the FELIX Letter
A COMMENTARY ON NUTRITION
Nos. 98 & 99 1998

## ADDICTION DOESN'T MEAN A LIFE SENTENCE!

Our country has gained a dubious distinction: the United States trails only Russia in the share of its citizens behind bars. "The total U.S. incarceration rate of 645 people per 100,00 is six times to 10 times higher than most industrial nations," reports the *S.F. Chronicle* of August 3rd. 'Tough-on-drugs' laws make politicians look macho and keep cells filled; prison-building is mushrooming to hold a population that's increasing by 5% to 7% a year. If a realistic fraction of taxpayer bucks supporting this ghastly 'growth industry' were channeled into *the kind of treatment I'll be telling you about,* we could empty some of the new prisons and turn them into neighborhood recreation, arts, sports, etc. centers. Were I conspiracy-minded, I'd say the sparseness of programs either for educating people about drugs or for treating those who've gotten hooked is a deliberate way to intimidate and control whole sections of our people, principally young blacks and Hispanics. As a matter of fact, in their column "Nature & Politics" in the June 10th *Anderson Valley Advertiser,* Jeffrey St. Clair and Alexander Cockburn write:

> "As so often, Nixon was helpfully explicit in his private remarks. H.R. Haldeman recorded in his diary a briefing by the President in 1969, prior to launching of the war on drugs: 'Nixon emphasized that you have to face the fact the whole problem is really the blacks. The key is to devise a system that recognizes this while not appearing to.'
>
> "So what was 'the system' duly devised? The RICO conspiracy laws, the 1986 Anti-Drug Abuse Act, with its 29 new minimum mandatory sentences, and the 100-to-1 sentencing ratio between possession of crack and powder cocaine. It became a system pushed by Republicans and Democrats alike, for locking up a disproportionate amount of black people, just as Nixon required..."

Pheeeww, heavy stuff.

Illegal drug possession may be filling jails, but for destruction on a grand scale you can't beat good ol' legal booze. Besides ruining the emotional, physical, and moral fiber of the drinker, it's responsible for more family breakups, car injuries, murders, and rapes than all illegal drugs put together. "Fetal Alcohol Syndrome" is the term used for the tell-tale abnormal facial features, small heads, mental retardation, and other heartbreaking anomalies suffered by countless babies born to mothers who drink while pregnant.

> ***If*** there were an affordable, safe way to heal *both* drug and alcohol abusers, ***if*** treatment centers would stop being revolving doors for the quickly relapsed, ***if*** abstinence included ***longterm*** restoration of health and wellbeing and ***absence of cravings*** -- surely it would be hailed from coast to coast in newspapers and magazines, let alone trumpeted hourly on radio and television. Doesn't the vast silence mean there ***isn't*** any such effective treatment?

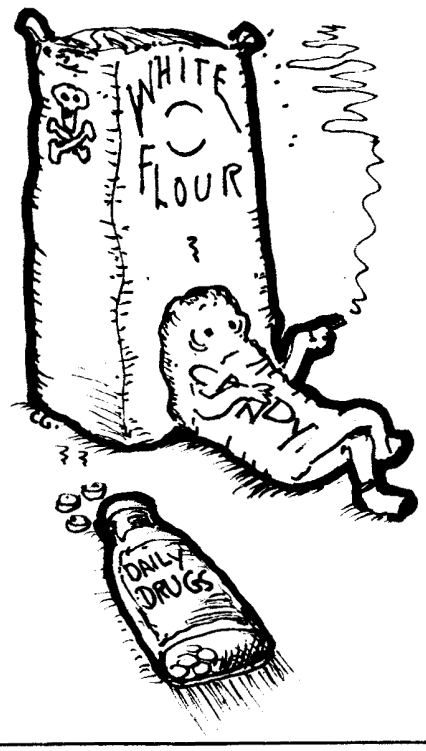
Think again -- good news, like good wine, doesn't always travel well. Roadblocks include bureaucratic red tape, low funding, or workers in the field who see this new therapeutic concept as a threat rather than an adjunct to their own treatment models. Or, resistance can arise from the conviction ***that longterm recovery must include a lifetime of struggle against overpowering cravings.*** The latter belief prevails not just among treatment professionals. Ex-addicts themselves often accept the unending anguish of 'white-knuckle sobriety' as inescapable penance for their 'sins.'

I visited Julia Ross in her tree-shaded offices in rural Mill Valley this July. Eight years had gone by since I first wrote about her work in *FL#56.* Five years ago, I described the 3-week class she taught at UC Berkeley on biochemical treatment of the twin scourges of substance abuse and eating disorders (*FL#73*). Before she founded Recovery Systems about 11 years ago, her work as a psychological counselor to alcoholics had focused on the new, very optimistic concepts in the late 1970s that talk therapy would drive into the open the hidden frustrations and buried anger that 'drove' people to drink. Intensive counseling, both supportive and confrontational, was reinforced by educational and family programs, art and movement therapy, psychodrama, etc. Therapists worked closely with 12-step programs to promote the spiritual aspects of recovery. Enlightened self-understanding would be the addict's key to successful abstinence. Here's what Julia writes in *The Humanistic Psychologist* (Vol 25, No. 2, Summer 1998):

"By 1980, a model that incorporated many of these treatment elements was in place throughout the country, for drug addicts as well as alcoholics. By 1982, addiction recovery had become a huge industry. Recovery became glamorous, with many celebrities admitting their problems and seeking help. Those of us who had pioneered recovery treatment were proud and ambitious. We began to develop treatment programs for eating disorders, gambling and relationship addiction, using this new model that promised such success with compulsive problems.

"Our excitement lasted until approximately 1985, when we were hit by two deflating phenomena at once. One was the cocaine/crack epidemic. The other was the research by relapse specialist Terence Gorski, proving that our exciting treatment model was not very successful at keeping alcoholics sober. With the addition of cocaine, crack, highly potent hybridized marijuana, and other drugs on top of alcohol, we could see for ourselves that relapse rates were skyrocketing. We could not even keep these new poly-drug addicts in treatment for thirty days. They would quickly hit what we came to call "the wall" and walk out the door for more drugs and alcohol. Relapse rates throughout the country ran 75% or higher (and still do).

"As the insurance industry became aware of the increasing failure of treatment, it began to limit payment. Gradually, over the last ten years, most of our adult and adolescent inpatient treatment programs have closed. Some residential programs have survived, as well as a number of outpaitent programs, but in the San Francisco Bay Area we have lost two-thirds of our treatment resources. Yet addiction continues to grow and thrive." [So does the prison industry. CF]




In desperation, Julia started exploring nutritional and holistic options. Gorski in his 1982 book *Counseling for Relapse Prevention* (Herald House: Independence, Missouri), convinced her that alcoholism itself created neurological screw-ups -- something talk therapy alone couldn't heal. Central nervous system disorders led to the insomnia and depression that drove abstinent alcoholics into relapse or suicide. Neurochemist Kenneth Blum, Ph.D., of the University of Texas, was doing remarkable studies in the 1980s, pinpointing the specific amino acids needed in the brain before recovery from addictions could take place (*Alcohol and the Addictive Brain.* New York: Macmillan, 1991).

The most important influence on the therapy techniques that finally paid off, launched in 1986 by Julia and her staff, was the work of Joan Mathews-Larson, Ph.D. In 1981 Dr. Larson of Health Recovery Center in Minneapolis, Minnesota, began supplying alcoholic clients with amino acids and other nutrients for restoring brain and body to health. The Center's work quickly confirmed that alcoholism, *regardless of what initially prompted the drinking,* inevitably wrecked the client's brain (and body). Following abstinence, intensive repair had to take place before their clients' noggins could work again. *Only then could recovering addicts begin to make real sense out of psychological and/or spiritual counseling.* I wrote about Dr. Larson's work in 1992 in *FL#68,* reviewing her first book *Alcoholism: The Biochemical Connection.* Her 1997 update, ***Seven Weeks to Sobriety*** (Ballantine Books), lays out with infinite care the Center's outpatient program in Minneapolis that was influential in Julia's approach to her own clients at Recovery Systems.

## *It Can't Work Until You Fix It!*

In over 90 percent of this country's treatment programs, the psychological model persists. Their recovery rates average a disheartening 25 percent. That's why community funding and insurance coverage have plummeted. The simple truth is that *recovery has to start with repair of physiological processes.* Larson, Ross, and the growing number of workers using nutritive strategies, along with medical treatment of co-existing physical disorders, are getting a stunning 75 to 80 percent *longterm* success rate with alcoholic clients.

What's their secret? It turns out many addicts have endured lifelong shortages of the body's home-made 'feel-good' endorphins and other mood-enhancing neurotransmitters. Alcohol and drugs become their desperate ways to self-medicate. But the 'cure' undermines the body's own efforts at repair and homeostasis. When Dr. Larson began treating alcoholics with specific amino acids -- the ones from which the body makes the major natural chemicals that give us well-being and pep -- within days, cravings for alcohol stopped! Months after treatment ended, Larson's clients reported they ***still didn't suffer from cravings, and felt better than they ever did before.***


Julia Ross is seeing the same phenomenon in Recovery Systems' clients. Here's how she describes the core of amino acid therapy (*The Humanist Psychologist, 25, Summer 1998*):

"When psychological help does not clear up 'emotional' eating, drinking or drugging, we have now learned to look at the brain chemicals that create our moods. First we make sure that the brain's needs for a constant, immediate source of fuel is being filled. Then we check on the four key mood-enhancing brain chemicals or neurotransmitters. They are **dopamine (or norepinephrine), our natural stimulant; GABA, our natural sedative; endorphins, our natural pain killer; and serotonin, our natural Prozac** [emphasis mine]. If we have plenty of brain fuel and all four natural mood or 'pleasure' chemicals, our emotions are stable and buoyant. But if they are depleted or out of balance, what we call 'pseudo-emotions' can result. These false moods can be every bit as distressing as those triggered by abuse, loss, or trauma. They can drive us to relentless eating, drinking, and drugging..."

Ross says we can inherit deficiencies of the 'feel-good' molecules: there's a clear genetic component to alcoholism, for example. Or, prolonged stress (often starting in childhood) can wipe out our natural supplies. Too little protein in the diet means not enough amino acids to make these vital brain chemicals. Gluten intolerance and low thyroid function also can impair protein utilization. And "regular use of alcohol, drugs and drug-foods can inhibit production of the brain's four natural pleasure chemicals..."

A combination of all these depletions will turn everyday life into hell on earth. Has any one of us the right to look down our nose at fellow human beings who turn to illegal and legal means just to stop feeling rotten? "Self-medication," Julia calls it. Of course, the 'remedy' makes them sicker and sicker. At Recovery Systems, clients get individual assessments, nutritional work-ups, food and supplement plans. There are provisions for individual, group, and/or family counseling sessions. Julia counsels many out-of-town clients, using telephone and written questionnaires. Although it's not a medical program, clients are encouraged to consult with physicians who are knowledgeable about health problems associated with substance abuse, such as thyroid dysfunction and liver disease. Julia writes:

"Numerous research studies at Harvard, MIT and elsewhere, have confirmed the effectiveness of using targeted amino acids to increase the key neurotransmitters, thereby eliminating depression and anxiety. In the 1980s, distinguished University of Texas neurochemist, Kenneth Blum, Ph.D., determined specifically which amino acids the brain needed to stop alcohol, drug and food cravings...

"In our clinic and at Joan Mathews-Larson's clinic, nutritionists combine amino acids with many other nutrients in amounts tailored to client needs. They recommend adequate calories and high-quality whole foods, including vegetables, protein and healthy fats...

"Amino acid supplements are remarkable. They are predigested so that they will reach the depleted brain sites within 10 to 15 minutes. We start with one 500 mg capsule, on an empty stomach, and watch for a reaction in the next 30 minutes. We go higher only if our client gets little or no benefit in lower amounts. We stop all amino acids immediately if clients have adverse reactions. Our clients usually take amino acids from three to 12 months, along with a complete multi-vitamin and mineral supplement, and other nutrients as needed."

The amino acids they may use in treatment include glutamine, tyrosine, several forms of phenylalanine, GABA, tryptophan, and taurine. Larson's ***Seven Weeks to Sobriety*** spells out individualized amino acid and nutrient supplement regimens in day-by-day -- actually, hour-by-hour -- detail, including cautions where needed. It's a wonderful guide for health workers. The book can also serve as a do-it-yourself plan for highly motivated addicts, but most of them also would need persevering help from family or friends.

Julia says when they have clients addicted to drugs that are very hard to kick, e.g., heroin, methadone, and, yes, tobacco!, her clinic tries always to work as a team with accupuncturists who are detox specialists, whose skills can be life-savng. Recovery rates for drug users are a little lower: 70% compared to 80% for alcoholics. "But we're learning and improving our methods all the time, and now there are many more of us using amino acid+nutrients in treatment around the country."

**Note**: To ask about Recovery Systems' programs, call 415-383-3611. For information about Joan Mathews-Larson's Health Recovery Center's programs in Minneapolis, call 800-554-9155. For information and locations of other recovery programs using similar therapies, you may write to Julia Ross and her staff at 147 Lomita Drive, Suite D, Mill Valley, CA 94941. Please include a business-size self-addressed, stamped envelope.

'White-knuckle sobriety' haunts most graduates of standard psychologically based programs. One in four deaths among *treated* alcoholics is caused by suicide, mostly within a year of treatment. That's not happening with Julia's or Dr. Larson's clients! If you have doubts about the workability of their treatment, read the letters from former addicts in the Introduction to Larson's updated ***Seven Weeks to Sobriety***. Every kid in junior and senior high school, let alone the rest of us, would get a kick out of discovering how the magic molecules that make us glad to be alive come from the amino acids we eat!

Larson's insights on why some of us are vulnerable to alcoholism, and others are not, are eye-openers. She says it has nothing to do with weakness of character, and everything to do with where your ancestors came from and how long their cultures have used alcohol. For instance, in Mediterranean countries where alcoholic beverages have been consumed for 7,000 years, people who drink have about a 10% chance of becoming alcoholic. "Those from northern European countries, including Ireland, Scotland, Wales, northern parts of Russia and Poland, and the Scandinavian countries, have been using alcohol for only 1,500 years. As a result, their susceptibility to alcoholism is measurably higher (between 20 and 40 percent). Native Americans (including Eskimos) had no access to alcohol until 300 years ago. Their vulnerability to alcoholism is extraordinarily high (between 80 and 90 percent)."

## *America's First People*

Julia Ross has been working with Native American clients from Lake and Shasta Counties in northern California since 1995. She told me stories that broke my heart, about young men in their prime becoming derelicts, losing their wives and children, trying to stay sober and/or drug-free, entering treatment programs over and over again and failing. Her first Lake County client, 'Seth,' a 26-year-old Pomo Indian, was so impaired at the start of his visit that he couldn't be interviewed or videotaped for the training film she and his tribal counselor had hoped to make. Seth, who had been through three long-term inpatient treatment programs, had volunteered for what he hoped would be a new approach at Recovery Systems.

When asked how he felt, he said, "I'm so tired." He was slumped over and his eyes were dull. Ten minutes after Julia and her nutritionist gave Seth a 500 mg capsule of l-tyrosine (their smallest dose), Seth's counselor, who was behind the video camera, said, " Ask him how he's feeling. His eyes have started tracking! " Seth said, "I'm not tired any more." He was, however, feeling very uptight. Julia gave him their smallest dose, 100 mg, of GABA (nature's Valium! ) along with 300 mg of *l*-taurine, 200 mg *l*-glycine, 300 mg inositol, 100 mg niacinamide, and 10 mg B6. A short while later, Julia gave him a supplement containing 300 mg dl-phenylalanine and 150 mg l-glutamine, to aid in restoring his own production of 'feel-good' endorphin molecules. Julia writes:

"In ten minutes I asked Seth how he was feeling, and he said, "Just right." I was incredulous. How could these small amounts really be helping him? Our European-American clients usually need two to four times as much of each type of amino acid to get such dramatic effects." She asked if he would like any more of any of the amino acids she had already given him for energy, relaxation, or relief of sadness. His answer: "Just right," and a shake of his head.

"By this time Seth's eyes were sparkling. He was smiling from time to time and entering into the conversation. Although his style of speech was terse, it was directly to the point. Weeks later his counselor reported that on continuing with the amino acids... Seth was actually talking for the first time in their counseling sessions, was being praised at work, and being noticed for the first time by the girls."

The essential amino acid l-tryptophan is another big player in Health Recovery Systems' program. It's needed by the brain to make serotonin. *Julia says depleted serotonin causes the most extensive suffering of all in clients.* Prozac, Zoloft, Redux, etc. are prescription drugs designed to make serotonin's actions last longer in the brain, but don't help the brain to make more serotonin. Only l-tryptophan does that. More on this later.

A few years ago Julia was invited to give a 2-day workshop to members of the Kuruk tribe in their council room in Shasta County in northern California. Their clinic director and their MD were receptive to her concepts, but didn't know exactly how to administer the amino acids and nutrient supplements and needed to know how they worked. A young Kuruk man volunteered to be a guinea pig. He had been a marijuana and speed (methamphetamine) addict. He had gotten off speed with help of the tribe's 12-step program but couldn't go a day without marijuana. This was his first day without it in 18 years. He was very shaky and tired.

*Clara: How did you deal with this?*

***Julia: I gave him a 500 mg capsule of L-tyrosine. He happened to be a very verbal person, and as the workshop progressed, he'd tell us what he was feeling. After a while I gave him another 500 mg L-tyrosine capsule. He began to be more focused, his energy rose, and he said, "I feel kind of a rush." The whole day after that, he kept telling us, in total amazement, that for the first time in 18 years he was free of his craving for marijuana.***

***Attending the workshop were Kuruk tribal elders and members of the board of directors of the tribal council. They told me great numbers of their people were addicted to alcohol and/or drugs. As I continued to describe how the amino acids worked to help people think clearly and feel energized, other tribal members wanted to try the tyrosine, so I'd give them each a 500 mg capsule. The AA counselor, a recovering alcoholic, drove everyone home that night; and while they were all lively, he was falling asleep at the wheel. So the next day he came up to me, saying, "I'd like to try some -- I'm having trouble staying awake." The next day he told me it really improved his alertness and energy.***

***I'm always amazed when I see Native Americans responding so quickly to the amino acids! Any European-American addict on the first day of detox from drugs needs four times as much to get anwhere near this kind of effect. There appears to be great sensitivity to corrective amino acids on the part of Native Americans. It seems to be related to their terrible vulnerability to alcoholism.***

Close to Home/John McPherson


"The coffeemaker is broken."

## (Diabetes is Another Plague)

***We had spent the whole day talking about alcohol and drug addiction, so at the end of the day I asked people who were diabetic and/or concerned about blood sugar to speak. I wanted to talk about food the next day and to explain that you don't need to be an addict to benefit from these supplements.***

***A diabetic man, about 40 years old, rose to talk about raising his young son alone. (His wife had left him, in part because of his chronic exhaustion.) He would stagger home totally fatigued from work, put a TV dinner in the oven, and was so tired he couldn't play with his little boy. He'd fall asleep, they'd eat, and he'd fall asleep again.***

***I gave him a sample bottle of Glucobalance* and said to take one capsule now with a snack (it was about 3 p.m.) and then use it again with dinner. "You be the test case," I said.***

***He came in the next morning, saying, "You're not going to believe this, but my little boy said, 'What's wrong with you, Daddy, you're playing with me!' I was alert, we had a nice dinner together, we played afterwards. The other thing was I got a good night's sleep, which I never usually get. I woke up alert in the morning -- another thing I never do -- got his breakfast, my breakfast, took my Glucobalance, and got here, feeling marvelous!"***

***A couple of months later I called him. He told me he had continued with the Glucobalance and all of the benefits had continued. The young pot addict has stayed off pot, too. The tribal clinic has continued to give out the amino acids and nutrient supplements with good effects. They're part of the clinic's budget; the doctor prescribes them and the federal government pays for them.***

## (The Loss of Tryptophan)

***What we didn't have at the time was tryptophan. It was banned by the FDA in 1989 after one contaminated batch caused serious illness and deaths. Although the Japanese manufacturer, Showa Denko, never made tryptophan again and no further problems occurred, the ban wasn't lifted until 1996, when tryptophan was made available to the public by prescription only. Of course, it's now much more expensive!***

***Six or 7 years ago, while there was no tryptophan, 5-hydroxy tryptophan (5HTP) became available by prescription from compounding pharmacies. We found it to be mildly helpful but not that effective and we pretty much stopped using it. Now 5HTP has become available over the counter (OTC) and the source is entirely different. It's made from a specific plant, and doesn't require the elaborate pharmaceutical fermen-tation process of the older, prescription 5HTP. It's also much more effective! We've had prescription tryptophan available since 1996, and now we have the OTC 5HTP. We're using both -- and getting good results with both, maybe even a little better results with 5HTP, which is one step closer metabolically to the body's synthesis of serotonin.***

**Clara:** *What's your treatment situation in relation to the larger Native.American. community?*

***Julia: I was very discouraged because although they continued to dispense the nutrients and tried to have me as a consultant by phone, they just couldn't keep it up. But the people we had already worked with were doing well -- using the nutrients and sustaining their sobriety.***

* While I seldom recommend brand-named products, Julia speaks so highly of the results she's seen when giving Glucobalance to adult-onset diabetics, such as the Kuruk Indian at the Shasta County workshop, that I inquired about how to obtain it. It's a multi-vitamin-mineral supplement specifically formulated to help normalize blood sugar problems by Drs. Jonathan Wright and Alan Gaby whose work I respect. Many health food stores carry it, or it can be ordered from Probiologic at 800-678-8218.

About two years ago, one of the last persons they brought to me was one of the handsomest men I'd ever seen. He had been reared by his grandmother who fed him in the old traditional ways: acorn squash, tule bulbs that she collected, and fish that she caught. He had been very healthy and had received awards in five different sports -- a top athlete -- and hadn't used anything until as a young adult he went to work, where everybody was using stuff and he got hooked on alcohol and speed. He and his girlfriend had a child that he adored, but his addiction was so bad that her folks came and took her and the child away.

Finally, he began to seek help. He liked what he'd heard about our work, and afterwards he was going to go up to a residential treatment facility primarily for Native Americans. He came in and there were just three of us: he, my nutritionist, and I. He was unusually vulnerable in opening up to us. We assessed him and created a treatment program for him, which he took up with him to the residential facility. There, they were totally supportive of his use of supplements, which are funded by the government.

I spoke to him by phone close to the end of his first week at the facility, and he said, "I'm their poster boy! They have to strap me down! I'm getting up at 6 in the morning, full of beans...!" The usual detox picture for a speed addict is deep depression and exhaustion for weeks! Basically, he was a healthy person with a wonderfully quick response to the amino acids and vitamin-mineral supplements.

Two years later he came to see us with his girlfriend whom he'd married, and their son. She was pregnant with their second child. He had remained completely clean and sober.

FAIR IS FAIR, DOC-
I GET TO MEASURE YOU NEXT.

## (Julia Goes to Sacramento)

I didn't hear anything from the tribal clinics, except that they continued to order supplements from us. Occasionally I'd get a call saying things were going okay, but it had been a year without any contact and I was discouraged. And then I got a call from Denise LaPointe of CRIBS (California Rural Indian Health Board). I knew her when she had been on the staff of the California State Indian Health Service, which gave awards for outstanding innovations to me, as well as to the Lake County and Kuruk Tribal Clinic staff members who had invited me in as a consultant. Now, working with CRIBS, she was putting on a government sponsored statewide training and wanted me to participate.

She told me, "I don't want you to think we've forgotten you, we talk about you a lot and we talk about the hopes we have for treating our people, and this is another step." So I went up to Sacramento about six weeks ago [in May]. One of the people attending the workshop was Inez Larsen, Ph.D., who's now working in Alaska at a very extensive addiction treatment complex for Native Americans, where they're open to alternative health concepts. (I'm hoping she'll invite me so we can get amino acid therapy going up there.)

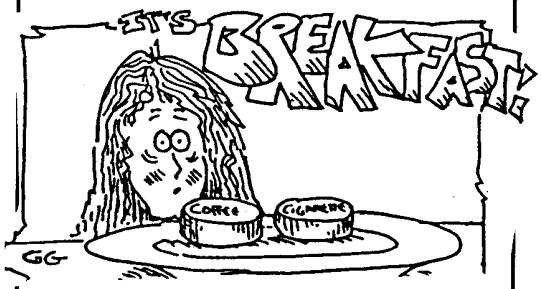
At the workshop, the counselor who had come with 'Seth,' the first Native American to see us for treatment some three years ago, introduced me, saying, "The reason Julia Ross is here is because everyone that she has worked with in this nutritional way has done well. You know and I know that we feel very, very fortunate if we can get a Native American alcoholic or drug addict to stay clean for three days. This first young man, not only was he a derelict at age 26, but I've known him since he was a little boy and I've never seen him smile. His family members were addicts who became very violent from drugs and alcohol. He never had a peaceful day.

"He had been in longterm treatment three times, and after each time he would lock himself in his little house until he couldn't stand it any more and he'd bust out the door and run to get the alcohol because his anxiety and depression were so terrible. He had been faithfully coming to counseling every week for at least a year but had never been able to speak."

(I myself hadn't known this much of his background, or how much he had suffered, until his counselor described it at the workshop.)

The counselor continued: "After he began on the nutritional program, he was 8 months clean and sober, working, and the girls were becoming interested because he was sparkling and smiling for the first time that I ever saw in his whole life. And he has never gone back to that level of use. He's continued to be more functional and to have long periods of sobriety. We know that if we could just get him more nutritional help he'd have an easier time -- and he knows it too, but he'd have to break away from his family and he can't do it."

'Seth' was the first of four addicts from Lake County we treated, and the other three have stayed sober permanently. At least he knows what to do whenever he lapses, and so is able to recover fairly quickly.




About three weeks after the Sacramento workshop, I got another call from Denise LaPointe. She was running out of her annual budget and she wanted to spend everything left to send to each of the 25 Native American alcohol and drug counselors in the state a packet consisting of the revised and updated 1997 Seven Weeks to Sobriety by Joan Mathews-Larson; a videotape of Recovery Systems' session 3 years ago with 'Seth,' the first Native American we ever treated, and a videotape of my talk at a professional conference, "Nutrient therapy: New hope for eating, weight and addiction problems."

**Clara**: *If the other California tribal counselors go gungho over this treatment protocol, it has got to spread! Addiction and diabetes are decimating Indians all across the U.S. and Canada. It brings to mind the forced migrations and destruction of habitat and game that wiped out most of North America's first people. Maybe now there's a way for Native Americans to heal themselves.*

**Note**: Julia's videotape can be ordered by calling 1-800-733-9293. ***Seven Weeks to Sobriety*** by Joan Mathews-Larson, Ph.D. is available at book stores or can be ordered from Recovery Systems, 415-383-3611.

Speaking about all forms of addiction, Julia said: "When Bill Wilson, the founder of Alcoholics Anonymous, was asked what his greatest contribution was for recovery, he said, 'My work in nutrition.' He had always suffered from severe depression in recovery. After he began working with wholistic physicians and started taking B vitamins, his depression lifted. Unfortunately, when he tried to educate the fellowship along this line, it wasn't well-received by AA board members.

"One of the biggest obstacles, besides the reluctance of treatment professionals to let go of outmoded models, is the powerful, entrenched idea among addicts themselves, especially the old timers, that abstinence is always and forever going to be very, very hard, i.e., 'white-knuckle,' and anything that promises an easy landing has got to be illusory. But we're doing something that's really working, with documented recovery rates of 70% to 80% for drug and alcohol abusers. It's not over yet and should get better and better."


## *Eating Disorders: A True Modern Epidemic*

The program Julia talks about on her videotape is good news, both for the multitudes of folks who cope with eating disorders, and for the health workers who treat them. The population of anorectic, bulimic, and obese folks is skyrocketing -- just like that of alcoholics, drug addicts, and prison inmates! Here's the humbling truth about eating disorders: they may have many of the same features as substance addictions. The *liberating* truth is: *they respond to amino acid+nutrient therapy.*

When Julia hired a nutritionist in 1980, she had high hopes that nutritional therapy would augment the 'talk therapy' that wasn't doing such a hot job in reversing eating disorders. Clients could acknowledge and try to deal with their depressions and low self-esteem; they could accept, in theory, that stuffing themselves with breads and pastas and sweets, or the reverse -- starving themselves -- was wrecking them; or that making themselves throw up after gorging on goodies was a destructive way to live. But few could actually modify permanently their screwed-up approaches to food. Sometimes anti-depression medication helped a little but there were side-effects as well as the discouraging prospect of long-term medication.

In 1986, Recovery Systems started giving amino acids to their food-disorder clients. Nobody can call Julia Ross a quitter! Since 1975 she had slugged it out, year after year, using both established and innovative counseling techniques with substance abusers and food 'abusers,' adding nutritional therapy as a last resort. Yet her highly motivated clients still were losing the battle to overpowering cravings. Today, she tells me, her work is a snap by comparison! The common threads binding substance abusers and food 'abusers' are clearer than ever, now that she's seen amino acid+nutrient therapy bring about recovery for both. Sure, drugs and alcohol are addictive, but certain foods can be addictive too. The 'highs' they elicit may arise from surges of the same home-made endorphins and other neuro-transmitters triggered by alcohol and drugs -- the inevitable post-binge 'crash' coming from depletion of these same feel-good molecules.

Endorphins, infinitely stronger than heroin, are released in huge amounts in response to terrible injuries, or extreme stress such as starvation. Anorectics are buoyed by the powerful endorphins their bodies make to ease the primitive brain's very real panic caused by life-threatening starvation. Anorectics fiercely resist eating because when they're forced to eat, they stop overproducing endorphins and feel terrible! Bulimics, on the other hand, become addicted to the endorphin rush produced by the daily stress of purging (via laxatives and vomiting).

More evidence of the parallels between substance abuse and addiction to food (or to starvation) is the fact that many clients come to Recovery Systems for relief of eating disorders *that developed after they became clean and sober.* [2]

[2] In a study by Kenneth Blum and others, published in *Current Therapeutic Research* (Vol. 58, No. 10, October 1997, pp 745-763), 247 obese, mostly female outpatients in a very low calorie fasting program, were divided into two groups after they had gotten to within 15% of their goal weight. All subjects took Centrum vitamins throughout the 2-year study. The 130 in the experimental group were also given six capsules of PhenCal daily, providing these amino acids: 460 mg *dl*-phenylalanine, 25 mg *l*-tryptophan, and 25 mg *l*-glutamine; plus 5 mg pyridoxal-5'-phosphate, 33 micrograms chromium picolinate, and 10 mg *l*-carnitine.

The purpose of the study was to see if PhenCal would help subjects maintain their weight loss when low calorie fasting ended. All subjects attended a weekly 1-hour educational class, emphasizing principles of nutrition, exercise, behavioral change, and stress management to support weight loss and long-term maintenance.

Enkephalins (another name for endorphins) and the neurotransmitters serotonin, dopamine, and norepinephrine have been shown to reduce the intake of sweet foods, the researchers write, and "PhenCal was especially designed to enhance these food inhibitor neurotransmitters through precursor amino acid loading..."

For example, *l*-tryptophan is the precursor to serotonin; *l*-phenylalanine is the precursor to dopamine and norepinephrine; *d*-phenylalanine inhibits an enzyme that breaks down enkephalins, and thus helps to raise enkephalin (endorphin) levels.

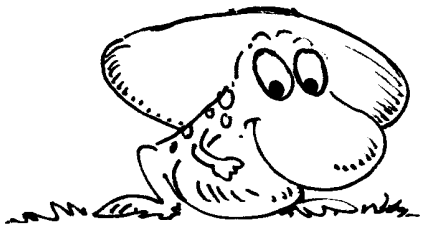
After two years on this program, both the craving for food and binge eating were reduced *threefold* in the PhenCal group compared with the non-PhenCal subjects. The latter regained about 42% of the weight they had lost; while the PhenCal subjects regained only 15%.

The researchers observe that "a derangement or imbalance of the actions of some or all of the reward neurochemistry is responsible for eating disorders...Similar data and logic underlie thinking about drug-dependent disorders." ("Reward neurochemistry" is their term for 'feel-good' neurotransmitters and endorphins we normally should make.)

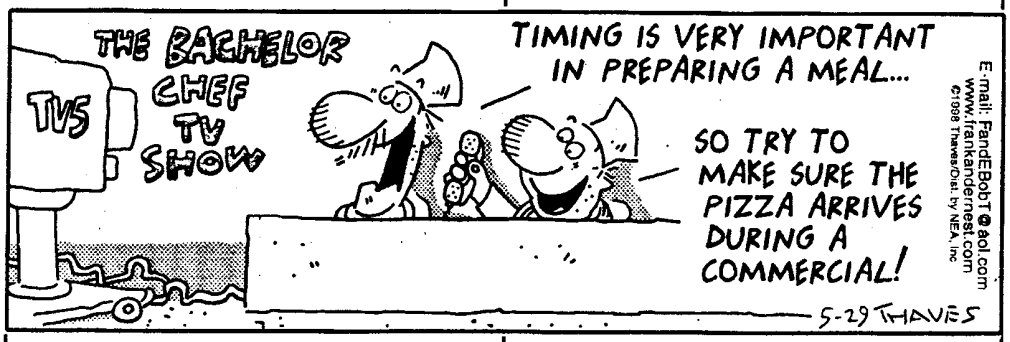
Most important, they point out that PhenCal or "similar neuronutrients" have been shown in previous studies to facilitate recovery with "alcoholic subjects, poly-drug abusers, heroin abusers, and cocaine-dependent individuals." This "further supports a common mode of treatment for addiction to these diverse substances as we proposed earlier."

## *Good News A'Comin'!*

Julia will have her own book out next spring, tentatively titled ***The End of Dieting. Identifying & Eliminating the Eight Biochemical Imbalances that Cause Eating Problems,*** to be published by Viking who outbid seven other publishers and are talking about a potential best-seller. Is there a need for information on real help for eating disorders? You bet! In July last year, after Julia spoke on a television news magazine show about her clinic's work with anorectics, bulimics, and compulsive over-eaters, and interviewed one of her clients, the station received *50,000 calls.* There are desperate people out there!



Frank and Ernest/Bob Thaves




## *Dieting Does Us In!*

There is *one* major difference between substance abuse and eating disorders. People get hooked on drinking and/or drugs for a multitude of social and genetic reasons, but the unholy epidemic in eating disorders of the last few decades has one main cause: ***dieting!*** Yup, it's the dieting itself that derails the dieter's "reward neurochemistry" and may rapidly switch him or her over onto an addictive track.

Julia says *even one diet can trigger bulimia, anorexia, or compulsive over-eating.* Surveys show that about 80% of college women are dieting, and scary numbers of the dieters have become either anorectic or bulimic. It's unlikely that all were driven to eating disorders by serious psychological problems, other than the false worship of skinniness, fostered endlessly by media! *After* anorexia or bulimia or rebound obesity develops, however, real psychological problems *do* arise.

Sadly, an inevitable result of even one diet is a revved-up tendency to store *fat*! That's the body's revenge, or actually, its safeguard against future assaults by what the primitive brain rightfully sees as a threat to staying alive. Julia has angry things to say about today's worship of thinness. It goes against all classic ideals of female health and beauty which led the great sculptors and painters to portray women as *zoftig* and voluptuous, e.g., Venus de Milo. Nowadays, 80% of woman are dieting at one time or another, *including girls in elementary school.* Yet only about 5% of adult women are naturally model-thin! She says this is why the "Starvation Industry" makes billions, its profits depending on herding women into the false beauty cult. "Like all cults, the beauty cult depends on attaching us to impossible ideals (e.g. holiness, skinniness) that breed self-hate." (*Healing Currents,* March 1997.)

## *Fighting the Diet Demons*

The pathway out of the psychological and physiological screw-ups suffered by Julia's clients includes medical assessment to deal with what have turned out to be fairly common findings of thyroid dysfunction, blood sugar imbalance, food intolerances, hormone imbalances, intestinal parasites, and/or systemic Candida yeast overgrowth. Low thyroid, for example, keeps amino acid therapy from working effectively, Julia says. Many clients are "carbohydrate toxic" -- they crave junk carbohydrates and avoid protein foods; a big step involves weaning clients away from flour+sugar products. Malnutrition, including severe zinc and essential fatty acid deficiencies, is a hallmark of anorectic and bulimic clients.

Body-brain chemistry begins to right itself and cravings for junk food let up when key amino acids are administered:

- ***l*-Tyrosine** - Precursor to norepinephrine, the body's natural 'speed' and anti-depressant.
- **GABA** (gamma-aminobutyric acid) - The body's natural tranquilizer. Julia finds whole families who seem to be low in this neurotransmitter; they're chronically tense and easily stressed.
- ***l*-Glutamine** - The body can convert it to GABA. The brain needs lots of glutamine which it can use as fuel instead of glucose. Glutamine actually stops cravings for sweets and alcohol! For relief of cravings for sweets or alcohol in about 10 minutes, Julia tells clients to open a 500 mg capsule and let the powder dissolve under the tongue.
- ***d*-Phenylalanine** - This form of phenylalanine serves to maintain higher natural endorphin (also known as enkephalin) levels because it inhibits an enzyme that breaks down endorphins. The endorphins we make are our "natural heroin" - they increase loving feelings, provide relief of psychological and physical pain. Julia learned that low endorphin levels may start even in childhood, marked by easily wounded feelings, over-sensitivity, and sadness.
- ***l*-Tryptophan** (now available by prescription), or **5-hydroxy tryptophan** (AOC) - Precursor to **serotonin**, our natural anti-depressant. Low serotonin levels can lead to suicide, depression, obsession, worry, panic, low self-esteem, irritability, premenstrual syndrome, SAD (seasonal affective disorder, i.e., winter depression). When *l*-tryptophan was banned by the FDA in 1989, after about 20 years of safe use for depression and sleep disorders, a multibillion dollar business billowed out of Prozac, Zoloft, and similar prescription drugs.

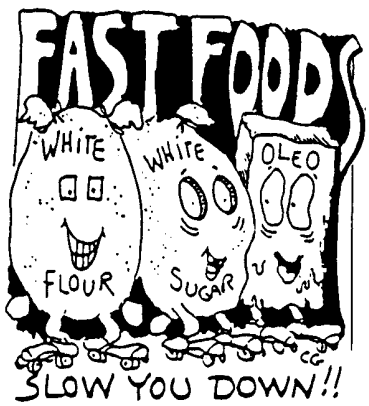
The brain can't use any other substance but tryptophan to make serotonin. Drugs like Prozac are called serotonin reuptake inhibitors (SSRIs) because they keep whatever serotonin we have from being reabsorbed. But they don't provide additional serotonin. Autopsies of depressed persons who committed suicide reveal extremely low serotonin levels. In *FL#93* I reported a medical study in the March 29, 1997 *Lancet* describing the disquieting speed with which *just one tryptophan-free day* brought on "a sharp increase in depressed moods, agitation, irritability, loss of insight, and loss of interest" in volunteers who had recovered completely from major depressions.

Julia writes:

"In the absence of competition by *l*-tryptophan, drugs like Prozac, Zoloft and Redux made huge profits. Although they provide only temporary and incomplete benefits, and often have frightening side effects, these drugs have become our primary tools for combating the crippling symptoms of low serotonin. Fortunately, in 1996, compounding pharmacies, whose mandate predates FDA regulation, began providing *l*-tryptophan by physician's prescription. The FDA has made no objection as of this printing [1997]."

Unlike SSRI drugs, pure tryptophan, an essential amino acid, doesn't cause nasty side effects. The brain tends to convert serotonin to **melatonin** at night (in darkness), producing restful sleep. Some of Julia's carbohydrate-addicted clients are advised to take tryptophan between meals and at bedtime, with a little sweet juice or fruit (no other food), to help tryptophan evade competition from other amino acids in order to get to the brain and be converted into serotonin (and into melatonin at night). **Exercise** will also raise serotonin levels.

- Other nutrient tools at Recovery Systems include amino acids *l*-taurine and *l*-glycine, plus vitamin, mineral, and essential fatty acid supplements, along with individualized plans to help clients get into healthy eating patterns. Group, individual, or family counseling is available to help with recovery.



### *Dieting & Emotional Disorders*

Psychological issues may not all melt away on the above program but, after a while, clients are able to sort out the difference between old emotional issues *and the mood problems that result from malnutrition itself,* which is the real heart of eating disorders.

"As a matter of fact," Julia says, "we are now starting to call them *dieting* disorders. Usually, we can quickly relieve clients of mood problems that are caused by the underlying malnutrition. Sometimes, all of the 'misery' just dissolves! Other times, there are emotional issues that really need to be addressed. But it becomes easier to resolve these, once the client is biochemically and nutritionally stabilized."


## *Two Case Histories*

In 1989 the William Babcock Memorial Endowment in Marin County began funding a group of low income clients who had severe eating disorders but couldn't afford Recovery Systems' services. The Foundation would sometimes cover medical care, if needed, as well. Clients did have to pay for their own nutritional supplements. Recovery Systems reduced all of its fees by 25% for this scholarship arrangement.

The Babcock Foundation made one stipulation beyond income consideration: to be eligible, all clients would have to already have tried to overcome their problems through psychotherapy, medical and/or psychiatric treatment, and peer support groups such as O.A. (Overeaters Anonymous).

In 1995, the Foundation staff requested that follow-up interviews be conducted on the clients they had funded through 1994. They gave Julia and Denise Heiden (an M.A. candidate and research intern) the names of six former clients, whom Denise interviewed after reviewing their files.

Here are two of the six case histories (names are altered):

### Sara: First visit June 1, 1992.

Age 30, 5 ft. 9 in. tall, weight fluctuating between 87 and 92 pounds. Anorectic since age 15. Sara had been hospitalized twice for intensive treatment for anorexia. She had had three years of psychotherapy. Although she had graduated with honors from college, she was unable to work except as a baby sitter. She ate milk and sweets at night, but nothing all day, and was addicted to laxatives *and exercise.*

Sara was terribly anxious and depressed, suffering from negative, obsessive thoughts about her body and fear of weight gain, and about herself in general.

Within two months of treatment at Recovery Systems, she had gained ten pounds, and her anxiety and depression were much reduced. Together with the medical consultant, they identified several major physical problems, including amoebic cysts, yeast overgrowth, and gluten intolerance, dating back at least to age 15, that had caused many of her digestive and bowel problems, as well as food cravings.

By August 30, she had gained five more pounds. Her parents said she looked good when she arrived back home to start teacher training (which she had been unable to do one month earlier.)

From that time, Julia worked with her through phone appointments. She had gained another five pounds by the time their work together stopped.

**Follow-up, June 1995 (from Denise Heiden's report):**

"No negative obsessions about her body. Has maintained her weight gain. Is not depressed. No sugar binges. Has learned to enjoy eating good food. Is working full time, in graduate school completing a M.A., living on her own, 'none of which I could have done prior to Recovery Systems.' She had not been able to afford counseling, but had used Overeaters Anonymous successfully (another thing she previously had been unable to do)."

### Melanie: 1st visit June 22, 1992.

Melanie was 34. She had lived through a traumatic childhood. Her eating disorder began when she used diet pills at age 15. Her food bingeing started at age 16 and was soon out of control. By age 24, Melanie was using cocaine daily to control her appetite, and the use continued until she entered a 30-day inpatient treatment program. However, her compulsive eating and depression continued. By age 29, she had made two major suicide attempts.

When she came to Julia's office she had been in weekly therapy and O.A. for six years, yet her compulsive eating was so out of control that she was afraid she would die soon. After bingeing, Melanie frequently drove along the cliffs trying to make herself drive off. An O.A. member brought her to Recovery Systems. Melanie had been unable to work for some time and was living with friends. She could only afford the most minimal supplement program.

After five sessions with Julia and her staff, Melanie became binge-free and mostly free of cravings and depression. As she continued feeling mentally clear and physically healthy, she also began earning a living. Over the course of the next two years, she had five more sessions at Recovery Systems. There were no relapses.

**On follow-up in June, 1995,** Melanie had maintained all of her improvements. She had been able to sustain a stable relationship and was going to college, in addition to having started her own successful business. She was still active in O.A.

Here's the summary of the follow-up report to the Babcock Foundation:

**"Of the six clients interviewed, six received dramatic benefit from the nutritional program within two months. At follow-up, 10 months to three years later, only one had lost any benefits. Five clients (83%) had achieved and sustained a remarkable level of recovery."**

Julia told me, "It always was my dream to find the best nutritional tools to propel the process of recovery. This combined nutritional and counseling approach has a documented success rate of 80% to 90% in eating disorders -- I love my work now! It's not over yet: we're still learning and fine-tuning. We need to be open to working with physicians, acupuncturists, and other health workers, but I'm very optimistic because of the long-term healing we're seeing." ❑


*Illustrations are by the late Clay Geerdes and other artists as noted.*

*THE FELIX LETTER,* P.O. Box 7094, Berkeley CA 94707, has been published independently (and irregularly) by Clara Felix since 1981, supported by subscription. Descriptive list of back issues plus sample, $1. Subscriptions US & Canada: $12 for six issues (approximately one year); $22 for 12 issues (approximately 2 years). US funds only.