improves quality of sleep.

[c] Better digestion helps break down proteins in food more efficiently into amino acids. A goodly supply of certain amino acids is needed before the neurotransmitters that regulate sleep and dreams can be made in the brain.

And, as noted above, the same approach may work to improve hearing and tinnitus. \*\*\*



Grandson Soren

\*The amino acid tryptophan, sold for a number of years as a supplement, has helped to bring on restful, non-drugged sleep for millions of persons, but is now banned because of approximately 1500 cases of eosinophilia myalgia causing 27 deaths in tryptophan users (as of October). The serious blood disorder, characterized by elevated white blood cells (eosinophils), causes muscle weakness, fever, and breathing difficulty. The reported cases may have been induced by a contaminated batch, but no one is taking any chances until studies are done to make sure the contaminant is clearly identified and eliminated; or until researchers make sure the illness isn't brought on in susceptible individuals by the amino acid itself when it is consumed in isolated form rather than as a natural component of protein in foods.

## FATS THAT BURN WELL

All fats and carbohydrates are made of molecules of carbon, hydrogen, and oxygen, and when our system "burns" i.e. oxidizes them, carbon dioxide (CO<sub>2</sub>) and water (H<sub>2</sub>O) are given off. Scientists who measure this exchange say that while carbohydrates (sugars and starches) in the diet are readily oxidized for energy, the body burns fats from food immeasurably slower. Instead, it tends to store them in adipose tissue. (Tell me about it!) Hence the strategy of low-fat eating for weight control.

But, wait, we have researchers now who say not all fats may lead to obesity [*Am J Clinical Nutrition*, June 1990, p.1114]. As a matter of fact, omega-3 fats had an *anti-obesity* effect in genetically obese mice. And in the case of rats given different kinds of fats to eat, while none of the fats was oxidized as rapidly and fully as carbohydrates, there was a huge difference in their oxidation rates. For example, stearic acid, a saturated fat, 'burned' very little; while alpha-linolenic acid (ALA), the essential polyunsaturated omega-3 fat, was 41% oxidized after 6 hours. Surprisingly, omega-3 ALA burnt up *twice* as readily as the essential omega-6 fat, linoleic acid.

Truth is, I shouldn't have been surprised. The omega-3 fats *are* the cold climate fats. They permit animals to adapt to the weather by helping to regulate fat distribution and fur growth; and in all of us, they regulate *brown fat*--a special kind that's packed around abdominal organs and the spine, whose unique function is converting calories not to energy but to *heat*, to warm the body.

So, weight-watchers and the rest of us, we can burn it off not just by keeping intake of fat down but by choosing the kinds that will give us the biggest omega-6/omega-3 bang for our buck! [See w-6/w-3 chart this issue].



## INSTANT SATISFACTION

A good friend returned from his semiannual pilgrimage to his boyhood home in the midwest and over dinner we talked about regional differences, foodwise. He's the only one of his family to emigrate from the corn and wheat belt, moving to the Bay area about thirty years ago, after his Navy service. Being a no-frills guy, he expects the food he eats to have some visible connection to the earth or sea from which it came. Broccoli should be deep green, like the kind he grows in his garden; rice, light brown and nutlike in flavor; trout or red snapper sauteed and seasoned lightly with herbs. As long as I keep the food simple--which I do: I'm not an ambitious cook--he's a grand dinner guest.

Returning after a week with his folks, though, he's a broken man! They think everyone in California is a food faddist. They never heard of brown rice. Broccoli doesn't come in cans, so they never touch it. Any bread but white is "weird" and any seasoning but salt an affectation. They prefer margarine, still calling it "oleo". (He buys his own butter, which gets his mother's back up.)

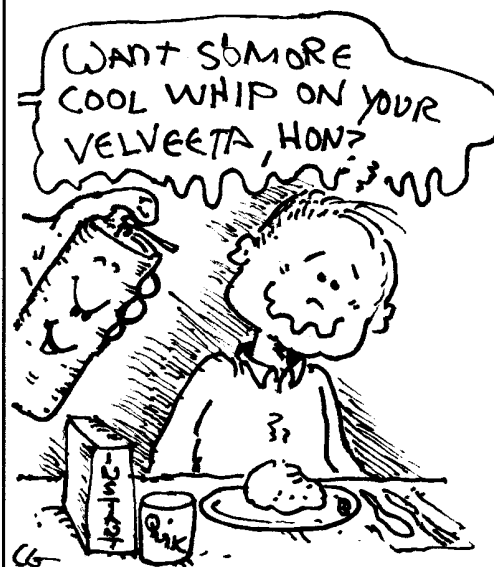
In his honor, his sister buys and prepares real broccoli and asparagus for a family dinner. He alone partakes; no one else touches the stuff. Dinner is meat (highly salted), potatoes, rolls, two kinds of pie, ice cream, CoolWhip, and cake (from mix). His sister tells him her son is "into health foods...he eat fish now." Later that week, she heaps a mound of [frozen] fish sticks on her son's plate, the tiny sliver of fish in each stick engulfed by thick fried batter.

Nobody takes vitamins. They laugh at him because he brings six little foil packets of supplements, one for each day. He's given up trying to explain that the arthritis in his hands is gone. His mother lives on TV

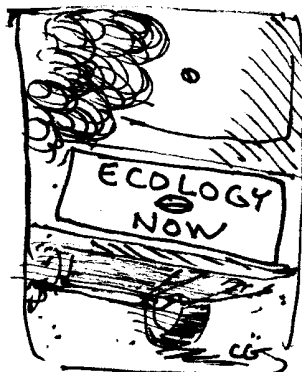
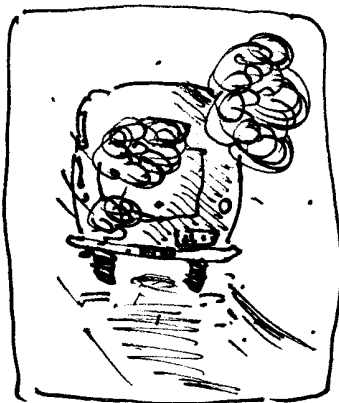
dinners, white bread, jam, and Advil and doesn't see why he "takes all those pills!" She complains of constipation, as she has for forty years. Her hands hurt all the time.

My friend returns home each time not sure whether to laugh or cry. His sister who used to be a slip of a girl is spilling out all over, his nephew has chronically infected sinuses, his brother high blood pressure. They're always getting colds and flus.

He says their concept of food comes strictly from television commercials. Anything that looks like it might have grown in real soil they don't consider edible. Their cupboards are like giant ads, filled with CoolWhip, instant pudding, instant potatoes, instant cake mix, instant icing, --a chemical preservative salesman's dream! A hundred years from now, those same packages will be instantly fresh and twice as nutritious. My friend's family thinks he's a riot when he tells them he feels fine because he eats whole foods and takes supplements. They can't see a connection. Besides, they tell him, we always get our four food groups, so why're you carrying on so?



Illustrations are by Clay Geerdes and other artists as noted.



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